



BRIGHTLIFE LEGACY REPORT
11 - BRIGHTLIFE QUANTITATIVE
DATA
EXECUTIVE SUMMARY

The University of Chester Evaluation Team

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11. Brightlife Quantitative Data

Executive Summary

This summary draws together the key messages from the evaluation of Brightlife participant data gathered by the Common Measurement Framework (CMF). The report includes data input from the beginning of Brightlife to the end of December 2017 and provides information regarding the analysis of this data and the outcomes.

Key findings

Completion of CMF

After a slow start initially, there has been an increase in completion of the CMFs, as well as an improvement in the quality of the data received. Discussions with the Brightlife team suggest that on-going liaison with, and support for, the commissioned service providers has been crucial in this improvement.

Participant demographic data

In a number of characteristics, the Brightlife cohort reflects the population of CWaC; however:

- Brightlife has recruited a greater percentage of females than is representative of the Borough population i.e. 72.3% Brightlife vs. 52.7% CWaC population.
- Brightlife is accessing a higher percentage of people with long term health conditions than is representative of the Borough population, i.e. 59.2% Brightlife vs. 37% CWaC population. This is important as people with long term health conditions may be more at risk than others of social isolation.
- Brightlife is accessing a greater percentage of people living alone than is representative of the Borough population, i.e. 56.5% Brightlife vs 23.1% of CWaC population. This suggests that Brightlife is again successfully recruiting from a group of people who may be more at risk of social isolation.

Crucially, the age demographic of the Brightlife participants' represents more than one age cohort, i.e. participants are aged from 50 to 99; this should be considered when commissioning services.

Impact of participation in Brightlife

Improvements in participants' levels of social isolation and loneliness, wellbeing, and social connectivity have been identified, although these are not all statistically significant. This may in some part be due ceiling effects, i.e. initially all participants were not experiencing high levels of social isolation and many had good levels of wellbeing at entry; therefore, only small improvements were possible.

Providers are now expected to screen potential participants to identify whether they meet the eligibility criteria for participation in Brightlife. Furthermore, due to some recently commissioned Bright Ideas, a greater percentage of participants are likely to be recruited from disadvantaged neighbourhoods; lower socio-economic status has been linked with social isolation and loneliness. Thus, it can be hypothesised that, moving forwards, greater levels of change may be evidenced. Equally, as the oldest old cohort of Brightlife participants (i.e. those aged 85 years and over) may experience deteriorating health, maintenance of existing levels of health at those evidenced at entry to Brightlife may be considered a positive outcome.

The percentage of participants who said they intended to, or may, volunteer in the future rose by 5.9% from entry to follow-up CMFs. As commissioned service providers recruit more volunteers and also further develop sustainability strategies which may also involve increasing volunteer engagement, it could be suggested more participants and/or older people living in the Borough will take the opportunity to volunteer.

Future

The University evaluation team will explore the CMF data at a deeper level and begin to further triangulate CMF data with other data collection, such as interview data and document analysis. This will facilitate the production of a broader evaluation and provide a holistic, in-depth picture of Brightlife.

Recommendations

The following recommendations for consideration by the Brightlife partnership are made:

- All commissioned service providers should screen potential participants to identify whether they fall within the Brightlife target population. The University evaluation is able to identify entry data by provider so it will be possible to ascertain the effectiveness of the screening methods.
- Liaison with commissioned service providers regarding the completion of the CMF should continue; moving forwards providers of Bright Ideas services should also be included in this liaison. Additionally, how to successfully engage commissioned service providers in data collection is valuable information and should be included in the material held on the Brightlife Repository.
- Brightlife evidences good engagement with people who have long term health conditions and with those who live alone; both groups are at risk of social isolation. It would be valuable to follow-up these recruitment successes with the aim of identifying the techniques used to engage with individuals from these groups. Again, this should yield useful information for inclusion in the Brightlife Repository.

- Completion of follow-up CMFs by Social Prescribers should be re-visited to facilitate the assessment of social prescribing during the lifetime of Brightlife, which is consistent with the ethos of “test and learn”.
- In a forthcoming work stream the University evaluation team intend to focus on volunteers and volunteering; this will facilitate identifying why older people have volunteered and what encouraged them to continue volunteering. This information can be utilised by commissioned service providers to develop sustainability strategies and will also be valuable information for inclusion in the Brightlife Repository.