



**BRISTOL
AGEING
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LOTTERY FUNDED

Second Step Wellbeing Pilot

November 2016 - July 2017

Second Step – Wellbeing Pilot

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November 2016 – July 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. 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 Second Step, 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.

Second Step Wellbeing Pilot

Project overview

Second Step's pilot project offered face-to-face psychological and holistic support to older people in their homes for up to 4 months.

The aim was to improve participants' long-term resilience and connectedness in a way which was participant-centred and strengths-based. It addressed isolation by recognising that pre-existing emotional or psychological ill health can contribute to isolation, while feeling lonely and isolated can also be the cause of mental health problems.

The nature of the support varied according to the individual's needs, aspirations and preferences. It included:

- Psychological interventions, for example low-intensity cognitive behavioural therapy and relaxation techniques.
- Practical skills designed to increase independence, for example learning how to use email, Paypal and paying bills online.
- Support to engage with local community activities, for example joining a local choir,

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seeing family, making contact with long lost friends and helping to access local organisations in order to address specific needs.

The timeframe for support also varied according to individual needs; those with mild mental health needs were offered support for up to 8 sessions, whereas those with more complex needs were offered up to 12 sessions.

Participants

16 participants took part in this pilot project (19 referrals were received, however 2 people withdrew and 1 passed away). All had mild mental health needs and were therefore offered support for up to 8 sessions. Not all participants wished to have the full 8 sessions, meaning that in total 90 sessions were delivered as part of this pilot project.

The vast majority of participants were female (77%) with only 3 men taking part in the pilot. Ages ranged from 65 to 95, with an average age of 81.

Almost all participants reported having a long-standing physical or mental illness or disability (91%).

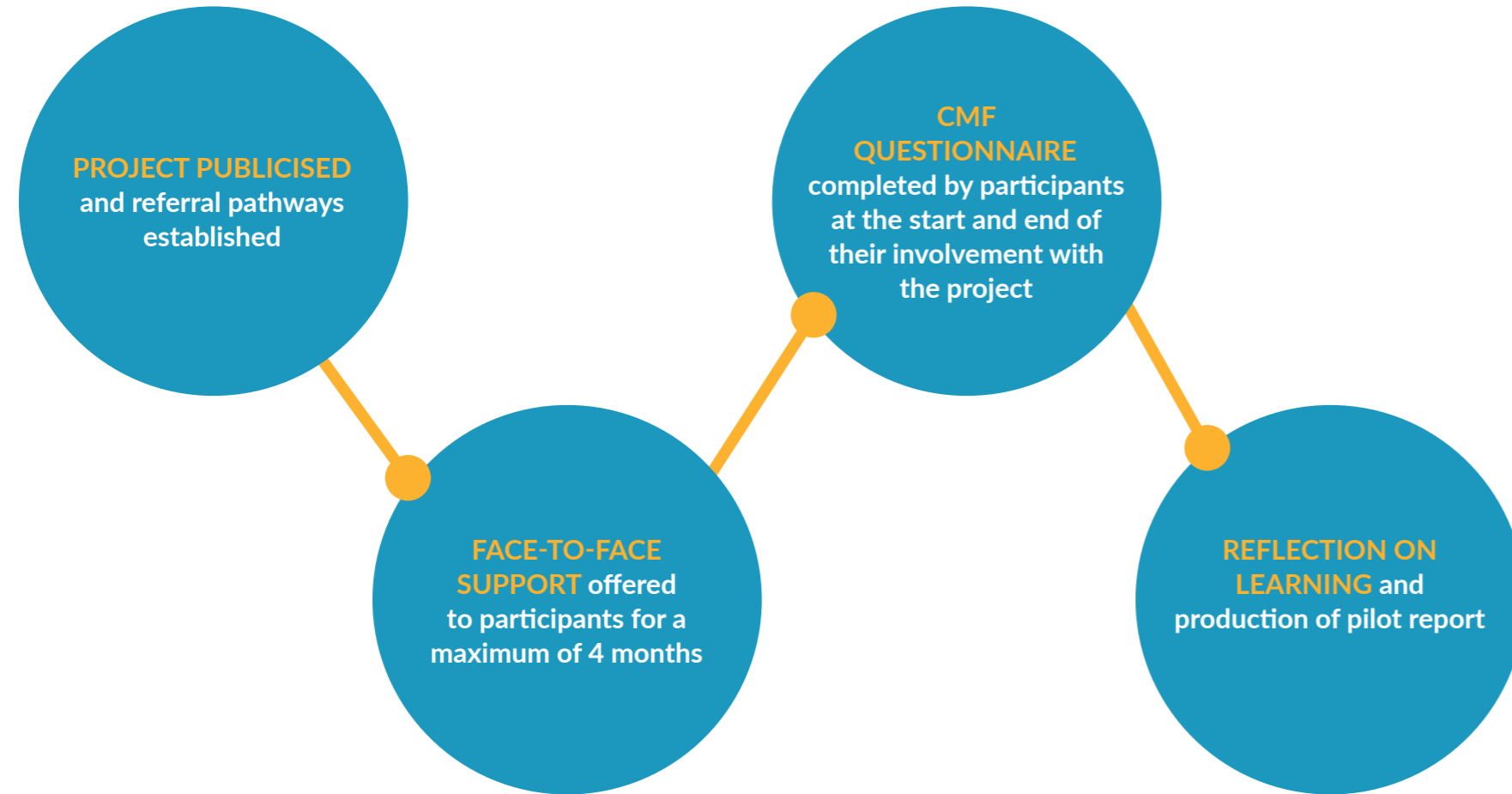
**SECOND
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PUTTING MENTAL HEALTH FIRST

brunelcare 

This pilot involved
Second Step working with
Brunelcare

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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.

10 participants (63% of the total who participated in this pilot project) 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 10 individuals.

At the end of the pilot project:

- 90% of participants reported an improvement in at least one aspect of social isolation and loneliness.
- 90% 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.

90%

reported
loneliness improved



90%

reported
wellbeing improved



Social isolation and loneliness



BEFORE pilot
3.8

AFTER pilot
2.8



Wellbeing



BEFORE pilot
3.2

AFTER pilot
3.6



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Other project successes

Project delivery:

- The needs and wishes of each participant determined how many sessions they received; there was no pressure for them to receive the maximum amount. This ensured the project remained person-centred.
- Combining three support models into one was a success. This project provided an individually-tailored mix of low-intensity CBT, social prescribing and more traditional practical support. All workers were trained in CBT, which meant that they could provide psychological support even when the participant believed they only needed help with practical issues.
- The nature of the support being face-to-face and delivered in the older person's home meant that those with reduced mobility could still participate.
- The CMF forms completed at the start of the project were used to inform the basis of each participant's support plan.

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Collaboration with other organisations:

- Successful partnership with Brunelcare, who supported Second Step to find participants. They also helped ensure the project was suitable for participants by assisting in the pre-screening process.



It was difficult to find men to take part in this pilot project

Key challenges and what would be done differently in the future

Finding participants:

- **Different perceptions and understandings:** Not all participants perceived themselves to be lonely or isolated. This meant that they viewed practical and social support as more of a priority than the psychological support. Some participants needed a more detailed explanation of psycho-social interventions, particularly if they were unfamiliar with psychological therapies. In the future, it may be useful to pre-emptively provide this explanation at the beginning.
- **Male referrals:** Low numbers of male participants were referred. This was noticed early in the project and steps were taken to try to encourage male referrals, however this still only resulted in 3 men taking part.
- **Withdrawals:** Some participants felt they did not have time for the sessions once they had been referred in, while others forgot they had agreed to participate and no longer wanted to be involved in the project. This meant that a handful of people withdrew from the pilot and more referrals were needed.
- **Screening process:** In the future, Second Step may undertake a more rigorous screening process to ensure the project was fully suitable for all participants. Part of this might involve providing an information pack to make sure people fully understood what the project involved before participating.

Project delivery:

- **Number of sessions:** It was expected that some participants would not want to receive the maximum number of sessions they were offered. However this proportion was higher than expected, meaning significantly fewer sessions were undertaken than anticipated. Future project planning would take this into account.
- **Support time:** Second Step underestimated the amount of work that would be required outside of the face-to-face support sessions to help the participants, particularly in order to address their social needs. In the future these additional hours would be anticipated and built into the delivery model.
- **Data sharing:** The delivery model involved signposting to other agencies and, with the participant's consent, sharing their contact details with these agencies in order to facilitate their access to this support. However occasionally some participants forgot what consent they had given. This awareness would be factored into future projects and the data sharing processes would be made clearer.

Case study:

“Before I got involved with the Second Step project I felt very dependent on other people. I also felt quite lonely, and stuck in the place where I live – I didn’t feel I had much in common with the other residents.

I was referred to the project to get some help with my tablet. In turn, that allowed me to find out about groups and classes where I could meet others and talk about my interests. Now I’m able to use my tablet to buy things that I need to keep up my hobby of fixing up old electrical items.

I’m pleased that I took part in the project, because now I can order the things I need online myself instead of relying on others, which could make me feel quite anxious.

I’m thinking about getting involved in more social events, and I’m also going to visit some different accommodation and see about moving house. I’m looking forward to going along to a local film screening night, and I’m hoping to be matched with a befriender I can chat with about my hobbies. I’d encourage other people to get involved, as it really helped me.”

Learning, recommendations and advice for similar projects

Project delivery:

- There is still a stigma about discussing mental health. Talking about feelings and emotions can be very difficult at any age, and this might be a very new idea to older people.
- It is useful to take extra time undertaking the participant screening process at the start of the project. This ensures that the project is fully suitable for each participant. Similarly, participants can receive detailed information at this stage in order to make an informed decision about whether they are interested in all parts of the project.
- The provision of services appropriate for older people are not equally distributed across Bristol. This can be frustrating for the older people involved and also for the project staff, but it is something which is difficult for one project to overcome alone.

Finding participants:

- It is useful to reflect on participant demographics, particularly if there are gender imbalances. Projects often have more female than male participants. If this

is the case, you might want to brainstorm how you can encourage more male participants (for example changing the format of the project, amending the way the session is advertised or collaborating with other organisations who already have access to this group).

- Loneliness and isolation are not necessarily clear cut – some people who may not seem isolated on the surface are actually very lonely, and vice versa.

Completing the CMFs:

- The CMFs can take a long time to complete, however they can be undertaken in a way which is directly valuable to the project content. For example completing it as part of a conversation and chatting in-between questions, then using this information to inform the type of support delivered.
- Some of the questions in the CMF can cause people to think negatively. It is important to be sensitive to this and make sure participants leave feeling positive rather than negative.

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, 90% of the 10 participants who provided both entry and exit outcomes data reported an improvement in at least one of these dimensions.

The combined answers from these 10 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	31% yes	30% yes
There are plenty of people I can rely on when I have problems	38% yes	60% yes
There are many people I can trust completely	62% yes	40% yes
There are enough people I feel close to	31% yes	40% yes
I miss having people around	77% yes	40% yes
I often feel rejected	31% yes	10% yes
How often do you lack companionship?	39% often	30% often
How often do you feel left out?	31% often	10% often
How often do you feel isolated from others?	31% often	20% often
How often do you feel in tune with people around you?	20% often	44% often

Appendix 2

Outcomes for Participants: Wellbeing

Similarly, the Big Lottery Fund identifies 7 intersecting dimensions of wellbeing². At the end of the pilot project, 90% of the 10 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 10 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	2.70			3.80	
I've been feeling useful	2.90			2.88	
I've been feeling relaxed	3.50			4.11	
I've been dealing with problems well	3.30			4.33	
I've been thinking clearly	3.90			4.10	
I've been feeling close to other people	2.77			3.22	
I've been able to make up my own mind about things	4.11			4.40	

¹ From the De Jong Gierveld 6-Item Loneliness Scale

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

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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