



BRIGHTLIFE LEGACY REPORT
16. BRIGHTLIFE EVALUATION:
SECOND PARTICIPANT
REPORT

*Evaluation
status report*

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PART 1: Background

1.1 Background

The purpose of this report is to formally update the Brightlife Partnership Board regarding feedback from participants in Brightlife activities who have come either directly through Brightlife or via the social prescribing service.

This report contains the findings from thirteen participants who took part in Brightlife activities either signing up directly or referred through the social prescribing route. Key findings are presented in relation to:

- Engaging the intended target group
- Participant engagement with Brightlife
- Type of activity provided and experience of taking part
- Impact on participants
- Sustainability

PART 2 Methodology

2.1 Aim

This strand of the evaluation adopts a qualitative approach to understand the experience of participants completing Brightlife activities, and the impact these activities have had for the participants. The first round of interviews were undertaken in January 2017, and have been detailed in Report 8. This report builds on the information in the first participant report, and describes the findings of the second round of participant interviews undertaken between August 2017 and May 2018. These interviews included participants who had directly joined commissioned Brightlife activities and participants who had come to Brightlife through the social prescribing route.

2.2 Semi-structured interviews

The Brightlife data controller routinely asks participants, in commissioned services and social prescribing services, if they consent to be interviewed by the University of Chester as part of the evaluation programme. A database of participants who have given consent to be contacted by the University is maintained, and those who had given consent at the time of the interviews were invited to take part and provide feedback on their experiences. Ethical principals were followed for recruitment of participants (obtaining informed consent). All those contacted had completed a pre- and post- intervention Common Measurement Framework (CMF) questionnaire. Individual interviews were conducted with thirteen participants by two University of Chester Co-researchers between August 2017 and May 2018. Interviews were recorded using a digital recorder. Table 1 lists participants' characteristics. For the purposes of protecting anonymity when reporting findings, participants were issued randomised numbers, P023-P036

Table 1: Participant characteristics

Participant number	Town	Gender	Age	Disability	Carer	Referral route
P023	Winsford	Male	75	Y	Y	BLA
P025	Malpas	Female	76	Y	N	BLA
P026	Malpas	Female	84	N	Y	BLA
P027	Malpas	Female	73	N	N	BLA
P028	Winsford	Female	81	N	N	BLA
P029	Winsford	Male	91	N	N	BLA
P030	Winsford	Female	88	Y	N	BSP
P031	Winsford	Female	75	Y	N	BSP
P032	Chester	Female	83	Y	Y	BSP
P033	Chester	Female	72	M	N	BLA
P034	Chester	Female	83	Y	N	BSP
P035	Chester	Male	86	N	N	BSP
P036	Chester	Female	90	Y	N	BSP

Key: BLA = Brightlife commissioned activities, BSP = Brightlife social prescribing

Participants had taken part in the following activities in Malpas, Winsford and Chester areas, see Table .

Table 2: Activities undertaken by participants

Area	Provider	Activity
Malpas	Cheshire Wildlife Trust	Photography
Malpas	Cheshire Wildlife Trust	Bee keeping
Malpas	Community Compass	Taster session
Winsford	Community Compass	Taster session
Winsford	Community Compass	Share Club
Chester	WEA	50+ Drawing

Participants were asked to talk about Brightlife experiences utilising the following grand tour question in interviews:

“Please would you talk to me about your experiences of Brightlife. If you could begin by starting with your first engagement and tell me all the details, one after the other, that you consider to be important. Please take your time in doing this and also give details, because for me everything is of interest that is important for you” (Adapted from Flick 2006).”

PART 3 Results

Much of the information gathered from participants in this round of interviews closely reflected that from the first round of participants, as reported in Report 8. Therefore, this report will briefly outline the key findings, and highlight any differences to the findings of the first participant report.

Five main themes emerged from the analysis of the interviews:

- 1) Engaging the intended target group
- 2) Participant engagement with Brightlife
- 3) Type of activity provided and experience of taking part
- 4) Impact on participants
- 5) Sustainability

3.1. Engaging the Target Group

3.1.1. How participants heard about Brightlife

Participants first heard about Brightlife through a range of channels, including visits by Brightlife to activities participants were already attending (participants did not identify the specific Brightlife visitors), advertisements in the local press, leaflets at the doctor's surgery, social worker referral, and other health professionals, e.g. physiotherapist, signposting participants to Brightlife. Most participants were either already at another activity, which Brightlife attended, or were encouraged to join Brightlife by another person e.g.

"I had a physio come in and she mentioned you and she said 'would you like to be introduced'?" [P34]

For some participants, particularly those who made the first contact without support there was initial reticence to try Brightlife, e.g.

"They were advertising in our local little booklet that is sitting in the pub there...Yeah in the end, I would write it time after time, and I thought...I was

going to go one time, but I didn't and then when I phoned, they came, [the social prescriber], she came and interviewed me like you are, but writing things down."

[P36]

3.1.2 Recruiting the target group

Brightlife's stated aim is to reduce social isolation and loneliness amongst older members of the population (aged 50 and over) within Cheshire West and Chester (CWAC).

All participants in these interviews were over the age of 70 years, which would put them well within Brightlife's target group in terms of age, and some reported being socially isolated:

"I used to say, do my housework and do odd jobs, and then I used to sit and watch telly, and I thought ooh. But then once I got into Brightlife I thought well if they can pick me up I will struggle [up] there, and I do struggle."

[P34]

However, it was less clear whether all participants were socially isolated on recruitment to Brightlife, although Brightlife has expressed the view that recruiting those 'at risk' of becoming socially isolated, is acceptable:

"I have never had such a good social life – it sounds awful...Well my hubby has died and I am out every night!"

[P33]

Some interviewees expressed concerns there were other people potentially in the target group who were not being reached by Brightlife due to their location:

"I think perhaps we are missing out on people more further out in the country that are lonely and not involved in the village."

[P26]

The difficulty in reaching isolated people was also recognised:

“Well yes, but these are...They are going to be in other things as well you see. I think there are people who aren’t in anything. It would be nice if we could reach them and I don’t know...With us being older, I suppose, we don’t feel responsible enough to go and root them out really because you would be responsible for fetching and carrying them. You know you have got to be careful with all these rules and regulations now haven’t you?” [P26]

For some the ‘over 50s’ was a draw:

“So I think it was for the over fifties and so I thought yes I will do that.” [P27]

But other’s felt this made it more difficult to find activities to suit all ages, because younger ‘older’ people were in a different cohort with a different life stage:

“Because it said ‘over fifties...but when I was over 50 I was a blinking kid.” [P36]

3.2. Engagement with Brightlife Activities

Participants discussed the factors which influenced the decision to take part in Brightlife or social prescribing, and any barriers they had overcome to participate. They also spoke about any issues which had led to them leaving Brightlife.

3.2.1 Factors promoting engagement

A range of factors which promoted engagement in Brightlife, were reported
For some the location of the activity was key, especially if they didn’t drive:

“So do you walk there then?” [Interviewer]

“Yes, it is only up the road” [P33]

And

“It is only over the way from here – a quarter of a mile away, where the course was held.” [P27]

Having ‘something’ to fill time was an important draw for some participants:

“So when the chance of this course came along I thought this was something different away from the four walls and I jumped at it.” [P27]

Whereas for others the specific activity was key to engagement:

“Yes it is a marvellous place in a way because there is nowhere else like it. I don’t think there is anywhere like that in Northwich. I don’t know about Chester. I mean you get a good dinner every Tuesday, Wednesday, Thursday, Friday, for £3.00.” [P23]

Some of the participants who joined Brightlife through the Social Prescribing route, reported the fact the social prescriber guided them to the activity, and often drove them to the event meaning they felt more able to take part:

“They tell you about it and they take you where you need to go.” [P34]

3.2.2 Factors hindering engagement

Whilst most of the participants interviewed were actively engaged in Brightlife, there were some who had withdrawn or drifted away from the activities. Others expressed reasons for an initial apprehension or difficulty joining Brightlife, even though they wanted to join. Some of the key aspects preventing engagement in Brightlife are discussed below, these closely echo the findings on engagement in the first participant report.

Transport

Lack of suitable transport was a limiting factor for some attending activities. This reflects the findings of the first Participant report, and may be a more prevalent issue in this rural geographic location. Further, the issue may be exacerbated amongst the older cohort included in this report. Issues were threefold: cost, timings and suitability of the transport.

Some participants were able to use Dial-A-Ride to get to activities, however as one participant highlighted:

“It is not so much they couldn’t get there, it is about twice as dear to get there. It would be dearer to get there than their dinner.” [P23]

Concerns were also expressed about the inflexibility of some of the available transport:

“What a lot of them find is that they are there such a long while as well. It is the same as when they come to the normal centre they have to rely on Dial-a-Ride when they want to deliver and when they want to take them home and sometimes they are sitting for hours waiting.” [P23]

Another participant who had a complex caring role, in addition to personal health issues, used the community car scheme. However due to the participant’s commitments and the unpredictability of her availability, the scheme did not meet her needs:

“It is always transport. I have got the community car scheme but they need you to be regular and I haven’t got that amount of flexibility...I mean I can make arrangements and then somebody doesn’t turn up or if he has a bad turn then I can’t go. You have got to notify them well in advance...” [P32]

Lack of suitable transport was also a limiting factor for another participant with health issues. She felt unable to use the transport offered due to her sight loss, and as it was not ‘exclusive’ to Brightlife participants this made her apprehensive:

“I have no transport. I mean I used to drive but I can’t now [due to sight loss] ...that’s why I didn’t go, but I do get Dial-a-Ride on a Thursday and pay them and they pick me up, with other people that go as well, but they pick the public up as well.”

And referring to the Dial-a-ride service being a useful service for others, but not for her:

“Other people could but because of my sight. I mean I can get round with my legs and you know the legs are not brilliant. It's my eyes, my ears and legs, because now I have got hearing aids in both ears” [P30]

Bereavement

In line with the first participant report, bereavement was found to be a major influence on some people's decision to join Brightlife. For these people there was a period of readjustment after a bereavement, and it took courage to join Brightlife and new activities:

“She [lifelong friend] and I and our husbands had been like a foursome and then her husband died and then mine died and so we used to go on holiday and days out and just meet up and have a natter and everything. Then when she died it sort of felt a bit bereft.” [P31]

Another participant highlighted the ease of becoming dependent on others after bereavement, relying on a carer coming in daily for social contact, and becoming disempowered:

“How long did they come every day at 4 o'clock, how long, what sort of period?”
[Interviewer]
“...how long, well from when my wife died...last year, until last week. Because I said to myself 'you ought to be weaning yourself away from this, it is too easy...you need to get out, and I am still in the process of getting out and getting myself a kick in the butt.” [P35]

Ill health

Ill health and disabilities meant that a number of participants were unable to join in the activities, or found them difficult to engage in meaningfully:

A participant who was a keen gardener, and would have liked to join the gardening group, but believed this was impossible due to her health issues:

“Also, I don’t get around very well. I broke my femur four years ago and I have been having a lot of back ache and everything and while I have been going to...and I have got COPD and while I have been going for the respiratory pulmonary exercises I discovered...the physio measured my legs and one is one inch longer than the other one. She said it was contributing to my back...”

[P31]

Another participant who had been to a coffee morning, had found it very difficult to interact with other people due to the background noise in the room:

“And as soon as I sat down, ‘pardon’, you know people were talking to me ‘pardon’, ‘sorry’, ‘are you deaf’ somebody said. I said ‘yes well I must be, I wear hearing aids’, but with the over...if you talk to people with hearing aids, they will all tell you the background noise takes over...and one time I couldn’t cope, I just went out [because of the background noise]...and at first, I said ‘OK, it doesn’t matter I am with people’, but that wore off, so I haven’t been for a while to it, because I just can’t make it...So, then it came over me, oh never mind, I am with people. I am with people if I put the telly on, you know really.”

[P36]

The birdwatching was well received, but it was felt that this activity needed to be tailored more closely to the client group as they were not all at the same level of fitness, and there was quite a lot of walking involved:

“I can’t walk very far...She gets a bit carried away. She is as fit as a flea and she thinks we are about forty I think. She is very interesting really so one or two of the fitter ones go to that”

[P26]

For some individual health and wellbeing varied from week to week, and sometimes they just didn’t ‘feel up to going’ to an activity:

“And I was going to go but, I have to mention this, I have days when I can't go out. Yesterday was terrible. I could hardly...I am so...this big weakness comes over me, I am sure they don't want to know that.” [P36]

Apprehension

Apprehension around joining new activities was apparent for a number of participants, in particular those who had suffered a recent bereavement. They had been used to having someone with them when they socialised, and now found it quite daunting to be doing so alone, at least in the beginning.

“I got used to going to the widows' club and not knowing anyone it is like going for a new job or you first start school and that, you are like apprehensive aren't you? The more you do it the more you get used to it. But yes, some people if they are have been on their own and they are vulnerable to being on their own it is actually getting them to go...” [P33]

It also revealed making new friends was sometimes difficult, and people didn't always want to have make the effort.

“It was just a bit of a taster for what was going on and mixing more with other people, which they are very friendly there – the helpers and the other people that go but they have all got their own little groups if you know what I mean ...you know you are sort of very aware of being just you and everybody else seems to know each other...Really in an ideal world I want to go somewhere and just click with somebody else and it's not real.” [P31]

But there was acknowledgement getting out and meeting people was important for mental wellbeing, even if it did sometimes seem onerous.

“The longer you stay in the more agoraphobic you get...The less confidence you have got...On the other hand I get stir crazy.” [P32]

Moved to the Area

Two participants had moved to Chester relatively recently, and had experienced isolation because they had left their friends behind. Starting anew could be challenging:

“I have not really grown into Chester in some ways, I mean I was very much attached to [XXXX], yeah, yeah” [P35]

Other commitments

Several of the participants found the timing of activities didn't fit in with their schedule, and therefore found it difficult to attend:

“Tuesday afternoon is also the time when my shopper very often comes and my cleaner, if she was here, would come on a Tuesday afternoon so...I say that and think what day would be better so you try and work that out and it all gets complicated really.” [P32]

Not suitable

As would be expected some participants had started with Brightlife and found it was 'not for them'. For some this was because they were involved in other activities which they preferred, for others it was because they were happy in their own company:

“And I am not a very fast walker and again, yeah, I keep saying, you must go, but quite often things get in the way, I mean somebody comes to visit, or something like that for instance on a Friday.” [P35]

And referring to other people who started Brightlife at the same time as the participant, but had stopped attending:

“The first one she said it wasn't for her so she wouldn't be going again.” [P33]

3.3. Type of activity provided and experience of taking part

Interviewees had taken part in a wide variety of activities, including taster sessions and other activities e.g. photography, bee keeping, drawing classes and lunch clubs.

The range of activities put on by the lunch club and taster sessions was appreciated, even if they weren't always to the taste of the participants who attended, they gave people an opportunity to try different activities.

"They used to have tea, toast, talks. Sometimes they would have a poet or some speakers sometimes and things like that and then they did have a party. They had like, what was it called, an Alice in Wonderland party about a month ago." [P23]

Initially attendance increased, as people brought other friends along:

"It was advertised in the doctors' and word of mouth really mostly – yes, let's go and give it a go you know. Of course, it is on our doorstep which is lovely...It has snowballed a bit from there so everybody is bringing their friends and say 'come and have a go'. Some come and stay and others...There must be about thirty of us there this morning." [P26]

One participant talked about enjoying the film show, although expressed disappointment in the number of people who attended:

"I enjoyed the picture show that they had. There wasn't many who turned up for that though but I thought it was a good idea." [P23]

Other activities included:

"In the very beginning – a canal boat trip. Oh that was lovely." [P28]

“We did all kinds of things when I was there. We’d start off with readings and that and if you like to colour books and that kind of thing, I prefer to read something” [P29]

However, some participants recognised the number and range of activities had reduced over time: ⁱ

“And we used to do a little bit say making buntings and things like that, but we don’t do any of that now, it’s mostly tea and toast, chat and then we do an exercise class.” [P28]

Local wildlife talks and the gardening club were well received:

“Well, the first time they came they introduced themselves – this chap – and did a quiz on all sorts of things he brought to do with wildlife – bones and skeletons and all sorts of shells and different things to see how we went on. He gave us an interesting talk. Then there’s a lady called [XXXX] who quite a lot of the fitter ones go birdwatching. Quite soon after they started we went on two canal boat trips which Wildlife sponsored and that was wonderful really”

Although it was acknowledged:

“They seem to have drifted away so we should try and get them back really.” [P26]

One activity, Creative Writing, caused some disconsolation with participants. It had been arranged that after a successful free taster session the creative writing tutor would be allowed to put on a course of 8-10 sessions for those interested in a longer course. However as one participant explained:

“He is wonderful. He is very, very good and we all enjoyed it very much.”

Nevertheless:

“It was decided that all those that had enjoyed it so much would like to do it more often. Instead of his ‘more often’ being put in a different place and a different time, he was given one of our rooms with quite a lot of our members and they paid £8.00 per week for six weeks (six eights are forty-eight). He was running it and then we would have other people coming in who were nothing to do with Brightlife and they were only coming for that. So suddenly you have got this parting of the waves. Our members are in there, our tables are in there – we mustn’t make too much noise – and then there were other people who were total strangers who didn’t want to know anything about Brightlife. That was a huge mistake not to have given him a different time, a different place, because it robbed us of our core of intelligent people, if you like. You need a mix of people....He came to do one session and he was paid for that out of Community Compass. To me the mistake was that he was then allowed to come in as a commercial enterprise because he was making money out of it and we were all volunteers...not that I wanted to be paid, but because he took the best of our people and the best of our space and our furniture. We were paying for a big room which we then couldn’t use.” [P25]

The Bee keeping course was well received:

“Anyway I went up there and it was great. We had about seven weeks there. It really grabbed me...I am pretty happy with what I have had out of it. I was very sad when it finished of course but there you are.” [P27]

The course had encouraged participants to continue learning about bee keeping and several used the internet to explore how to progress further. However, this activity was more about learning a new skill than increasing social contact.

Those interviewees who had joined Brightlife via the social prescribing route were positive about the support they had received. However, most of them accessed support and activities from a number of different providers, and as a result were less

clear about which activities they had attended through Brightlife. In addition, the Social Prescribing team had afforded contact with other providers and clubs, e.g. Countess of Chester gardening club, local churches, the Salvation Army, and there was some complexity around who and how these had been accessed.

This group of participants also had complex health and social care needs, which led in some cases to a fractured connection with Brightlife, as one woman explained:

“And so I said I would go on a Monday morning and at first my daughter went with me the first time to see what it was like and everybody was very pleasant and you got a cup of tea or coffee and we had a chat and then we had some exercises and things. I have been enjoying it but I then was on a course of pulmonary respiratory exercises at the hospital and it was the same day – slightly later on but I did try doing them both and it was a bit too much, so I haven’t been for a while but I am hoping...My course has finished now so I am hoping to go again. From going to the Monday one I did do a couple of computer courses which were quite good but I am having trouble with my hands and things. I am trying to get organised.” [P31]

3.4. Impact on Participants

As in the initial participant report all interviewees indicated they had benefitted from attending the Brightlife Programme. Again, benefits were in the areas of social contact, health, improved self-esteem and confidence and learning new skills.

3.4.1. Social Contact

Many of the participants reported the main benefit of Brightlife was to ‘get them out of the house’ and meeting people, thereby increasing their social contact. One lady stated:

“I am just desperate for someone to talk to, to be honest.” [P32]

A participant who had been struggling after the death of his wife explained how the social prescriber and Brightlife had helped him through his grief:

“She [the social prescriber] said ‘because they do have meetings there and you’ll meet other people that’s there that’s in a similar situation’ which I have, you know and its helped me tremendously...I’ve met people there, we meet every week there we have a chat, have a chat with one another and its helped me tremendously...Listen, oh you must put that down yes, Brightlife. I wouldn’t miss it for the world now.” [P29]

Several participants’ attendance at an initial Brightlife activity had led them into joining, or thinking of joining other activities:

“It gets me out and I am hoping it will encourage me to perhaps try something else as well. I know that some of them do lunches – go to a lunch that is on there so I might try that one day.” [P31]

“Oh you meet people up there. I mean I started going with [the social prescriber] on Tuesday and then it turned out on a Thursday they do soup. Like a soup kitchen, you pay for it and then sandwiches with bacon – bacon sandwiches, anything to get the money in I suppose you know. And on the Monday we have dinners again; they do dinners again on a Monday.” [P34]

This participant’s attendance at Brightlife had also led her to make social contacts outside the Brightlife sessions:

“Oh yeah it gets you out of the house...You don’t want to sit in there for 24 hours a day you know it’s bad enough when you have got to close your door at night time you know...I mean I meet people that I know live over there and say ‘come and have a cup of tea up there’ you know, and since I have met them it encourages them to get out the house you know.” [P34]

Another participant who no longer attended Brightlife explained she would miss her friends greatly:

“...because every Friday I could guarantee they would come and we would catch up with whatever had gone wrong – the daughters, the mothers, relatives, and then what was likely to go wrong and all the bits in-between. Of course then people in the outlying areas they would say they were going at 12pm because they are going to a funeral. You would say ‘well who has died?’ ‘Oh I didn’t know I knew him...for years’ and this is the link. It is like a spider’s web in the countryside.” [P25]

Unfortunately, she didn’t go on to have any contact with her ‘Brightlife friends’ now she had left, except *“I pass them in the street and I will say ‘how are you?’”*. She believed this was because they no longer had a shared focus, and meeting point, and stated *‘So rural isolation starts here really.’*

3.4.2. Health benefits

Some participants took part in physical activities, including chair-based exercise and reported improved physical health from these activities:

“They do keep-fit as well. Just sitting down exercises – things like that which is good for you really. It gets your muscles moving doesn’t it?” [P23]

For another participant, just getting on her feet and out of the house had improved her health:

“Oh yeah it has got me moving, it does me good, because that’s a dead leg.” [P34]

3.4.3. Feeling empowered

A number of participants reported feeling personal wellbeing had improved, and several were now more engaged in maintaining the groups and facilities they utilised.

One participant reported the pride he felt in having helped to paint the centre where activities were held:

“I have helped to paint at the centre. I think Brightlife put me on their website on the internet...what do they call it...Yes, I have enjoyed it. We have done the building. It looks very nice now – nearly finished it.” [P23]

This had led him to want to continue updating the building, as bookings had risen since they had decorated, and he was keen to start painting the outside.

Another participant talked of having input into the planning of activities, and liked the fact that everyone felt able to input ideas:

“Ideas about different things – all putting their input about things that they like doing which are different to what you had thought of.” [P26]

She also talked about tailoring activities in order to keep people coming to the group, and highlighted the need to make everyone feel involved:

“There is another one who is very, very depressed and his wife’s more or less had to get a stick to him to bring him out. He is coming. He is struggling. We have to really try and encourage him to come and try and ask him what sort of things he would like to do to keep him coming.” [P26]

3.4.4. Gaining New Skills and Knowledge

The majority of participants in this round of interviews were attending ‘social activities’ rather than ‘learning activities’. However, participants who had been on more structured courses and activities discussed gaining new skills, knowledge and motivation to carry on with learning they had started:

“So I am going full ahead with bee keeping...I am on the computer and there is a fantastic site – this chap from Norfolk puts on twice a week. I am into that.”

[P27]

Another expressed surprise and delight at her new-found drawing skill:

“Yes that is the very first one...and she gave us handouts like that to do...I had to draw my version...It’s not bad is it? My God! I didn’t know I could do it.”

[P33]

3.5. Sustainability

Sustainability emerged as a theme throughout the interviews, and related mainly to the sustainability of the Brightlife brand, the sustainability of the activities and the sustainability of the providers.

3.5.1. Brightlife Brand: Lack of Clarity over Ownership of Activities

Some participants remain unclear regarding the distinction between Brightlife and other provider activities which they attend, e.g.

“Quite honestly I was confused you see because I had heard of Brightlife, she didn’t throw anything away and Snow Angels and I didn’t know one from the other. I think it has taken me until about four months ago before I realised that [the social prescriber] was part of Brightlife.”

[P30]

This is not surprising, as the provider of an activity is generally less important to a participant than the activity itself. However, it is important for the sustainability of the Brightlife brand moving forward.ⁱⁱ

3.5.2. Sustainability of activities: the need for leadership

Some participants expressed the view in order for the activities to be successful in the future after Brightlife funding has stopped, there needed to be a group leader. One participant explained about a gardening club, which started with a leader, but when the leader left:

“We had a garden club – that is slightly tricky because while I took tools to help them...because it wasn’t our ground and some of the people were a little bit carefree, shall we say, and they didn’t really know what they were doing without a leader. Once we didn’t have a leader they were doing more harm than good so I had to sort of stop helping with the garden club so therefore we lost a lot of the men.” [P25]

Others were also hoping the gardening would be re-established with a new leader

“It has been very good and I didn’t think...because I am not very arty, crafty and I thought oh...When they said gardening well I was...I think there was quite a big lottery grant to pay for gardening and stuff and I don’t think that has all been spent actually so we are hoping somebody else will come back and take over the gardening bit.” [P26]

Some had been approached to take on a leadership role, but had refused for a variety of reasons, e.g.:

“They wanted people to run it their selves but I don’t know as people wanted to do that really. I mean most people that go are elderly really. They are in their sixties and seventies and possibly eighties.” [P23]

Another:

“They did ask me if I would become all signed up with checks and all this sort of thing but at seventy-three you have done all that haven’t you, so many times?” [P25]

And a third:

“Anyway, she said ‘we are doing something with computers and older people if you would like to come and help with that?’ She gave me all the forms and I filled in most of them. I have hummed and hawed now and I am thinking ‘do I

want to do that?’ Then on the other hand I am thinking I should do it. You know it is something else to take me away from...I mean there is no other pull on my time. I have got no grandchildren. I have got just one son. We are not great holiday people. We like being at home and doing. I am frightened of the commitment I think.” [P27]

Conversely the activity being run by participants themselves does not have a leader, and they decided to involve as many people as possible in running the group, using a rota:

“We have decided not to have a committee we just have a rota...we all take it in turns...somebody opening up. We have to open the place up. We have got the keys and it has got a code and everything. So opening up the place, getting the tables out, getting everything prepared for whatever we are going to do or not do and who makes the toast - two in the kitchen doing the teas and the toast.” [P26]

This didn't suit everybody, but was considered to be working well at present:

“We have had one meeting trying to organise...trying to do a few weeks in advance and plan what we are going to do – all sorts of various things. Then when we get nearer say two weeks before we will have another meeting and people are open to suggestions” [P26]

Other interviewees were taking new-found knowledge forward more informally:

“Anyway from that we met up at Malpas, half a dozen of us then and discussed our plans for looking at a hive. One of the women that was there she wasn't in the course but she came in on the meetings. They have got some ground on the other side of Malpas with three hives on. So we all struck off one evening to actually see a hive. Then we went on to a bee meeting over near Middlewich one night.” [P27]

3.5.3. Sustainability of the providers / services: the need for funding

Most participants were aware the Brightlife funding was limited in duration, and to continue services after the funding had ceased would necessitate the need to find alternative sources of finance. Some services had been free initially, but were now starting to charge participants, and most recognised this was necessary:

“It was either that or they wouldn’t have it. It was as simple as that I think.”

[P23]

However, in order the funding raised adequately covered costs the length of the activity had been reduced from three to two hours. Another participant highlighted the importance of perceived value for money, once the charge had been introduced:

“You need value for money. If I am paying £3.00 I am looking forward to going and spending my money and enjoying what there is, not wondering what we are going to do for an hour. They need money to pay people to...even if it is a magician. A magician can be fun, you know, how did he do that? It gives you something to think about. We all need stimulation.”

[P25]

There were also some participants who had just taken over running a group, and were enthusiastic about the future:

“Yes, we have just taken it over as our own group...so hopefully we will keep going with that. So far it has been a great success. It is nice that we haven’t folded up now [xxxxx] has left...we have got finances to look into now. The future is looking bright...”

[P26]

PART 4 Conclusions and recommendations

4.1 Conclusions

The findings of this report closely mirror those of the initial Brightlife Participant report (report 8), albeit without the voice of younger participants interviewed in the first round (report 8 included participants ranging in age from 64 years to 87 years, versus this report which included participants in the age range 75 years to 91 years). Conversely, this report includes the voice of participants who have accessed Brightlife through the social prescribing route, and who are more often towards the older end of the age range.

Engagement with Brightlife came through a number of routes, principally word of mouth at other activities participants were already attending, and advertisements in local press. However as would be expected Brightlife social prescribing participants were referred to Brightlife funded activities via a wider range of routes, including social workers, other health professionals and physiotherapists. Participants recruited for this stage of the evaluation were within the target group in terms of age, being aged 50 and over. It was not clear all were socially isolated, nevertheless they may have been at risk of being isolated and therefore included in the cohort.

There was not a great distinction in engagement with Brightlife activities between those who directly attended Brightlife and those who had accessed activities through the social prescribing route. The biggest differences were seen in the need for transport, with social prescribing participants reporting a greater need for transport options to attend activities, often as a result of ill health or disability.

Factors influencing engagement in activities were the social aspect, with participants enjoying coming together with other people to socialise, or just pass time, particularly if they had become isolated due to a bereavement or ill health. However, it is important to note bereavement was not always a precursor to isolation, and for some participants bereavement had in fact been a somewhat positive experience, freeing them to be more socially engaged and try new activities.

Other factors preventing engagement included lack of suitable transport (as noted above), ill health, being too busy with other activities, and timing of activities which didn't fit schedules. Apprehension and anxiety at getting back into socialising also played a part in preventing or delaying engagement; this was often exacerbated by bereavement or relocation to a new area.

Most participants enjoyed the range of activities they attended, both because of the social aspect and/or because of the particular activity. Participants appreciated getting out of the house and making new friends, or just having someone to talk to and pass time. The taster sessions were well received, and the wide variety of activities offered at these sessions was valued. Although some felt the range and quality of activities had decreased over time. This may be due to a number of reasons, possibly increasing familiarity with the activities, or the need to ensure budgets were kept to a minimum curtailing the activities offered, however these were not discussed in the interviews.

All participants reported benefitting from attending Brightlife, although there were a number of participants who described being unable to take part in some of the activities due to ill health or disability. This highlights the need to ensure activities, in particular those to which social prescribing participants are referred, are person centred and appropriate for attendees. Aids and adaptations may be useful to ensure the widest range of participants benefit from services.

Participants reported health benefits and increased empowerment from attending Brightlife services and most felt they had learned new skills and knowledge.

The final section of this report focused on sustainability, and the Brightlife brand moving forwards. Although most participants recognised the activities they had undertaken were commissioned by Brightlife, there were a number, in particular social prescribing participants who lacked clarity between Brightlife activities and other activities they attended. Social prescribing participants engaged in a range of different activities through the social prescribing service, some of these activities were delivered via Brightlife for example Community Compass. However, participants also attended other activities such as local church groups which were delivered via other means. For

some of these participants the Brightlife brand was subsumed within the wider marketplace of available activities.

Strong leadership and future funding were the key factors identified by participants in order for Brightlife services to continue, after Brightlife funding ceased. Some believed leadership should come from within the group, but others stated they felt unable or unwilling to take on the responsibility, and the leadership should come from outside the group. There were participants who said they were willing to become part of the 'leadership' of an activity but did not yet feel capable of taking on the role, and would need more support before they felt ready. It may be with additional support and mentoring these participants would be willing to take on the future running of some services. In terms of funding, participants were aware Brightlife funding was time limited and there was some willingness to pay for services providing value for money was perceived. To achieve sustainability support in finding available funding, or in the design and implementation of a viable payment structure which would help to support the sustainability of a service, was considered helpful.

4.2 Recommendations

- Brightlife and potential commissioners to ensure sustainability planning is built into future activities from the beginning, since processes are less disruptive if implemented at the outset e.g. charging. Changing the offering part way through, when people may have become accustomed a pattern can lead to frustration and disenchantment. However, it should also be recognised not all activities can, will or should be sustained, and nor would participants want them to be.
- Brightlife and future commissioners to encourage providers undertake planning activities in co-production with participants, to ensure the activities meet the expectations and needs of participants.
- Support providers to encourage participants to undertake volunteer roles, in line with individual capabilities and wishes. Additionally, highlight the importance of ensuring participants feel fully supported if they do take on a role.

- Consider the issue of transport, both costs and coverage, when setting up activities, and explore if and how barriers to participation can be cost-effectively overcome.

Appendix A - Responses from the Brightlife Team

The Brightlife team have added the following comments and clarifications to this report

ⁱ Worth noting that during the timing of this research some activities transitioned from being funded by Brightlife to becoming self-sustaining and this could have impacted upon the range of activities

ⁱⁱ Agree the provider/source is seen as less important than the activity. Worth noting, that many third sector providers have struggled with establishing their project brand and have been given professional support from Brightlife to assist brand development.