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# Carers Support Centre Group Work Peer Support Pilot

January 2016 - March 2017

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January 2016 –  
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Carers Support Centre  
Bristol & South Gloucestershire

Bristol Ageing Better (BAB) is a partnership of organisations working to reduce social isolation and loneliness among older people and help them to live fulfilling lives. In Autumn 2015, BAB began to commission sixteen pilot projects as part of the Group Work Peer Support Service. These pilots tested different methods of group work and peer support in tackling loneliness and isolation.

Group work and peer support use peers to help people focus on their assets, abilities and potential routes to recovery and general wellbeing. It mobilises the insights and empathy of people who share similar problems or experiences to support their peers, in this case regarding loneliness and social isolation.

This report provides an overview of the pilot project delivered by Carers Support Centre (CSC), including their outcomes for participants, their successes and challenges. In line with BAB’s ‘test and learn’ approach, this report will highlight key points of learning and advice which may be useful for other projects within Bristol Ageing Better or the other thirteen Ageing Better areas funded by the Big Lottery Fund through the Fulfilling Lives: Ageing Better Programme.

## Project overview

Carers Support Centre developed and delivered 3 peer support courses for older carers delivered in different geographical areas of Bristol – one in East/Central, one in the North and one in the South. The courses were run with a facilitator and a member of staff and lasted for 2 hours per week for 5 weeks per location.

To develop these courses, they first interviewed a variety of BME organisations in order to identify what support was already being provided to carers. These included Dhek Bhal, Bristol and Avon Chinese Women’s Group, Bristol Black Carers, Asian Day Centre and the Bristol Somali Resource Centre.

They also consulted directly with carers through a focus group (5 people, March 2016) and an interactive session within an Open Meeting of the Carers Support Centre (20 people, March 2016). These two mechanisms informed the development of the peer support courses and ensured the content was appropriate.

The peer support courses took place in June 2016, July 2016 and February 2017. From these, members of the first two courses wished to establish peer support groups and were supported to do so.

## Participants

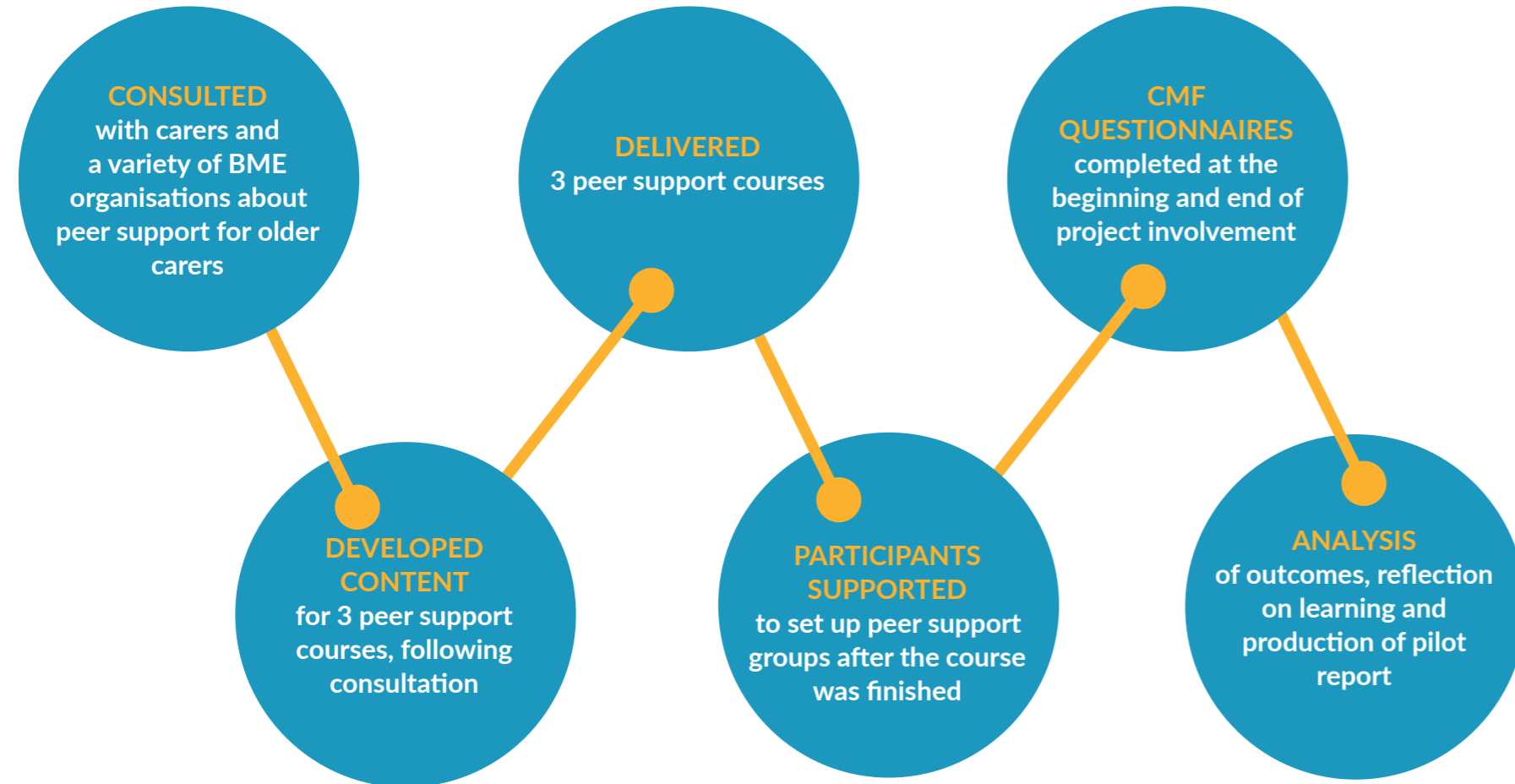
In total, 17 participants provided demographic information. Of these, 15 were female, 1 was male and 1 person chose not to provide this information. Ages ranged from 52 to 87 years old, with an average age of 65. Participants came from a variety of neighbourhoods within Bristol, although BS10 was heavily represented (35%).

13 participants (76%) were Christian, while the remaining 4 participants (24%) had no religion. All participants were heterosexual. 12 (71%) lived with their partner or spouse, 4 (24%) lived with family, while 1 participant chose not to provide this information. In terms of ethnic background, participants reported the following:

Ethnic background	Number of participants
English/Scottish/Welsh/Northern Irish/UK	12
Any other White background	1
Any other Black/African/Caribbean background	1
Any other Asian background	2
Any other ethnic background	1

Lastly, 10 participants (59%) reported having a long-standing physical or mental illness or disability. As would be expected from a project aimed at older carers, 100% of participants looked after or gave special help to someone who is sick, disabled or elderly.

## Project process



## Outcomes for participants

Participants answered a set of questions at the start of their involvement with the pilot project, and then again at the end of their involvement. These were standardised questions in the form of BAB's Common Measurement Framework (CMF) – a series of questions completed by participants across the BAB programme as well as within the thirteen other Ageing Better areas funded by The Big Lottery Fund through the Fulfilling Lives: Ageing Better Programme.

14 participants answered the CMF questions at both the beginning and end of the project. The following outcomes are therefore based on the information provided by these 14 individuals:

At the end of the pilot project:

- 71% of participants reported an improvement in *at least one* aspect of social isolation and loneliness.
- 86% of participants reported an improvement in *at least one* aspect of wellbeing.

11 of these participants also answered the CMF questions six months after the end of the project. The scales overleaf show the average scores relating to loneliness, isolation and wellbeing for these 11 individuals before participating in this pilot project, immediately afterwards and 6 months later.

More detailed outcomes information can be found in the appendices at the end of this report.

# 71%

reported  
loneliness improved at the  
end of the pilot project <sup>1</sup>



# 86%

reported  
wellbeing improved at the  
end of the pilot project <sup>1</sup>



<sup>1</sup> Based on the 14 participants who answered the CMF questions at both the beginning and end of the pilot project



<sup>2</sup> Based on the 11 participants who answered the CMF questions at the beginning of the pilot project, at the end and six months afterwards

“  
I learnt how to take care  
of myself on this course  
as well as my husband  
and others  
”

“  
It makes me feel  
less isolated...before I  
came here I felt alone,  
like I was the only  
one with those problems,  
now I feel much  
better  
”

“  
We can talk about  
our problems and we  
hear how to solve them  
”

“  
I know who to call  
and when to call if  
I have a stressful life  
”

“  
The course made me  
take a look at my situation  
and re-assess how to  
deal with it  
”

“  
I enjoyed meeting other  
people that needed  
help and support  
”



**It was valuable to spend time developing the course content through consultation with a variety of groups**

## Project successes

### Course content:

- The course content was well received by participants, with lots of interaction and engagement. Time was taken to develop these courses properly through consultation with a variety of groups. Carers Support Centre initially planned to hold a consultation focus group with professionals as well, however no professionals signed up.
- Carers Support Centre invited someone from their GP/Hospital team to come and speak at one of the sessions, which allowed participants to ask the GP specific questions. This was found to be a very valuable experience.
- Participants reported that the session they enjoyed the most was on the topic of stress and relaxation.

### Trialling different venues:

- These courses enabled Carers Support Centre to trial using different venues in different parts of the city, which has been a positive process. Holding these events/courses in different venues helped to raise awareness of the Carers Support Centre in other parts of the city.

### Impact on participants:

- The carers attending these courses came from a diverse range of personal situations, however there were frank exchanges of experience and some friendships emerged. Some of the participants continue to meet, which makes them less likely to be lonely and isolated in the future.
- Through attending these courses, the carers also became aware of the other support available to them from Carers Support Centre, for example using the help and advice service and attending open meetings.

## Key challenges and what would be done differently in the future

### Numbers of participants:

- All 3 courses had lower levels of attendance than anticipated. The East/Central course had 8 carers booked, but only 5 attended. The North Bristol course had 10 carers booked, of whom 7 attended. The South Bristol course had 4 carers who attended.
- The lower attendance than the number of bookings is likely to be because the caring role is unpredictable and can change on a day-to-day basis which makes it impossible for some carers to commit to things in advance.
- The low take-up is likely to be affected by the fact that Carers Support Centre was trialling both new service delivery and running this in geographical locations where they didn't have a high-profile. Developing a new service takes a lot of development work to embed. Courses were advertised through their website, on Facebook posts, in Carers News (spring and summer), an e-bulletin to health and social care professionals, an e-bulletin to organisations in the voluntary sector, an e-bulletin to carers currently involved with Carers Support Centre. In addition, flyers were distributed in all the areas that courses were being held.
- Carers Support Centre had initially planned to deliver all three courses in summer 2016. However the third course (in South Bristol) had to be delayed due to initially having low numbers of participants.
- They trialled different methods for advertising this postponed third course to see if different techniques needed to be used in South Bristol (which has been historically harder to engage). They advertised this third course through GP surgeries and through speaking at local community group meetings.
- These advertising challenges have highlighted for Carers Support Centre that there is less awareness of their organisation amongst carers in different parts of Bristol. Their courses/events are regularly held at their own premises in Fishponds and attended predominantly by people who live locally, Using other venues in different parts of the city meant that different advertising techniques were required.

### Key challenges (continued)

Development of peer support groups:

- Carers from two peer support courses expressed a wish to continue meeting up, and were therefore supported to establish their own peer support groups.
- A member of staff coordinated these groups for the first two meetings and then 'stepped back' to allow the groups to run themselves. However, without this paid support role, most of the carers have not met up since. Reasons for this included: some carers felt the course had delivered what they'd needed and they didn't feel they needed to continue meeting for support, others liked the structure of the course and didn't want to meet up without having this, while others felt it was too difficult to keep leaving the person they provided care for. However, 2 carers continued to meet up on an informal basis. They carried on meeting at the Barton Hill Café, the venue that the original course had been held at. They were sometimes meeting on a weekly basis and were still meeting one year after the end of the course. Although these 2 carers had very different caring responsibilities they established an independent friendship.
- Furthermore, developing individual action plans at the end of the course did not as work well as expected because caring responsibilities meant it was difficult for carers to stick to these action plans. However, the participants indicated that having this space and the time for reflection was beneficial.

### Learning, recommendations and advice for similar projects

Advertising the project:

- Do not underestimate the staff time it takes to carry out development work. There is no single strategy which will work on its own, rather it is a combination of different things. This can involve building one-on-one relationships with other organisations to increase your profile in different geographical areas, as well as putting up flyers/posters in different locations. It is not sufficient to rely upon mailings and social media.

Course facilitation:

- Each course was delivered by two members of staff – this added value to the course content, but was also an intensive time allocation which may not always be needed. Other projects might find it useful to plan on using two members of staff, but then reassess whether this is needed once the project has begun and you are aware of participant numbers and individual needs.
- It is important to have a strong facilitator who can make participants feel at ease and willing to open up. To do this, a balance between course structure and flexibility is needed. The skills of the facilitator in

being able to respond to a range of needs can be well met in a small group.

Completing the CMF evaluation questionnaires:

- Allow time at the beginning and end of the project for these evaluation questionnaires to be completed (at least 30 minutes). Additional staff support while these are being completed would be useful as individuals may need a lot of assistance to complete them.
- It is also important to plan how the 6-month follow up forms will be completed (e.g. whether they will be posted to participants, whether a phone call is needed first to explain this, whether a face-to-face session will be organised to complete these etc.)
- Facilitators should feel confident explaining the purpose of the CMFs to participants and answering any questions about them. The facilitator plays an important role in participants being in a positive mindset about completing the CMFs.

# Appendix 1

## Outcomes for Participants: Social Isolation & Loneliness

The Big Lottery Fund identifies 10 intersecting dimensions of social isolation and loneliness<sup>3</sup>. At the end of the pilot project, 71% of the 14 participants who provided both entry and exit outcomes data reported an improvement in at least one of these dimensions.

Of these 14 participants, 11 provided outcomes data 6 months after the pilot project had finished. The combined answers from these 11 participants can be seen in the table below:

	Before participating in the pilot	After participating in the pilot	6 months after participating in the pilot
There are plenty of people I can rely on when I have problems	0% yes	0% yes	18% yes
There are many people I can trust completely	27% yes	9% yes	27% yes
There are enough people I feel close to	36% yes	9% yes	9% yes
How often do you feel in tune with people around you?	27% often	30% often	27% often
I experience a general sense of emptiness	18% yes	0% yes	18% yes
I miss having people around	27% yes	36% yes	36% yes
I often feel rejected	27% yes	18% yes	18% yes
How often do you lack companionship?	18% often	18% often	45% often
How often do you feel left out?	45% often	36% often	45% often
How often do you feel isolated from others?	27% often	27% often	45% often

<sup>3</sup> From the De Jong Gierveld 6-Item Loneliness Scale

# Appendix 2

## Outcomes for Participants: Wellbeing

Similarly, the Big Lottery Fund identifies 7 intersecting dimensions of wellbeing<sup>4</sup>. At the end of the pilot project, 86% of the 14 participants who provided both entry and exit outcomes data reported an improvement in at least one of these dimensions of wellbeing.

Of these 14 participants, 11 provided outcomes data 6 months after the pilot project had finished. The combined answers from these 11 participants can be seen in the table below:

	1 None of the time	2 Rarely	3 Some of the time	4 Often	5 All of the time
	Before participating in the pilot (average)		After participating in the pilot (average)		6 months after participating in the pilot (average)
I've been feeling optimistic about the future	2.91		2.91		2.64
I've been feeling useful	3.73		3.64		3.36
I've been feeling relaxed	2.18		2.91		3.45
I've been dealing with problems well	2.73		3.09		2.91
I've been thinking clearly	2.82		3.18		3.00
I've been feeling close to other people	2.73		2.82		2.36
I've been able to make up my own mind about things	3.82		3.73		3.45

<sup>4</sup> From the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)

### Case study: Norma

“Being able to come together like this...talk about things and regather information from the course has been very beneficial. It’s nice just to know that once a month you come up here and have a cup of coffee, meet up with a few people for an hour and have a natter.

Stress management, how to keep myself well and calm, and focused, it has helped me a lot, it really has. I’ve been doing the breathing exercises, and just taking 10 minutes a day to do that and relax.

The course also encouraged me to go for my Carer’s Assessment through the GP Surgery and I did. It was marvellous and I have my allowance, I have more money to do some pampering and massage, which helps me managing stress and so on. It’s been lovely.”





Bristol Ageing Better (BAB) is a partnership working to reduce social isolation and loneliness among older people and help them live fulfilling lives.

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