



**BRISTOL
AGEING
BETTER**



LOTTERY FUNDED

Wellspring Healthy Living Centre Wellbeing Pilot

November 2016 - July 2017

Wellspring Healthy Living Centre – 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 who are trying to become less isolated and lonely.

This report provides an overview of the ‘Ageing and Wellbeing’ pilot project delivered by Wellspring Healthy Living Centre, 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

This pilot project delivered one-to-one psychosocial support to people aged over 50 who were experiencing loneliness and isolation. It was targeted at older people in Inner-City and East Bristol (specifically within the local GP cluster of Lawrence Hill, Wellspring, Air Balloon and St. George surgeries).

Referrals came from GPs, District Nurses and Community Nurses for Older People. These partners identified those over 50 whose main form of social contact was the home visits from the nurses.

The project delivered psychosocial intervention sessions of one-hour, mostly in the participants’ homes. The number of sessions delivered varied according to the needs of the individual, but ranged from 1 session to 8 sessions.

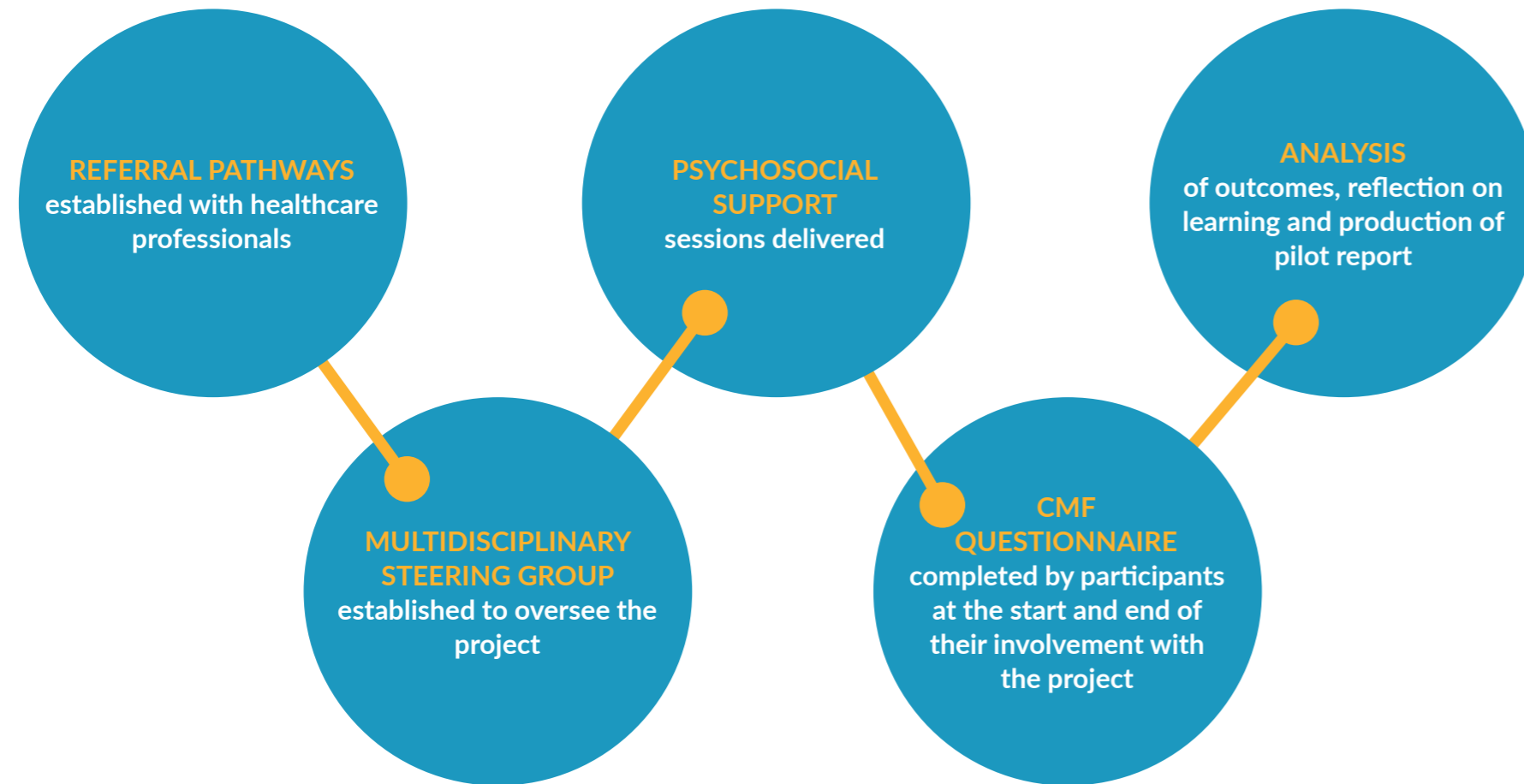
The psychosocial intervention method used was ‘Social Prescribing Holistic’. It was solution-focused and involved:

- A holistic combination of Cognitive Behaviour Therapy, Behavioural Activation and Motivational Interviewing, working to the Five Ways to Wellbeing.
- Addressing social issues affecting emotional health, for example financial or housing problems.
- The possibility of providing a social prescription to an activity the individual identified as something they would like to do.
- Screening for substance misuse and making the appropriate referral or providing a brief intervention.

The project involved oversight from a multidisciplinary Steering Group made up of older local residents, staff, community nurses and a local GP.



Project process



Participants

The pilot received 54 referrals, of which 31 people engaged with the service. A total of 95 one-hour psychosocial intervention sessions were delivered overall.

Of these participants, 75% were female. Ages ranged from 48 to 91, with a fairly even split between those aged under 70 (43%) and those aged over 70 (57%).

60% of participants lived alone, while the remaining 40% lived with a spouse, partner or family. The majority of participants (79%) reported having a long-standing physical or mental illness or disability.

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.

8 participants (26% 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 8 individuals:

At the end of the pilot project:

- 50% of participants reported an improvement in at least one aspect of social isolation and loneliness.
- 63% 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.

50%

reported
loneliness improved



63%

reported
wellbeing improved



Social isolation and loneliness



BEFORE pilot 3.63
AFTER pilot 3.63 (no change)



Wellbeing



BEFORE pilot 3.13
AFTER pilot 3.29



Other project successes

Finding participants:

- **The relationship with GPs was very successful.** At first, GPs seemed reluctant to refer their patients to an activity or therapy that was 'new'. It took a while for trust to be established however, in the end, the referrals received from healthcare professionals were more than the project's capacity. In total, 74% of the project's referrals came from GPs.
- **Working closely with the community nursing team** was valuable (24% of referrals came from this source). Community nurses already had relationships with isolated older people and were trusted by these individuals. In the future Wellspring would use a similar method of going through an individual/group already trusted within the community in order to find participants.

Case study: Terry

Terry was referred by one of the community nursing team. Terry found it difficult to get out of the house because of the breathing problems associated with Chronic Obstructive Pulmonary Disease (COPD). Wherever he goes he needs to take an oxygen tank. He lives with his wife who is his main carer.

Terry wanted to get out more and give his wife a break.

Terry was interested in many of the activities on offer in the community, including Gentle Exercise and Singing for Wellbeing, but was unable to go as he could not rely on transport from Social Access (previously Dial-A-Ride).

However, he was able to achieve one of his aims which was to volunteer with St. Peter's Hospice as the hospice arranged transport for him.

Wellspring's Wellbeing Practitioner saw him four times in his own home.



Transport was found to be a large barrier for participants with reduced mobility.

Key challenges and what would be done differently in the future

Participant engagement:

- There were multiple instances of participants booking an appointment and then not attending. Reasons for this include participants' physical health.
- Similarly, it was harder to meet the needs of those with reduced mobility because transport was a large barrier (e.g. in terms of meeting their social needs or accessing support delivered by other organisations).
- Wellspring noticed that the majority of participants were White British. In order to meet the needs of the Somali community who may not find psychosocial therapy accessible or relevant, Wellspring consulted with members of the Somali community. Following this consultation they formed a Somali weaving group in conjunction with an existing inter-generational Somali sewing group already being held at the Wellspring Healthy Living Centre.

Project delivery:

- Wellspring had initially wanted to work with RSVP Bristol in order to match participants with befrienders who could provide further support with accessing services and community groups. However it was difficult to find enough volunteers. In the future Wellspring would consider using Community Navigators to fulfil this function instead of recruiting separate volunteers.
- It was difficult to find enough activities which were suitable to refer patients on to after they had finished the psychosocial therapy sessions. Working closely with Community Navigators in the future may help to overcome this challenge.

Case study: Joyce

Joyce was a carer for her sister who recently died. Since her sister's death Joyce was struggling and had isolated herself from other people. She had received bereavement counselling, but did not find it helpful.

Joyce was referred to the service by her G.P.

As she lives in the local area, Joyce already knew about Wellspring Healthy Living Centre, and was happy for the G.P. to make a referral to the service.

Wellspring's Wellbeing Practitioner supported Joyce through her bereavement process. As the intervention progressed, Joyce began to feel able to re-engage with people and activities. Joyce received 8 sessions in total.

Joyce has attended the LinkAge Lincoln-Gardens Social, Singing for Wellbeing at Wellspring and has re-engaged with her peer-support group. She also returned to her role as a volunteer both with LinkAge and with a charity for cats.

Joyce uses the bus to go to the different activities and to her role as a volunteer.

Learning, recommendations and advice for similar projects

Working with other organisations:

- GPs may be reluctant to trust 'new' activities or organisations if they do not already have a relationship with them. It takes time and energy to build up this trusting relationship however, once developed, the benefits last well beyond the initial project (for example through increasing the likelihood of being trusted by these professionals in the future).
- It is worth taking the time to create a strong and trusting relationship with other healthcare professionals too (e.g. community nursing teams, pharmacies). They will have a lot of knowledge about the local community which will benefit project planning and delivery.
- Interestingly, those referred by the GP had better physical health than those referred by the community nursing team. As Wellspring had expected, those with poorer physical health (including those nearing the end-of-life stage) were less likely to engage with the project beyond 1 or 2 sessions.
- It worked well to have a multidisciplinary steering group involving a number of different professionals involved in the project. This enabled staff to discuss participants' clinical and social needs, their emotional and physical health and to consider the types of interventions and conversations the different workers could have with the participant in order to improve outcomes.

Finding participants:

- It is useful to find participants by going through somebody in the community who is already trusted, as this individual can help you to engage with participants and raise awareness of the project.
- In the Somali community, older people may not appear to be lonely or socially isolated as they may not live alone or without support from extended families. However, Wellspring found that even though many older people from these communities live with their extended families, they may still be struggling with feelings of isolation and loneliness.

Transport:

- Transport is one of the biggest barriers to social isolation. It can therefore be valuable to allocate a significant proportion of the project budget towards arranging transport for participants.
- Projects may wish to consider having a volunteer befriending initiative as part of the project (e.g. partnering with an organisation which offers this) in order to support participants who need additional assistance on public transport.

Working with the Somali community:

- This pilot, along with Wellspring's history of working with Bristol's Somali community, enabled them to better understand this community's perception of volunteering. Volunteering was not a term or construct with which Somali participants were familiar, particularly if they had recently migrated to England. This is not to say they did not 'volunteer', as many supported people from their community informally based on networks of family and kinship. Any organisation that uses the formal construct of 'volunteering', when asking for people to

support others from within their own community, may be seen as asking people to "work for free".

- The Somali community is a collective society; they often use 'we' when White British people would use 'I'. There is also no term for depression or anxiety as their conceptualised framework of mental health is not rooted in the western approach of Freud and Jung, but has a stronger spiritual or religious element. Future projects may wish to consider using groups as the primary wellbeing intervention for older Somali people rather than 1:1 counselling or therapy.
- Do not consider all BME communities as the same. This pilot only worked with the Somali community - caution should be used when extrapolating this learning to other BME communities.

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, 50% of the 8 participants who provided both entry and exit outcomes data reported an improvement in at least one of these dimensions.

The combined answers from these 8 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	54% yes	38% yes
There are plenty of people I can rely on when I have problems	35% yes	50% yes
There are many people I can trust completely	32% yes	50% yes
There are enough people I feel close to	32% yes	50% yes
I miss having people around	71% yes	63% yes
I often feel rejected	25% yes	13% yes
How often do you lack companionship?	57% often	25% often
How often do you feel left out?	32% often	13% often
How often do you feel isolated from others?	50% often	25% often
How often do you feel in tune with people around you?	25% often	25% 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, 63% of the 8 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 8 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	2.63		2.88		
I've been feeling useful	2.88		3.25		
I've been feeling relaxed	2.13		2.63		
I've been dealing with problems well	3.00		3.00		
I've been thinking clearly	3.50		3.50		
I've been feeling close to other people	3.88		3.88		
I've been able to make up my own mind about things	3.88		3.88		

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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