



National Coalition Building Institute (NCBI) Bristol
& Bristol Black Carers

Group Work Peer Support Pilot: 50 Plus Project

August 2016 - January 2017



Breaking Isolation Project - Group Work Peer Support Pilot

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August 2016 –
January 2017

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 the National Coalition Building Institute (NCBI) and Bristol Black Carers, 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.

National Coalition Building Institute (NCBI) Bristol & Bristol Black Carers - Group Work Peer Support Pilot

Project overview

This pilot project involved NCBI partnering with Bristol Black Carers to deliver three workshops for people aged 50 and over with the aim of reducing isolation, increasing integration and developing a sustainable hub for ongoing peer support.

Each workshop lasted for three hours and was delivered during October – December 2016. The three workshops were similar in content and the expectation was that there was likely to be different participants each time. However 9 individuals attended all three workshops because they enjoyed them so much.

The workshops invited contributions from older people already connected to an existing group or organisation to share experiences of combating loneliness and/or isolation. They focused on personal stories as a way of sharing life experiences and commonalities, for example the theme of one workshop was to identify what life was like when they were children. The theme of another workshop was on forgiveness and relationships.

Participants were asked to bring a story, photograph, song, music, physical object or a poem that was meaningful to them. They were then invited to share their story either with one other person or with the whole group. This was followed by a facilitated discussion and gathering of feedback. Lunch was provided in order to build relationships further.

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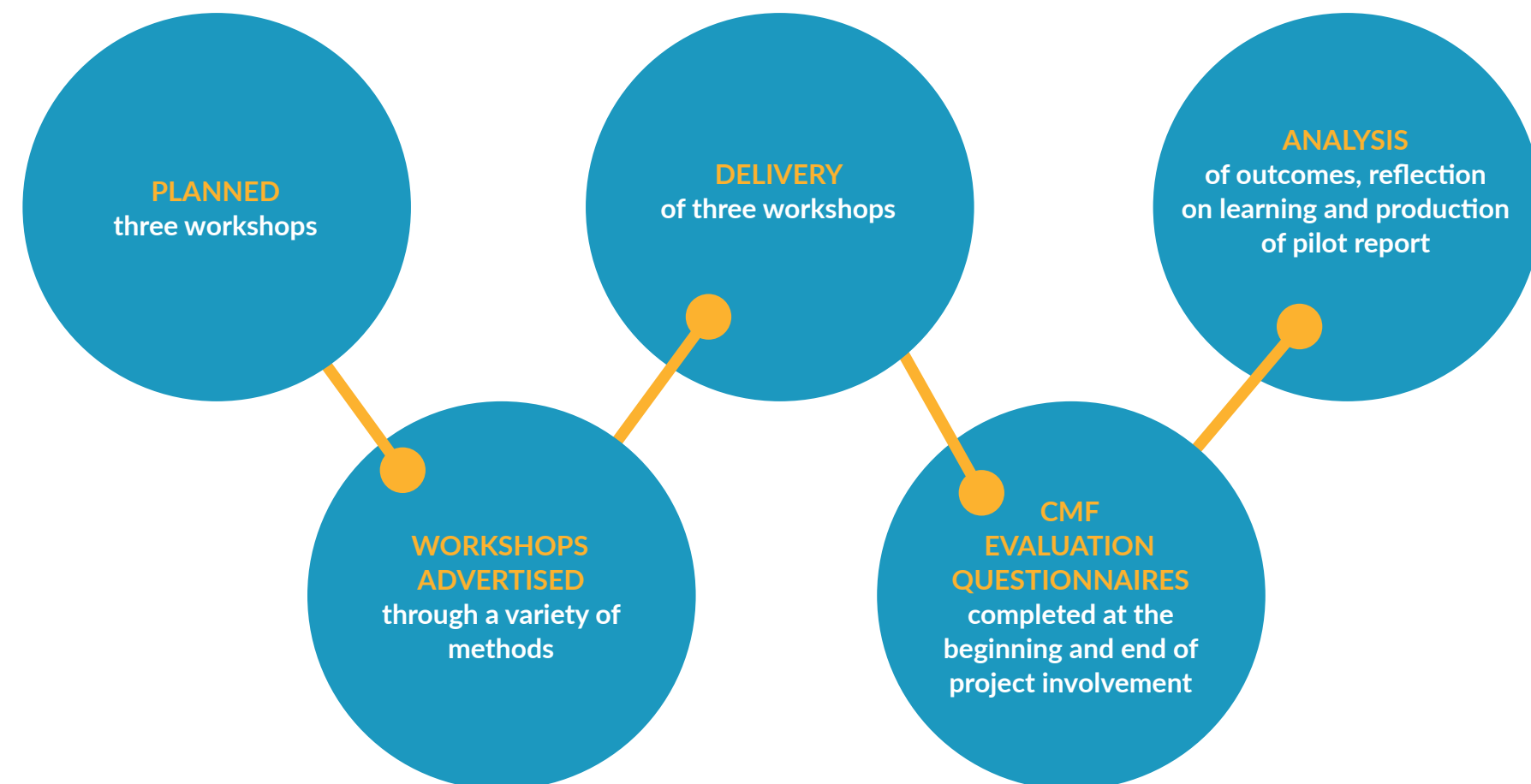
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The workshops aimed to support participants to be:

- Proud of who they are
- Welcomed for who they are
- More confident in dealing with difficult situations
- Curious and interested to find out about each other's backgrounds, what they share in common and what's different
- More understanding and respectful of difference
- Aware of barriers that prevent them from getting to know one another



Project process



Participants

22 of the 25 participants provided information about their characteristics by completing BAB's CMF (Common Measurement Framework) forms. Of these, 17 were female (77%) and 5 were male (23%).

Ages ranged from 55 to 92, with an average age of 74. 9 participants were White English, Welsh, Scottish, Northern Irish or British (41%), 12 participants were Black or Black British (55%) and 1 person chose not to provide this information (5%).

In terms of religion, 13 participants were Christian (59%), 1 was Muslim (5%), 3 had no religion (14%), 1 had another religion (5%) and 4 chose not to provide this information (18%).

14 participants reported being heterosexual (64%), 1 reported being a lesbian (5%) and 7 people chose not to provide this information (32%).

In terms of living arrangements, 9 participants lived alone (41%), 6 lived with a spouse or partner (27%), 1 lived with family (5%), 2 lived in residential accommodation (9%) and 4 chose not to provide this information (18%).

19 participants had a long-term physical or mental illness or disability (86%). 11 participants reported looking after or giving special help to someone who is sick, disabled or elderly (50%).

17%

reported
loneliness improved



100%

reported
wellbeing improved



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 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 only, not the total 25 individuals who participated.

At the end of the pilot project:

- 17% of participants reported an improvement in at least one aspect of social isolation and loneliness.
- 100% 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.

Social isolation and loneliness



AFTER pilot
3.50

BEFORE pilot
2.66



6
Most lonely
& isolated

1
Least lonely
& isolated

Wellbeing



BEFORE pilot
3.29

AFTER pilot
3.61



1
Low
wellbeing

5
High
wellbeing

Project successes

Content of the workshops:

- There was a wide range of ages present, which added an intergenerational element. Some of the conversations that arose might not have happened without this intergenerational aspect, which was beneficial to the group dynamics and increased the amount of learning for participants.

Accessibility:

- Free transport was provided for those who needed it in order to make sure they could still participate. Many said that this transport was key and without this transport they would not have been able to attend.
- Some reported they were losing trust in the transport system due to previous experiences of unreliability, and therefore valued that transport for this project was reliable.

Advertising the workshops:

- The workshops were advertised through a number of other organisations such as Bristol Black Carers Support Groups, Barton Hill Settlement, Golden Agers, Malcolm X Elders, BRI Carers Forum, Rethink, Dhek Bhal and Bristol West Indian Parents & Friends.
- Flyers were distributed through these organisations, on community noticeboards, in churches and via email newsletters.
- Advertising was also done through word of mouth through individual carers, and through two radio interviews on Ujima radio.

Sustained relationships and impact:

- Telephone numbers and addresses were exchanged by a number of participants. Some also made further connections, for example two participants discovered they lived on the same street and both like to walk so are now planning to go for walks each week together.
- One participant said that she never usually goes out and these sessions gave her the courage and confidence to leave her house more. As a result, she decided to join a gym so she could get healthy and active and to continue having a reason to leave her house.
- Two of the participants who lived in a residential home invited the group to visit their home and meet the other residents.

- Some of the participants wanted to continue seeing each other on a regular basis once the pilot project had finished. One participant offered his Church as a venue and two other participants offered to help cook food. However transport barriers meant that they were sceptical about whether this would continue to happen in the future once the project's transport funding was finished.
- The staff involved in this pilot project noted that a number of meaningful conversations took place between participants, with stories shared across different backgrounds, cultures and religions – people who might not otherwise have met in their daily lives.

Key challenges and what would be done differently in the future

Cancellations and late comers:

- A number of people who had booked to attend a workshop unfortunately had to cancel at the last minute due to illness.
- Transport was arranged through Bristol Black Carers. The workshop content was planned carefully in order to get everyone feeling engaged and comfortable with each other, however the workshop was disrupted when some individuals arrived late. Bristol Black Carers and NCBI made the joint decision that pick up should be earlier to minimise disruption during the sessions in the future.

Range of languages:

- They had some interest from individuals who would have preferred the workshops to run in languages other than English. At the time of this pilot project they did not have capacity to hold another session, however NCBI are keen to provide this in the future. If so, they would advertise to targeted community groups so that a specific translation can be arranged, as multiple translations within the same session would lose the interaction element for participants.

Completing the CMF (Common Measurement Framework) evaluation questionnaires:

- Participants gave feedback that many of the questions on the CMF evaluation questionnaire were very personal. They were also concerned about giving their year of birth as they did not want to give out this level of personal information.
- Participants gave feedback that the questions were not phrased in plain English and when the question layout was a grid it was not intuitive to complete. These made it more difficult for participants to complete without additional support from the project staff.
- It was not possible for the majority of participants to complete the second CMF evaluation questionnaire because a session for this had not been factored in and many did not want to complete the form on their own. Participants had a number of physical and mental health conditions which affected their completion of the forms.

“

Uplifting and affirming. Good tools to see people differently

”

“

All aspects of the various topics were interesting, interacting with others and participating was very useful

”

“

All aspects of the course were very interesting and it also makes you think of yourself and value yourself. Sometimes I think I am the only one with problems but when you listen to others you feel better

”

“

I enjoyed the session and it was good for me to be reminded of the experiences of black carers

”

“

Everything was very good and I enjoyed it very much

”

“

The workshop today was very enjoyable and it was nice to hear of other people's situations and meet new people

”



NCBI learnt that setting up chairs in a circle increased the accessibility of the workshops and encouraged discussions.

Learning, recommendations and advice for similar projects

Accessibility:

- The room initially had a layout of rows, but following feedback this was changed to a circle in order for participants to be able to see each other face-to-face, which increased the accessibility for those with hearing loss.
- For projects that involve a shared lunch, it is best for this to be eaten at a table rather than on laps, in order to be as inclusive as possible for those with disabilities.

Room size:

- They had more participants than initially expected, which was a success however it meant that the room size was a bit too small. It would be best to either book a bigger room in advance or cap numbers, especially so that participants had room to sit in a circle.

Food options:

- NCBI provided Caribbean food, but learnt that they needed to provide different meal options to take into account individual tastes. It would be beneficial to try different types of food, as this would also increase participants’ knowledge of food from different cultures and act as a starting point for conversations.

Participants:

- The workshops had more women than men in attendance. In order to encourage more men to attend, a more targeted form of advertising might be needed.

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, 17% 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	33% yes	50% yes
There are plenty of people I can rely on when I have problems	50% yes	50% yes
There are many people I can trust completely	50% yes	33% yes
There are enough people I feel close to	50% yes	66% yes
I miss having people around	50% yes	33% yes
I often feel rejected	33% yes	33% yes
How often do you lack companionship?	33% often	0% often
How often do you feel left out?	33% often	17% often
How often do you feel isolated from others?	33% often	17% often
How often do you feel in tune with people around you?	50% often	17% often

1 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 wellbeing² . 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 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	2.67		3.67		
I've been feeling useful	3.17		3.00		
I've been feeling relaxed	3.50		3.17		
I've been dealing with problems well	2.83		3.50		
I've been thinking clearly	3.17		4.00		
I've been feeling close to other people	3.50		4.00		
I've been able to make up my own mind about things	4.17		4.00		

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





Empowering & Supporting
Young and Adult Carers

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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