



**BRISTOL
AGEING
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LOTTERY FUNDED

Happy City Wellbeing Pilot

November 2016 - July 2017

Happy City – Wellbeing Pilot

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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. It is funded by the Big Lottery Fund. In November 2016, five projects were commissioned to deliver pilot projects aiming to improve the wellbeing of older people and to tackle their loneliness and isolation.

This report provides an overview of the pilot project delivered by Happy City, 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 BAB's Wellbeing Service and beyond.

Project overview

Happy City piloted an 8-week face-to-face course in Mindfulness Based Wellbeing and Resilience (MBWR) for very vulnerable older individuals with complex health needs. The aim was to build on evidence from their previous mindfulness programmes and try a new approach geared towards the needs of older people who are lonely and isolated. This pilot trialled placing a greater emphasis on enhancing wellbeing and resilience through well-timed and relevant psychoeducation and activities (for example self-compassion).

The face-to-face mindfulness sessions lasted 2.5 hours each, with 1:1 telephone support provided during the week in between these sessions. Participants were also supported to undertake home practice through the provision of mindfulness recordings on an mp3 player.

Participants

In total, 10 people signed up for the mindfulness course. 2 people withdrew several days before the start due to personal reasons, meaning 8 people commenced the programme. 6 people completed all 8 weeks of the programme.

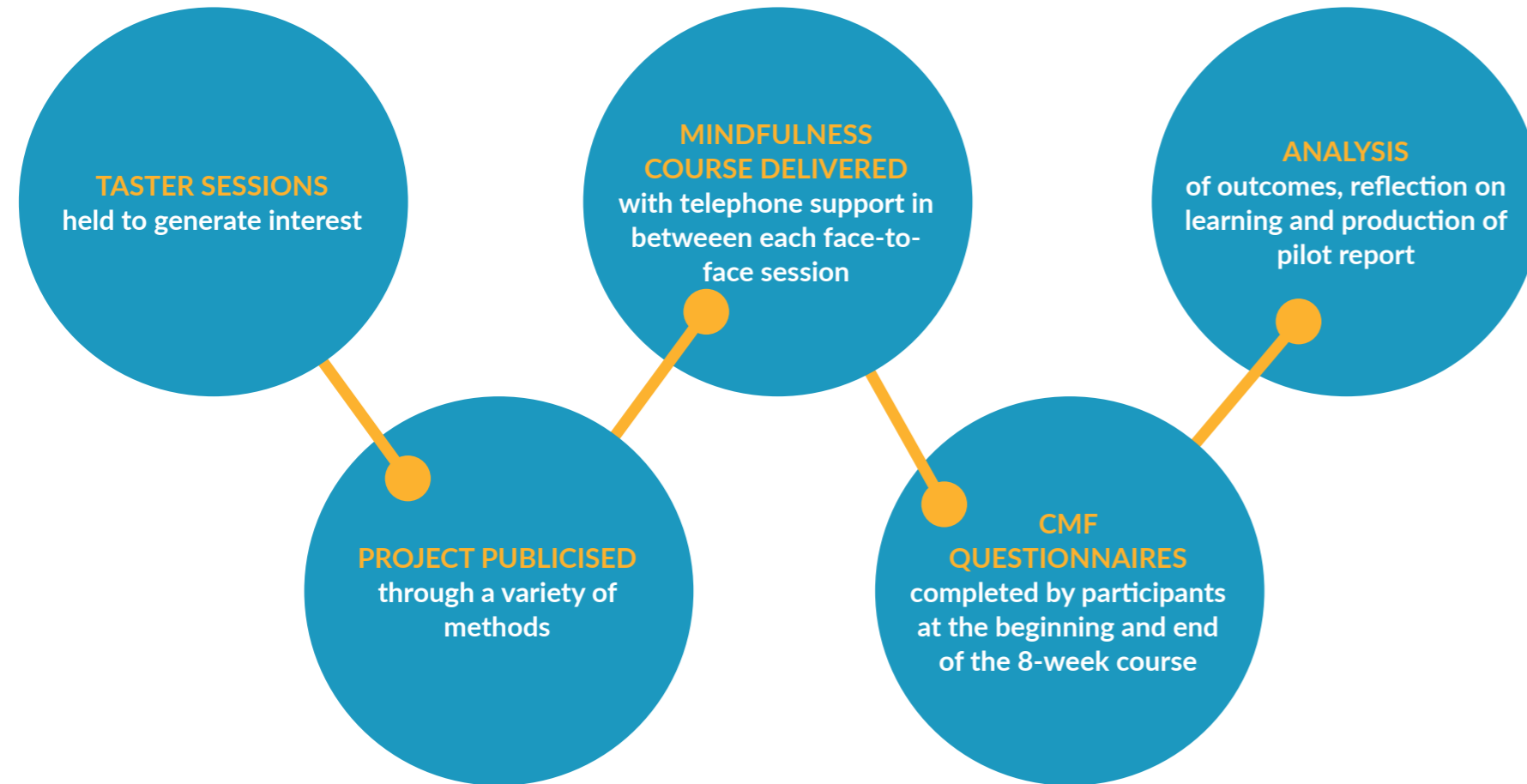
Of these, 57% were female and 43% were male. Ages ranged from 53 to 77, with an average age of 67. 57% of participants lived alone.

The majority of participants reported having a long-standing physical or mental illness or disability (71%). Furthermore, participants reported high levels of social isolation and loneliness at the start of their involvement with the project.



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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 Bristol Ageing Better programme as well as within the thirteen other Ageing Better areas funded by The Big Lottery Fund through the Fulfilling Lives: Ageing Better Programme.

6 participants (100% of those who completed all 8 weeks of the programme) 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 6 individuals.

At the end of the pilot project:

- 100% of participants reported an improvement in at least one aspect of social isolation and loneliness.
- 83% of participants reported an improvement in at least one aspect of wellbeing.

The scales overleaf show the average scores relating to loneliness/isolation and wellbeing before and after participating in this pilot project.

More detailed outcomes information can be found in the appendices.

100%

reported
loneliness improved

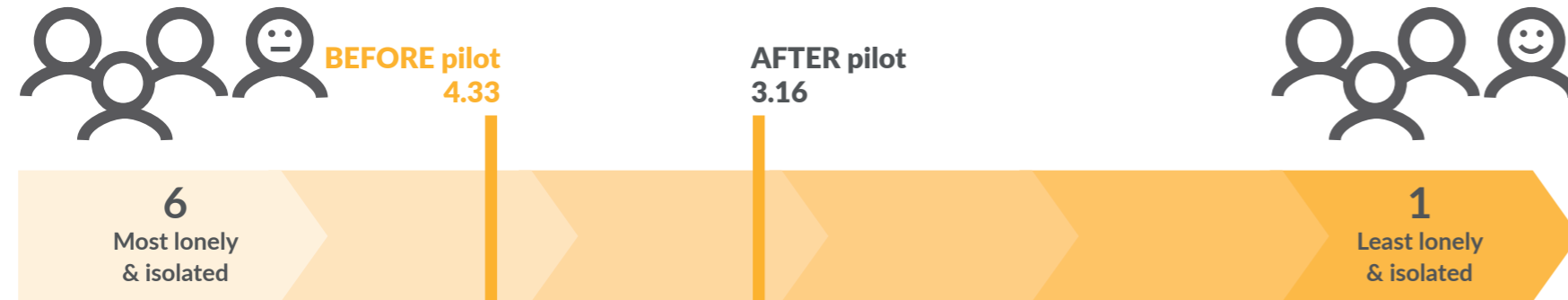


83%

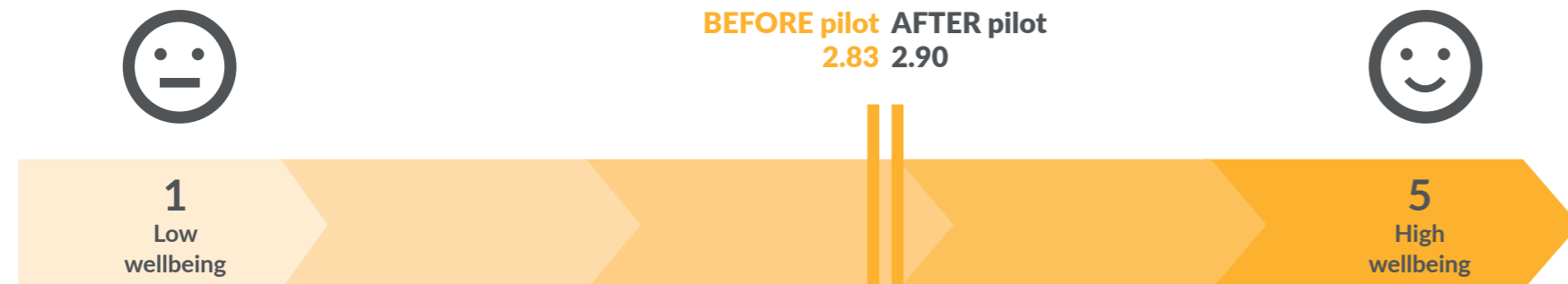
reported
wellbeing improved



Social isolation and loneliness



Wellbeing



Other project successes

Finding participants:

- **New participants** took part in this pilot project who had never previously accessed any of the courses run by Happy City and were very isolated and lonely at the start. This included many who had a variety of health complications.
- **Happy City delivered taster sessions** to help with finding participants. These were successful as they helped people to understand what the programme involved before they committed to it, thereby reducing some of the barriers to their participation.
- **Face-to-face conversation:** Happy City went to a specific location (a local hub) in order to meet people who might be potentially interested in taking part in the project. They believe being in the community directly speaking to people face-to-face greatly helped them to find participants.
- **Existing links with community leaders** also helped the project to be embedded in the community.

Delivering the mindfulness sessions:

- **Combination of wellbeing approaches:** The content of the course used a mixed model of mindfulness and wellbeing approaches, incorporating various aspects of Happy City's other courses into one. This worked well for the focus of social isolation and loneliness.
- **Three hour sessions:** The length of each mindfulness session (3 hours) was a huge success. This was longer than Happy City's previous courses, but the extra time enabled the facilitators to run the session more casually and to have more breaks which suited the participants and aided their concentration. It also allowed for participants being slightly late without missing any fundamental course content.
- **Minimal paperwork:** Happy City built on their learning from previous courses by having minimal paperwork for participants to complete during the sessions. Instead they used mp3 players to embed the learning for participants in-between sessions.



A social referral model may have worked better than the self-referral model used in this pilot project.

Key challenges and what would be done differently in the future

Reaching suitable participants:

- **Referral model:** A self-referral model was used, however this made it difficult to assess whether this project was fully suitable for the participants (for example if they currently received counselling elsewhere). A social referral model may have worked better (e.g. referrals from GPs). This would also have enabled the individual to be referred somewhere else when Happy City was not a suitable project for them.
- **Difficulties reaching the most lonely and isolated individuals:** When speaking to the community, many people recommended Happy City to visit other groups or courses in order to find participants. However people already attending these groups are unlikely to be the most lonely or isolated individuals in the community. That said, participants reported high levels of loneliness at the start of project involvement.

- **Carers and support workers:** The course was offered to the carers and support workers of older people, as Happy City believed that an improvement in their wellbeing would also have benefits for the wellbeing of the older person themselves. However none took up the offer.

Participant attendance and engagement:

- **Missed sessions:** Some participants missed a lot of sessions, mainly due to health difficulties. When they returned to the sessions they were very behind the other participants. In the future Happy City would anticipate this and try to build this into the session content.
- **Face-to-face support:** Some participants preferred to have face-to-face meetings in between the weekly sessions rather than the telephone support. In the future these additional face-to-face meetings would be anticipated and would likely be undertaken with more participants.



The use of mp3 players to support participants with their mindfulness practice at home worked well for most people.

Delivering the mindfulness sessions:

- **Clear link to loneliness:** Happy City did not make the link between mindfulness and loneliness clear to participants at first. However they received questions from participants about how this course was intended to help with loneliness and therefore in the future they would be more explicitly clear about this link from the beginning.
- **Technology:** The use of mp3 players in between sessions worked well for most participants but a handful experienced technical problems which meant they could not keep their practice going at home. Next time, Happy City would have a back-up plan so that participants could still keep their practice going without the need of the mp3 player.

- **Staff time:** The course took more time to deliver than expected. Participants needed a higher level of support in-between sessions than anticipated, for example additional phone calls needed to be made in order to ensure participants felt comfortable continuing with the group. This extra time would be built into the course in future.
- **Time to find participants:** The pilot allowed a month between the taster sessions and the start of the mindfulness course. Next time they would make this gap longer (approximately 2-3 months) in order to help with finding participants.
- **Flexible start time:** Some participants arrived late to the sessions. Next time, Happy City would anticipate this and begin the session with content which would not be fundamental if it was missed, for example starting with a cup of tea and sharing.

Learning, recommendations and advice for similar projects

Referral pathways:

- **Project suitability:** Plan in advance what action will be taken when the project is not suitable for someone who is referred. This may include being aware of who you can signpost the individual to so that they are not left with no support.
- **Referral pathways after the project:** Similarly, all wellbeing programmes should have strong referral pathways for after the project has finished so that participants are not simply 'dropped'.

Anticipated project costs:

- **Transport costs** to support participants attending the project can often be quite high. Projects should keep this in mind when planning their budgets.

Anticipated time for delivering projects:

- **Individual support needs:** Projects will often take more time than expected due to the varying support needs of participants. These needs cannot always be anticipated in advance and therefore planning time flexibility into the project from the very beginning is important.
- **CMFs:** It took approximately an hour for most people to fill out the Common Measurement Framework forms (CMFs), which should also be planned in advance.

Appendix 1

Outcomes for Participants: Social Isolation & Loneliness

The Big Lottery Fund identifies 10 intersecting dimensions of social isolation and loneliness¹. At the end of the pilot project, 100% of the 6 participants who provided both entry and exit outcomes data reported an improvement in at least one of these dimensions.

The combined answers from these 6 participants can be seen in the table below:

	Before participating in the pilot	After participating in the pilot
I experience a general sense of emptiness	43% yes	0% yes
There are plenty of people I can rely on when I have problems	14% yes	29% yes
There are many people I can trust completely	14% yes	0% yes
There are enough people I feel close to	14% yes	14% yes
I miss having people around	57% yes	29% yes
I often feel rejected	29% yes	14% yes
How often do you lack companionship?	71% often	43% often
How often do you feel left out?	43% often	14% often
How often do you feel isolated from others?	29% often	43% often
How often do you feel in tune with people around you?	17% often	0% often

Appendix 2

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Outcomes for Participants: Wellbeing

Similarly, the Big Lottery Fund identifies 7 intersecting dimensions of wellbeing². At the end of the pilot project, 83% of the 6 participants who provided both entry and exit outcomes data reported an improvement in at least one of these dimensions of wellbeing.

The combined answers from these 6 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)		
I've been feeling optimistic about the future		2.5		3.00	
I've been feeling useful		2.67		3.33	
I've been feeling relaxed		2.67		2.66	
I've been dealing with problems well		2.83		3.00	
I've been thinking clearly		3.16		3.60	
I've been feeling close to other people		2.50		3.00	
I've been able to make up my own mind about things		3.50		3.40	

¹ From the De Jong Gierveld 6-Item Loneliness Scale

² From the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)



Notes

Notes



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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