



**Bristol Ageing Better**

# Wellbeing Service Pilot Projects Key Learning

Learning  
Digest

## Wellbeing Service Pilot Projects: Key Learning

**November 2016 – August 2017**

When we started planning what Bristol Ageing Better would deliver, there was agreement from older people and other stakeholders that we needed something to support those people who had poor mental health, which was sometimes a symptom of isolation and other times the cause of it.

There are existing services to support peoples' mental health through local health providers, but we wanted to commission projects that would complement these services while providing a service that met the specific needs of isolated and lonely older people.

We commissioned 5 pilot projects in order to test different approaches to improving wellbeing and learn from them; considering which ones had the best impact and what elements of each worked best. These pilots have made a big impact on the BAB programme, not just for the wellbeing services, but successful learning from these has been factored into other BAB projects. When considering what wellbeing projects to commission for the final two years of the BAB programme, these pilots helped inform our decisions and the specifications for the commissioning.

**Adam Rees, Bristol Ageing Better Programme Director**

Bristol Ageing Better (BAB) is a partnership of individuals and organisations working together to reduce isolation and loneliness among older people in Bristol. It is one of fourteen Ageing Better areas that have been funded by the Big Lottery Fund's Fulfilling Lives: Ageing Better Programme.

The Wellbeing Service is one of BAB's sixteen distinct but interconnected initiatives which together aim to make a real difference to the lives of older people in Bristol. The aim is to provide time-limited, solution-focused support to disempowered, isolated older people with a focus on improving the wellbeing of clients and decreasing their isolation and/or loneliness.

In line with our 'test and learn' approach, in November 2016 we commissioned five pilot projects to trial different wellbeing interventions with the aim of informing future larger scale commissioning.





Carers Support Centre  
Bristol & South Gloucestershire



This report provides an overview of the key learning to emerge from the Wellbeing Service pilot projects. The five funded projects were:

**Carers Support Centre:** A six-week telephone counselling service for older isolated carers, targeted at those who would benefit from low-need mental health support. It provided one-to-one solution-focused support in order to identify strategies for the carers to better manage their own health and wellbeing, both during the project and in the future.

**Happy City:** An eight-week face-to-face group course in Mindfulness Based Wellbeing and Resilience (MBWR). One-to-one telephone support was provided between sessions and home practice was encouraged through providing mindfulness recordings on an mp3 player.

**Oasis Talk:** One-off psychoeducational taster sessions for adults aged over 50 from BME backgrounds. These sessions were used as a vehicle for consulting clients on their views, experiences and ideas about mental health services and the barriers experienced by BME groups. It also trialled establishing a specific pathway to NHS Talking Therapies with multi-lingual counsellors.

**Second Step:** Provided up to eight sessions of face-to-face psychological and holistic support to older people in their homes. Support was strengths-based and tailored around the individual's needs and preferences, including low-intensity CBT, practical skills and support to engage with community activities.

**Wellspring Healthy Living Centre:** One-to-one psychosocial support to those living within Inner City and East Bristol who have been identified by health professionals as experiencing loneliness and isolation. Support involved a holistic combination of CBT, Behavioural Activation and Motivational Interviewing, in addition to help addressing social issues affecting emotional health such as housing or financial problems.

## Key Learning

### Impact of wellbeing and confidence on social isolation

- A common point of learning was that if you can increase someone's wellbeing and confidence, then this will have a positive effect on helping to reduce their social isolation. The majority of older people who participated in the pilot projects reported an improvement in at least one aspect of social isolation and loneliness.
- Talking therapies had positive effects through a number of different formats (e.g. one-to-one, in a group, via telephone, face-to-face, in a community centre, in clients' homes, CBT, mindfulness techniques, motivational interviewing etc.)
- One of the biggest challenges is getting people to access wellbeing therapies in the first place. This may take the form of physical barriers (e.g. limited mobility, transport difficulties, caring responsibilities, ill health) or psychological/cultural barriers (e.g. lack of familiarity with talking therapies, feeling uncomfortable with one-to-one sessions, stigma surrounding mental health).

Transport can be a significant barrier to accessing wellbeing therapies in the first place



## BME Wellbeing

- Mental health is stigmatised within many BME communities. Taking a symptom-based approach (e.g. emphasising the symptoms of emotional distress such as low mood, anxiety, sleeplessness or stress) can help to break down this barrier and engage participants in discussions about wellbeing.
- As a result of this stigma, it is likely that confidentiality will play an important role in encouraging members of BME communities to access support.
- Culturally-tailored interventions are more likely to break down the barriers to accessing wellbeing interventions. This includes language considerations (having multi-lingual therapists or using an interpreter) but also an awareness of the specific cultural context of the participant's health beliefs (e.g. spiritual/religious elements, terminology around depression/anxiety etc.).
- Involving local older people from BME communities in developing the project would ensure it is culturally appropriate and accessible.



Taking a symptom-based approach can help to break down the stigma around mental health and encourage discussions

- If the interpreter is familiar to the participant, it may make the participant feel at ease (especially when discussing taboo subjects), however it may also make them feel uncomfortable and less likely to share personal information.
- Interventions which are informal or 'lower-level' may be more accessible and less daunting for BME communities than more clinical NHS services. Short consultation time with the GP and perceived long waiting times for NHS therapies emerged as potential barriers to accessing mental health services for these communities.
- For many within BME communities, especially those who have recently migrated from their home country, volunteering is not a familiar concept. They may support people informally (e.g. within their family or community) but this is unlikely to be seen as 'volunteering'. Therefore projects which use the formal construct of 'volunteering' when asking for people to support others from within their own community, will be seen as asking people to 'work for free'.
- It is important to remember that BME communities are not a homogenous group and that the barriers to accessing mental health services can be significantly different both between and within communities.

Mental health and loneliness can both be very difficult topics to talk about



## Stigma surrounding mental health and wellbeing

- There is still a stigma about discussing mental health. Talking about feelings and emotions can be difficult at any age, and this might be a very new idea to older people. The stigma is likely to be even more pronounced among male participants. There can also be a stigma around loneliness and social isolation; participants may not perceive themselves in this way.
- Delivering the intervention at a venue familiar for participants where they feel secure and at ease can help to reduce some of the barriers of taking part due to being within a participant's existing comfort zone.
- Finding participants by going through an individual/group in the community who is already trusted (e.g. leaders of existing community groups) can be successful despite the stigma of mental health.

## Working in partnership with other organisations

- Strong referral pathways for after the service ends are particularly important in order for participants' wellbeing to be maintained. Similarly, referral pathways are needed for participants who are referred to the service but for whom the service is not suitable.
- When delivering wellbeing projects, it is an advantage if the delivery partner has existing relationships with other organisations and professionals working in the field of wellbeing, for example GPs or community nurses.

## Using the Common Measurement Framework (CMF) for evaluation

- It is important to plan in advance how best to factor in completion of the entry and exit CMF forms in order to ensure their completion does not disrupt the content of the wellbeing intervention. This includes consideration of language needs (obtaining translated versions in advance if required) and time (it can sometimes take 60 minutes for these to be completed).





**LOTTERY FUNDED**

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

**Bristol Ageing Better  
Canningford House  
38 Victoria St.  
Bristol BS1 6BY**

**Email: [bab@ageukbristol.org.uk](mailto:bab@ageukbristol.org.uk)  
Telephone: 0117 928 1539  
Website: <http://bristolageingbetter.org.uk>**