



BRIGHTLIFE LEGACY REPORT  
13. CMF “FREE TEXT  
COMMENTS” REPORT

Findings,  
assessment and  
recommendations

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Originally August 2018

## Contents

1 Introduction .....	1
2 Methodology .....	1
3 Findings .....	1
3.1 Influences on social isolation and loneliness .....	4
3.1.1 Health .....	4
3.1.2 Life transitions .....	5
3.1.3 Finances .....	6
3.2 Level of Isolation .....	7
3.2.1 Greater isolation .....	7
3.2.2 At Risk of Social Isolation .....	8
3.2.3 Not Currently Isolated .....	8
3.3 Activities .....	9
3.3.1 Accessibility .....	9
3.3.2 Enjoyment .....	10
3.3.3 Quality of Staff .....	10
3.3.4 Impact of Activities .....	11
3.4 Evaluation .....	15
3.4.1 Time .....	15
3.4.2 Evaluation questions .....	16
4 Discussion .....	17
4.1 Social isolation .....	17
4.2 The impact of activities .....	19
4.3 The evaluation .....	20
5 Recommendations .....	20
6 References .....	21
Appendix 1 Perceptions of ageism .....	22
Figure 1: 100 most common words extracted from participants' feedback .....	2
Figure 2: Themes and sub-themes developed during data analysis .....	3
Table 1 Respondents' demographic information .....	2

## 1 Introduction

At entry to Brightlife all participants are asked to complete a questionnaire referred to as “The Common Measurement Framework” (CMF); this questionnaire collects demographic, health and wellbeing data, social connectedness information. Brightlife has added an “open feedback” section to the CMF to offer participants the opportunity to provide written comments about any aspect of their experience with the project. This report focuses on the written comments of 112 Brightlife participants who responded to the following question:

*‘Brightlife values your comments and feedback, if you would like to add your own comments, please do so here.’*

Comments received up to 31<sup>st</sup> January 2018 are included in this report and participants who provided feedback will be identified report as “respondents”.

## 2 Methodology

Consistent with the approach taken with other qualitative data collected during the evaluation of Brightlife, data was analysed thematically. This approach seeks to identify commonalities, differences and patterns within the data (and is not associated with any one individual philosophical stance).

Qualitative feedback from CMF questionnaires received up to 31 January 2018 was entered into the NVivo Pro qualitative data analysis software (QSR International nd) for analysis. Analysis was conducted by a researcher reading and re-reading the feedback and identifying commonalities across the comments; these were then grouped together into sub-themes and a label representing respondents’ comments was applied. The resulting sub-themes were synthesised into four overarching themes from the feedback. Quotes from respondents’ written feedback are provided to support the analysis; to maintain anonymity all respondents are identified using their Brightlife Unique Reference Number (URN) (the suffix “E” is utilised to identify an entry CMF while “F” identifies a follow-up CMF)

## 3 Findings

This section of the report presents the findings from the data analysis and respondents’ demographic details (see Table 1). Not all respondents provided demographic data, thus figures do not add to 112, Table 1 reports the data provided.

Mean age	Age range	Gender	Carers	Long term health condition	Living arrangements
72.7 years	52 - 94 years (38 – aged 80 years and over)	Female – 75 Male -29	18	58 – yes 48 - no	54 – alone 10 – with family 42 – with spouse/partner

Table 1 Respondents' demographic information

It should be acknowledged that respondents' comments varied in both content and length; some respondents provided very brief feedback, as an example "Brightlife helps" (P9) while others were more expansive. Figure 1 is a "word cloud" of the 100 words that most commonly occurred in respondents' feedback.



Figure 1: 100 most common words extracted from participants' feedback

Data analysis resulted in the development of four main themes:

- Causes of loneliness
- Degree of isolation
- Activities
- Evaluation

Each main theme comprises of a number of sub-themes (see Figure 2).

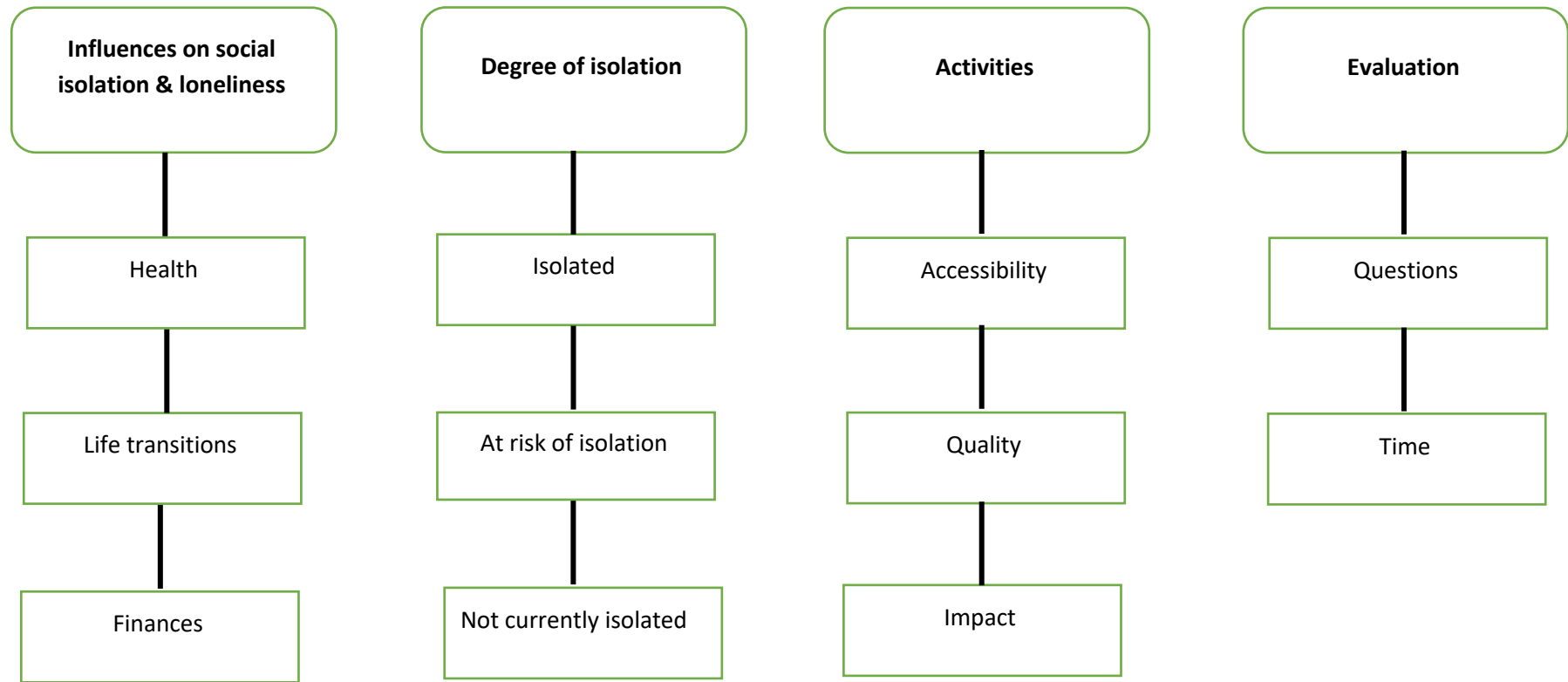


Figure 2: Themes and sub-themes developed during data analysis

The sections below report the emergent themes from the data; quotes from respondents' feedback are used to illustrate and support the analysis.

### 3.1 Influences on social isolation and loneliness

Three sub-themes were associated with social isolation and loneliness; health issues, life transitions such as bereavement, divorce, retirement and relocation, and finances. In some cases, these factors were interlinked.

#### 3.1.1 Health

Existing research suggests a relationship exists between social isolation and dimensions of health status including; physical and emotional factors, and limitations in activities of daily living (Hawton et al., 2011). While ill-health may influence social isolation and loneliness, there is also evidence there may be a reciprocal interaction between these factors with social isolation and loneliness impacting on health (Cornwell and Waite, 2009).

Respondents wrote about experiencing health problems, which limited motivation, as well as the ability, to be involved in the community. The most commonly cited health problems were those where mobility was affected, which in turn restricted respondents' participation in activities:

***My right knee gives me pain when I walk so a few yards is all I can manage. I also have double vision so cannot drive a car. This is why I cannot join in many activities and cannot help others. However, at 91, I consider myself lucky and have only minor problems to contend with. (196F3) male aged 91***

***I have had 2 replacement hips in the last 3 years so I feel tired very quickly, even though I use a walker. (533E) female aged 83***

***Although I consider myself to be reasonably healthy, the fact that I have a lot of arthritis makes me very slow. I especially have trouble with lack of mobility in my hands which does cause problems. I've had to give up driving. This means I am not able anymore to go to my [name removed] club unless I use a taxi which is quite expensive. (688E) female aged 94***

Evidence of limited mobility has implications for future planning of activities; service providers should consider ensuring services accommodate the needs of individuals with diminished mobility.

### 3.1.2 Life transitions

For nine respondents social isolation was associated with a specific life event such as bereavement, divorce, or retirement. Although a small number of respondents, these life transitions had a clear impact upon wellbeing and social connectedness. In some cases, where respondents reported poor mental health, this was linked to the loss of a spouse or partner with evidence of difficulty in adjusting to life as a widow/er:

***When my wife died of lung cancer on 22 May 2016 after 66 yrs of a very happy married life, having no children I became very down and depressed, I could not sleep or eat and lost over a stone in weight. I visited my doctor who said I was under severe emotional stress, and must take control of my situation and he would help me all he could, he also said there were certain Organisations who would help me, one of which was Age Concern. (221E) male aged 90***

It should also be recognised for some individuals their partner may have provided transport, e.g. been the family driver, and, as a corollary of bereavement, access to transport may also be affected:

***After losing my husband 4 years ago, I have found it very difficult to find any schemes, or activities within the area, especially when you cannot walk far. (757E) female aged 80***

One respondent wrote about experiencing tension resulting from caring for a loved one who had died and the mixed feelings regarding no longer being a carer. She reflected:

***...I have been trying to support my mum who had motor neurone disease. She passed away a few months ago so I am feeling a lack of direction but also, if I am honest, a sense of relief from my duties. (324E) female aged 61***

Other life transitions contributing to feelings of isolation expressed by respondents included divorce and retirement as illustrated below:

***I am very active and have lots to do but still feel lonely and sad and regretfully sorry for myself since my divorce some of the time. (113F) female aged 66***

***Very pleased to find something to take my feelings of isolation seriously and not to feel completely alone with the solitude that comes after work. (703E) female aged 58***

These quotes suggest that for some individuals adjusting to life transitions may be a stressful time requiring external support.

Another key issue in social isolation is relocation; either by the older person or their family. This can result in lost friendships and loosening of family ties:

***Families do not stay together geographically and therefore isolation is more prevalent - which leads to neglect and being cut off from the community. (721E) female aged 59***

It should also be considered the issue of relocation is especially relevant to older migrants who may be members of a diaspora with family and friends living across the globe. While a small percentage of the Brightlife target population are members of a minority ethnic group and few may be migrants it should be considered this can result in raised levels of both social isolation and/or risk of becoming socially isolated.

### 3.1.3 Finances

It should be acknowledged attending activities and socialising may be too costly for some older people living on restricted incomes. Brightlife activities are, in the main, free of charge and this was highlighted by a small number (n=3) of respondents. There was evidence the provision of activities which were free of charge encouraged some participants to engage with Brightlife:

***It's nice to be able to attend a class, which is free, as I am not eligible to receive any benefits, except Carers Allowance. So this is a real treat, which has come along at just the right time. (292E) Female aged 61***

***I would like to join Brightlife for free events throughout 2017. (698E) Male aged 72***

It should be considered that, while there are very few respondents who directly spoke about financial issues, this may be due to others not wishing to disclose/highlight this. Although, not all Brightlife participants are drawn from disadvantaged areas (this was not a criterion for recruitment), ignoring this issue may further disadvantage those who do live in less affluent areas of the borough. The issue of funding also links closely with sustainability of activities, which will be discussed later in this report.



### 3.2 Level of Isolation

Existing evaluation data suggests Brightlife participants experience differing levels of social isolation, indeed some do not appear to be socially isolated (although it should be acknowledged individuals may be reluctant to disclose social isolation); the CMF data suggesting they have good social connectivity. The analysis of the CMF feedback is consistent with this suggesting a continuum of social isolation, from individuals who demonstrate severe social isolation to those who are neither socially isolated or ostensibly at risk of becoming so. Where respondents seem to be isolated, links could be seen with the antecedents of social isolation reported above.

#### 3.2.1 Greater isolation

Some respondents openly acknowledged feeling socially isolated. Poor or deteriorating health was a key issue in social isolation and indeed in the level of social isolation respondents' experience:

***Health not good. Live in sheltered housing/alone. No visits from friends/family or neighbours but have carers 3 times/day everyday + personal assistants organised by social services. Appreciate a local course at a time of day that I can attend, once a week 1pm-3.30pm. I can do 'crafty' hobbies at home at times, but very socially isolated - this opportunity much appreciated. (753E) female aged 62***

Communal living, such as sheltered accommodation, may be perceived as reducing the risk of older people becoming socially isolated. Consistent with the causes of social isolation discussed above poor health and mobility issues were identified as a key factor in the level of isolation respondents experienced:

***[I have experienced] Severe back pain from age 35 or so, roof fell on me 30 years, now better. Diabetes type 2 with peripheral neuropathy in legs and feet. I am slow, I rely on mobility scooters...I have looked after myself for more than 70 years very well I think. Now at 86 I am finding it a little hard health wise, I dread the coming winter, and would like to get a watch full bit of care, to help me over the dark days. I do not have a computer, and I find mobile phones useless. I cannot drive a car. (104F) male aged 86***

Feedback from older LGBT+ respondents highlighted individuals from minority groups may be at increased risk of social isolation and loneliness. Older LGBT+ individuals, who may not

have “come out” to family and local community, may be reluctant to become involved with the LGBT+ community for fear of being unwillingly “outed”. Indeed, the importance of having a choice about activities and being able to avoid “the scene” was highlighted by this respondent:

***The Silver Rainbows project has been useful for me because it's one of the few places I can meet "people like me" (i.e. middle-aged, gay) in a "non-scene" setting. (712E) male aged 58***

As noted above geography can be a key variable in social isolation. Being a member of a small community with few opportunities to socialise and few peers with whom to socialise can be a particular risk factor for social isolation:

***I have enjoyed Silver Rainbow as it gives me the opportunity to meet up with people like me and of similar age group in an area that has little or no facilities on offer. Travelling to the big cities is sometimes not practical. (680E) male aged 54***

### 3.2.2 At Risk of Social Isolation

Other respondents felt less socially isolated, although there was evidence they could be perceived as being at risk of becoming so. As examples:

***I have always had a very active mind and have a good education. However having fibromyalgia and the fatigue that goes with it, is affecting my thinking ability - so I need to challenge myself. (407E) female aged 69***

***I'm happy with what I have done in my life. I've had a good and loving marriage and my family life cannot be faulted. I'm now in my 82nd year and find that I'm beginning to slow down (sic). I exercise twice weekly (swimming/gym) and walk my daughter's dog 5 times a week (when required). You could say that I'm a satisfied pensioner. (503E) male aged 82***

### 3.2.3 Not Currently Isolated

There was evidence some respondents were not socially isolated and neither did they seem at risk of becoming so. Such respondents mentioned being employed, having family and friends, as well as engaging in various activities in the local area; all of which suggests robust social networks. As examples:

***Having a stressful part-time job, I have found the classes very relaxing and therapeutic. (225E) female aged 56***

***My answers are only because I have all my family around, my daughter is a nurse who lives next door to me. Also, my other daughter is a nurse so they, and my eldest daughter and son see to my needs, I go on holiday with all the family, including grandchildren and their families. I am a very lucky lady, not everyone is so lucky. (314F) female aged 85***

### 3.3 Activities

When analysing respondents' feedback regarding Brightlife activities three sub-themes emerged; these were accessibility, quality of staff and provision, and the impact of activities.

#### 3.3.1 Accessibility

This sub-theme has clear links with the causes of social isolation, i.e. poor health and mobility, geographical location and cost.

There was evidence from twelve respondents that health and/or lack of mobility impacted the ability to access activities:

***I enjoyed meeting other people and the social interaction, however have been unable to take part all summer after a fall in June. Walking distances have been a problem. (223F) female aged 69***

Geography was again identified as a key variable in social engagement with the value of activities being delivered locally in both small towns and the city being recognised:

***Excellent to find this help in Frodsham. Plenty of help in Chester - too far to get to. Please continue to help in small towns - much needed. (758E) female aged 69***

Early evidence from the Brightlife evaluation also indicated people living in smaller communities that were geographically distant from the main conurbations welcomed the opportunity to engage with activities. The social prescriber based in Malpas initially received numerous self-referrals to the service which supports this.

### 3.3.2 Enjoyment

Nineteen respondents made positive comments about engaging with Brightlife, making positive comments about the activities provided and Brightlife in general:

***A very successful venture in Malpas with Brightlife & (Community) Compass who have made Friday mornings very enjoyable with good company and lots of projects to take part in. (1F) female aged 83***

***I would recommend these courses to friends and family. (479E) female aged 52***

***I've thoroughly enjoyed the activities I've taken part in. Thank you to the organisers. (48F) female aged 65***

***Thanks to Brightlife. (221F) male aged 90***

Some participants engaged in multiple activities with the same provider, as one respondent commented:

***I have loved taking part in the activities supplied by Cheshire Wildlife Trust through Brightlife. I have particularly enjoyed the Art and walking activities. I also took part in the beekeeping course and am the proud owner now of a hive of bees. This has particularly helped a friend of mine who is also now keeping bees and has been given a new zest for life due to this interest. Can we have more of the above please? (144F) female aged 67***

This may have been related to the experience and size of the provider; Cheshire Wildlife Trust are an established organisation offering numerous activities from its centres. While this can be perceived positively, it should also be considered such organisations may simply have offered tried and tested activities rather than something new and innovative. It should also be considered some activities require significant input from experienced tutors, which may affect the sustainability of activities, for example IT and art classes.

### 3.3.3 Quality of Staff

There was positive feedback from 21 respondents regarding staff involved in Brightlife including; the Brightlife project team:

***(Brightlife) manager friendly, enthusiastic and easy to talk to. (458E) female aged 52***

And the employees of Brightlife service providers delivering services face-to-face to older people:

***(Name) brilliant at putting things across and writing instructions down and she has so much patience. She also makes the next lesson exciting and fulfilling because I feel satisfied that I am extending my computer knowledge. (450E) female aged 72***

***Really enjoyed the course. Lecturer very interesting & good teacher. Daily course length about right. (477F) female aged 55***

***Excellent photography course and very patient tutor. (482F) female aged 55***

There was also an element of support offered by Brightlife staff and service providers to respondents who were struggling to adjust to their circumstances:

***Still suffering from emotional stress after some months, I decided I must seek some help and visited the Hartford Brightlife Centre where I met (a Brightlife staff member) where we had a one to one in private. After an emotional outlet with (name), she advised me to contact (name) at the dingle Winsford where I have been attending for some months. I am now coming to terms with the sad loss and learning to live with it. 'Thanks to Brightlife'. (221F) male aged 90***

***Feels like Gift staff understand my situation and will help if they can. (654E) male aged 58***

The above, and other comments, indicate staff were perceived as being knowledgeable and, in the case of course tutors, clearly able to tailor course delivery and support to respondents appropriately.

### 3.3.4 Impact of Activities

Respondents commented on how participating in Brightlife activities had affected their lives. The most consistently reported outcomes were in relation to health and wellbeing, social contact, learning new activities and developing interests and hobbies.

## **Social Contact**

Activities served as a conduit to increased social contact as well as the acquisition of new skills. Socialising with others was highlighted as beneficial:

***It has been a great help for me meeting other people and having chats and getting involved, would like it to continue and go on to better things. (77F)***  
*female aged 77*

***Thank you - excellent days out. Excellent company. Really enjoyable. (92E)***  
*female aged 70*

Peer support from other Brightlife participants was also noted:

***Good to gain support and friendship. (658E) male aged 73***

***Since being recommended to Brightlife I feel my social life as improved and I have made new friends. I look forward to going on Friday mornings and also feel I am now less isolated. (179F) female aged 55***

***I have enjoyed the activities I have been involved with and it has been really interesting not only to take on new skills but to get to know a group of other ladies in the fresh air! (328F) female aged 65***

This suggests that through participation in activities, older people became part of a supportive peer network which is a key outcome in relation to the Brightlife objective of reducing social isolation.

## **Health and Wellbeing**

Feedback suggests that engaging in social activities, learning new things and developing interests and hobbies was associated with improved health and wellbeing. There was also evidence that taking part in activities benefited both physical and mental wellbeing:

***I feel good now because friends and neighbours who retired at a similar time to me have joined with me to try new things, keep in touch socially and get out in the fresh air and it has given me lots of confidence and improved my wellbeing. (235F) female aged 66***

***I have found it to be very beneficial both for my health and state of mind. It has given me something to get out of bed for. (64F) female aged 78***

***I have been pleased to take part in this survey and enjoyed meeting different people and feeling better doing the exercises. (314F) female aged 85***

While this is not the prime objective of the programme, improved health and wellbeing may influence older people's motivation and ability to become more involved with communities and take part in activities, thus impacting positive social connectivity.

### **Learning new skills and developing interests**

The opportunity to learn and develop new skills and knowledge was valued; respondents commented about specific activities, such as learning how to use a computer:

***I have been waiting so long for someone to explain things with my laptop to say that I couldn't do or couldn't understand. (450E) female aged 72***

***For several years I have been looking for computer lessons for the elderly. How welcome this is for me is impossible to express. Thank you for a) arranging these lessons b) being so patient with us. This is a real help to those who missed out on the early days of computers. Thank you. (692E) female aged 81***

The ability to learn new skills was associated with higher self-esteem and confidence as illustrated below:

***She (course tutor) has helped me learn more about my laptop and what I can do. I even did a presentation at work which gave me confidence and some pride that I could do it. (402F) female aged 64***

***(Staff) promotes a 'can do' approach and this is TRULY INSPIRATIONAL to me. I haven't thought of painting since I was at school, 50 years ago. To be able to, and encouraged to 'have a go' at daubing paint onto a canvass, allows me to release my inhibitions of tidy, tidy. It creates a feeling of 'yes, this feels good and indeed the painting creation IS GOOD'. It has been a cultural experience***

***for me to be able to be shown 'ways of painting, creating a mixed media scape'.  
(226E) female aged 64***

***This Art course (and the tutor) are most professional and enjoyable. This type  
of course is great for me (aged 57 yrs) as I live on my own and it's given me a  
hobby and I've met some lovely people as well as something to look forward  
to. Thank you to the organizations. (529F) male aged 58***

## **Sustainability**

A commitment to sustainability is a Big Lottery required outcome and Brightlife expects service providers to develop and implement sustainability strategies. Respondents' feedback suggests a desire to continue taking part in activities with some comments highlighting concerns about sustainability:

***What a shame you are closing us down. I was very happy with everything  
including staff. (66F) female aged 81***

***It would be awful if the club had to close. It's a lifeline for people to meet up  
who are lonely and have no family. (77F) female aged 77***

***I've a number of friends who were disappointed when the "Brightlife" activities  
came to an end and they felt lonely again so perhaps a "little taster" is not  
always a good idea - more funding would obviously be the answer but not  
really possible in the present economical times. (164F) female aged 80***

A key issue is the importance of Brightlife service providers emphasising to participants the activities may not continue post Brightlife funding in the same form. It should be highlighted to participants sustainability is an issue and, consistent with the intent of co-production, service providers should be planning with older people how to make the activities self-sustaining.

Some respondents noted how the impact of an activity and not simply the course itself could be sustainable:

***However we did appreciate the Brightlife activities (walks, bee-keeping course)  
and made new friends and acquaintances through them. We still see these  
people occasionally and I now have 2 hives of bees! So thank you, the activities***



***were appreciated and have made a lasting effect on us. (115F) male aged 65***

Indeed, there are Brightlife participants who have become volunteers and recognise how this facilitates ongoing activities. The following respondent also highlights the benefit to individuals of running their own activity:

***I prefer it now we are organising our own programme and thereby taking charge of our meetings. It is good to have responsibility for the success of the group in Malpas. (206F) female aged 72***

The Brightlife team offers Brightlife service providers support regarding recruitment and retention of volunteers; ongoing support may be key in activities becoming sustainable when Brightlife funding ceases.

### 3.4 Evaluation

While some respondents acknowledged the importance of the evaluation, two major issues were raised: the time required to participate in the evaluation and some of the questions included in the CMF. It must be highlighted that the CMF was developed by the national evaluator, Ecorys, and not Brightlife.

#### 3.4.1 Time

A number of respondents raised concerns about the time and effort required to fill in the CMF questionnaire:

***Brightlife is a good idea - pity about having to fill in such long forms! (414F) female aged 82***

***As I have already filled in one of these questionnaires, why can you not use that instead of wasting people's time and misuse of paper? How do you justify making so much extra work for your own people? (415F) male aged 87***

There were also participants who were happy to participate in the evaluation and have their voice heard:

***I shall be 70 in June so the results to questions made me feel happier about my general health and fitness. (319E) male aged 70***

***I have been pleased to take part in this survey. (314F) female aged 85***

A key variable in encouraging participants to engage with the evaluation is the approach taken by Brightlife service providers; it is important to take a positive approach, fully explaining to participants the purpose of the CMF and encouraging healthy completion rates.

### 3.4.2 Evaluation questions

Of the fifteen respondents who referred to the evaluation in comments, eleven raised concerns regarding various elements of the questionnaire. Concerns were raised about the questionnaire conflating physical and mental health questions; respondents suggested these would be better as distinct sections:

***Need to separate health state into physical and mental. (170F) male aged 76***

***...suggests that the indicator should be 2 separate sheets 1) for mental health 2) physical health. (644E) female aged 86***

Respondents also expressed dissatisfaction in having to enumerate thoughts and feelings;

***Difficult to explain personal feelings/situations about loneliness on a scale or being honest by ticking a box. (113F) female aged 66***

***Some of the alternatives are somewhat far between each other e.g. I have no pain. I have moderate pain. Is this aimed at a permanent state or not? Not clear. (145F) male aged 72***

***The questions are difficult to answer with yes or no, and they do not really explore emotional states. (702E) male aged 85***

***I find the questions on thoughts and feelings - as opposed to the factual questions -impossible to answer accurately, so I have been noncommittal in every case. Frankly, although I understand what you are trying to do, I don't think you can grasp what someone is really thinking or feeling via a scored questionnaire. Thoughts and feelings communicate themselves in very varied ways and these are usually impossible to computer analyse. (521F) male aged 64***

Other respondents also identified gaps in the CMF and would have liked the questionnaire to include questions about the intervention or specific activities. One remarked:

***You don't ask how good the course is and if we are improving our knowledge.***

*(773E) female aged 76*

Respondents' feedback suggests a misunderstanding/lack of information regarding the surveys included in the CMF. As an example, the Short Warwick and Edinburgh Mental Wellbeing Scale explores mental wellbeing and the EQ5D contains questions about both physical and mental health, which can be reported separately. Moreover, all the scales used in the CMF are widely validated and commonly used, although it should be acknowledged the guidance provided by Ecorys does not explain this to those administering the CMF i.e. usually commissioned service provider. Similarly, while it is understandable participants find the Likert scale questions unsatisfactory, concerns may be alleviated by providing fuller information regarding the purpose of the CMF.

## 4 Discussion

This section explores the data analysis and results of the study, where appropriate, drawing on existing research as clarification. It is essential to highlight that, while this report has categorised data into themes and sub-themes, these are not mutually exclusive and factors such as health, mobility, accessibility of activities interact, which may compound the impact on individuals.

### 4.1 Social isolation

One of the aims of the Ageing better programme is to understand social isolation and loneliness in an ageing population and to identify possible solutions to these issues. Respondents' feedback captured in the comments section of the CMF offer some insight into why individuals may become socially isolated and the impact Brightlife may have on this. Analysis of the feedback identified a number of factors, which may influence the development of social isolation and loneliness; in particular poor or deteriorating health and life transitions, such as bereavement and retirement.

Existing research has identified aspects of social isolation that pose health risks, for example, living alone, poor social networks, lack of participation in social activities, lack of social support and feelings of loneliness (Cornwell and Waite, 2009). However, Perissinotto and Covinsky (2014) note that, while social isolation and loneliness are linked with poor health and increased mortality, they are complex concepts, which cannot be understood merely in terms of individuals' situational circumstances, for example whether or not they live alone. Holt-Lunstat et al (2015) propose social isolation and loneliness to be separate concepts which can exist

independently. The relationship between poor health and social isolation appears to be reciprocal, hence the importance of using a multi-directional approach to study any association. Respondents' feedback regarding social isolation suggested a number of reasons for social isolation and loneliness, for example citing poor health and mobility issues as factors in them not being socially connected.

During analysis of the CMF comments, geographic location emerged as influencing social isolation for a number of reasons. One issue is some of the Brightlife communities are not within easy travelling distance of the city, especially for people who do not have access to a car. Indeed, Brightlife recognised this issue from the outset and has delivered activities in local neighbourhoods, for example Malpas. There was evidence that respondents were not always able to travel to activities even when these were delivered close to home; this would suggest transport issues should be considered by providers and funders during the commissioning process. Again, Brightlife has responded by funding a mini-bus for one local project; however as this funding is finite alternative means of sustainable transport provision are being explored. As an example, moving forward service providers may wish to investigate the feasibility of collaborating to provide jointly funded, and consequently more cost-effective, solutions. Alternative methods of service delivery, such as that taken by Silver Rainbows, may also be an effective strategy. Older LGBT+ individuals may lack access to community based networks which is 'considered to be a vital component of helping people to age independently and maintain quality of life' (Brennan-Ing et al., 2014:22). Silver Rainbows has adopted a flexible delivery approach, providing services for LGBT older people in various areas and venues within Cheshire West and Chester improving accessibility and inclusivity.

It should be acknowledged that identifying who is socially isolated or at risk of social isolation may be challenging; respondents report being initially contacted through various means including existing organisations, awareness events and social media and while some were socially isolated, others do not appear to be. For example, some respondents mentioned having family and friends around them. There are numerous possible explanations for providers having difficulty recruiting socially isolated individuals, including:

- A lack of an effective screening tool to identify social isolation
- Difficulty in reaching the most socially isolated
- Fear of not achieving recruitment and output targets
- Participants undertaking multiple activities throughout the life of the project

This suggests a need for service providers to be enabled and encouraged to focus on more targeted engagement strategies. The University team acknowledges Brightlife does not believe in implementing a screening tool across all providers; it should be considered this exposes Brightlife to funding being directed to people who are not socially isolated nor demonstrably at risk of becoming so.

#### 4.2 The impact of activities

The impact of taking part in Brightlife activities included improvement in health and wellbeing, socialisation and support, improved self-esteem, learning new skills and developing interests and hobbies. However, participants expressed concerns over sustainability of activities; again a crucial issue for Brightlife and service providers. Some respondents were able to articulate sustainability of outcomes through, for example, owning bee hives, maintaining social relationships with friends met during activities and knowledge obtained through computer training, which does not require further major financial input. A key issue regarding sustainability is the funding of activities and there was some indication the respondents were appreciative of free activities; however, given the economic climate it is unrealistic for individuals to expect all provision to be delivered free of charge.

It should be considered whether activities, which facilitate both socialisation and skills building, are especially effective in improving health and wellbeing as well as reducing social isolation; such activities may be easier to sustain post-Brightlife as respondents enjoyed and looked forward to them. Although such courses present another variable in sustainability, the need for an experienced tutor, for example participants of a watercolour class wished to continue but were unable to engage a tutor. Whereas a social club where people met to chat and take part in simpler activities, such as completing jigsaws, has become self-sustaining. We do not dispute tutors can be, and are being engaged by other groups, however the key issue is the actual need for a tutor and whether a group is sustainable without one. The type of activity thus may be a key variable in sustainability and consideration should be given to this when planning sustainability strategies. It may be beneficial therefore for Brightlife to provide ongoing-targeted support where an activity is more likely to become self-sustaining without the need for continued external input. One such approach would be increasing the number of volunteers and ensuring they have the skills to deliver provision in an ongoing manner. Indeed, it is encouraging some respondents have already assumed supportive roles as volunteers and some previously funded activities now operate independently of Brightlife funding.

### 4.3 The evaluation

A number of respondents raised concerns about filling in the CMF questionnaire, with a number proposing it was time-consuming, some questions were inappropriate and suggesting the inclusion of other questions. The design of the CMF has been an ongoing issue during Brightlife with negative feedback from participants, service providers and some member of the Brightlife partnership; this highlights the tensions that may occur when evaluating projects and services. Nevertheless, it is essential to evaluate projects as robustly as possible to facilitate ongoing improvement, inform recruitment and sustainability and to provide evidence for potential future funders. Feedback suggests the rationale for completing the CMF may not have been fully and clearly explained to respondents thus some may have viewed it as a tick-box exercise. While Brightlife staff and the University evaluators have communicated the benefit of CMF completion to service providers, and Brightlife staff reinforce this with service providers, it may be useful to provide participants with written information regarding its usefulness to the project and funders. This could also include a full explanation of each psychometric scale and what it aims to measure.

## 5 Recommendations

- Service providers should be supported to develop and implement a screening tool intended to effectively identify socially isolated older people.
- Sustainability of activities should be prioritised with service providers being supported to produce robust sustainability strategies and in working collaboratively with older people when developing such strategies. Consideration should be given to the type of activity and those more likely to be sustainable should be especially targeted. Additionally, it must be highlighted that ensuring activities are easily accessible is a key factor in sustainability.
- Brightlife staff may wish to contact participants to explore how to facilitate other roles including volunteering and thus assist ongoing engagement with the community post-Brightlife.
- Service providers should promote to participants the value of completing the CMF and clearly explain what it measures and why.
- Where action is required with and by service providers it may be possible to utilise networking meetings facilitated by CVA to achieve this.

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## Appendix 1 Perceptions of ageism

Two respondents reported they perceived ageism when engaging with activities. While clearly this is the perception of a small number of participants, it is of concern both also report similar reactions from other older people. Additionally, although raised by only two respondents, as with all forms of discrimination, it is imperative to be alert to potential ageism and to continue to promote positive attitudes towards ageing and older people. Indeed, as Brightlife aims to increase number of people over 50 that feel more valued in the community, to enable the issues raised to be understood and addressed it is essential to listen to the voices of older people who perceive ageism.

***There are many, many opportunities in the local area to be involved with activities and I recognise that for a confident and capable person it is easy to be a participant. Not so for all. I was quite unsettled by the experience in that I felt pigeon-holed and sometimes patronised because of my age and grey hair! I do recognise that in the future I may well be less able to live an active and independent life, who knows what's ahead. I have a busy life and a husband with whom I can enjoy life.... maybe Brightlife has alerted me to possible future problems - I have to say being bracketed as elderly does upset me ... and several of my friends went to Brightlife events (just out of interest) but didn't return because of the ageist feeling. Sorry! (231F) female aged 67)***

***There is a problem with the scheme as many people I have spoken to have not taken up the chance to be involved due to a feeling of not wanting to take on board organised activities for the 'older age group'! (328F) female aged 65***

Service providers are required by Brightlife to consult with potential participants before applying for funding and to continue to work collaboratively throughout the life of the project; the aim of this is to facilitate co-design of services. It is not known whether the above participants were consulted by service providers or not. Additionally, Brightlife provision is open to people aged 50 and over resulting in a wide age range of participants; thus participants may fall into at least two separate generational cohorts. While the issue of generational differences was highlighted, it was also acknowledged that solutions may be difficult to achieve:



***I don't know what the answer is - you are trying to support a wide range of people 55 - 100+ and one size won't fit all. I recognise how beneficial people have found it to be. I wouldn't have joined BRIGHTLIFE..... it was because it was called (service name). (231F) female aged 67***

A wide range of Brightlife funded activities are offered and most respondents were generally happy with the type of activities and grateful to staff for being supportive and knowledgeable. Nonetheless, this small number were disappointed the requirements of younger and older individuals had been conflated. While this may not actually be indicative of ageism in itself, implications for future planning and the need to recognise that it may be necessary to tailor some of the activities to a younger and contemporary cohort of older people should be considered. Brightlife providers are required to consult with older people at both the project development stage (prior to bidding for Brightlife funding) and throughout the life of the service. It would be useful, therefore, to explore the approaches to this with the aim of identifying how much influence older people actually have on service design and delivery and how providers address the issue of generational differences.