



BRIGHTLIFE LEGACY REPORT
7. BRIGHTLIFE EVALUATION:
COMMISSIONED PROVIDERS

*Evaluation
status report*

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PART 1: Background

1.1 Aim

The aim of this report is to identify and understand challenges and enablers faced by Commissioned Providers (CPs) during their involvement with Brightlife. This strand of the evaluation adopts a purely qualitative approach aiming to understand the experience of employees of organisations commissioned to provide activities for socially isolated older people in the Brightlife target areas.

1.2 Semi-structured interviews

Interviews were conducted during October 2016 with five 'Research Participants' (RPs) from three organisations. Two of these, Cheshire Wildlife Trust and Community Compass, were providing a variety of activities held in and around different areas in West Cheshire: Malpas, Farndon, Winsford and Northwich. The third organisation, Chester Voluntary Action, supports organisations seeking to gain funding to run activities in the community. The interviews were conducted during the first six months of the commencement of the CPs' contracts.

PART 2 Results

Five main themes emerged from the analysis: 1. participant recruitment, 2. activity provision, 3. the entry/exit questionnaire, 4. sustainability and 5. the tendering process. A summary of the key findings from each theme is provided in the following sections.

2.1 Brightlife participant recruitment

Brightlife participants were primarily recruited in three ways: canvassing, self-referral and via Social Prescribing. Each is discussed in the following section.

2.1.1 Initial canvassing

Marketing was initiated a month before the activity programme started by one Commissioned Provider (CP). A list of approximately 20 suggested activities was compiled and people were asked to select their preferences. Members of the local community were also asked what additional activities/programmes they might like, what was missing and what was working well in their area. According to RPs canvassing local people also provided an opportunity for CPs ***“to get our faces out and about so that people ... got familiar with [them]” (RP2)***. Canvassing took place in central locations, such as local markets and post offices. In order to get to locate and consult with older people likely to be socially isolated, CPs might seek to develop more innovative methods of consulting local people. CPs may also find the Social Prescribing Pen Portraits report useful in terms of highlighting those areas most likely to have higher numbers of people over the age of 50 with the potential to experiencing social isolation and loneliness (Whiteley, Mead, & Taylor, 2017).

2.1.2 Self-referral

The main method of recruiting participants to the activities was self-referral. The recruitment process involved a great amount of local advertising by the CPs. One RP reported door to door leaflet dropping was more effective than attending community groups and online and print advertisements because people could see who they were and ask questions if they wished. In particular, the CP targeted areas with assisted or sheltered living and areas identified by GPs and district nurses as having a high number of older people.

2.1.3 Social Prescribing

An intended source of referrals was Social Prescribing and Wellbeing Co-ordinators; however insufficient numbers of people were referred via these routes. One CP was led to believe at the start of the project all Brightlife participants would be referred from social prescribing. In practice, these referrals did not materialise. As a result, it was agreed **“recruitment would be a 60:40 split, with 60% of people being recruited by us [CP] and 40% by the Social Prescribing Co-ordinator” (RP4)**. In total only two people were referred by Social Prescribing Co-ordinators to this CP, which had implications for overall recruitment. Indeed, both CPs found because recruitment responsibilities changed, a large amount of marketing was required to recruit participants, which they had not planned.

An additional difficulty with social prescribing referrals was, according to RPs, some individuals referred via social prescribing **“just aren’t ready to come out with a group ... they really need more one-to-one support” (RP1)**. For example, CPs reported that some Brightlife participants referred via social prescribing may have physical or learning disabilities, which the activity leads are not trained to support or there may be communication issues that consequently demand more time than the activity leads are able to give when managing a group. On these occasions the CP has sought to connect the referred person to a buddying scheme. There appears to be a misunderstanding between the expectations of the social prescribers and the CPs about the suitability of the activities, which needs to be resolved by the Brightlife team through the commission process.

It was also noted in the Social Prescribing report produced in September 2016 some clients require a high degree of support, which can hamper the ability of Social Prescribers to fulfil the remit to reduce social isolation (Mead et al., 2016). The Social Prescribing report made several recommendations to help increase the successful execution of the Social Prescriber role. One recommendation, which may reduce the difficulties reported above, was for the Social Prescribers to be given a mechanism to ensure their clients have received appropriate medical clearance.

2.1.4 Eligibility

Brightlife's stated aim for the project is to reduce social isolation in people over 50 years of age. The CPs were keen to reach socially isolated older-people; however, participants were not excluded if they did not meet these criteria. If they lived in the geographic area and were over 50 years of age they were viewed as eligible to attend. As one RP commented:

There has been no expectation to exclude people who are not socially isolated ... the stage one referrals, so that's people who come in off the street ... the only requirement for those people is that they come from a set geographical area and they are over 50 (RP4).

In addressing the issue of social isolation, the project also seeks to prevent those 'at risk' of social isolation from becoming isolated. In general, most research participants would not tell "***anybody that they couldn't come***" (RP2) as they viewed their work as preventative as well as tackling existing social isolation. According to CPs, although the outward appearance and demeanour of some Brightlife participants might not suggest an individual was socially isolated when they first engaged in an activity, overtime it became evident that some were experiencing "***quite extreme isolation***" (RP4). Perceptions regarding individuals 'at risk' of social isolation were based on anecdotal reports, which suggests there is a requirement for CPs to develop a way of screening potential participants prior to their engagement with an activity. Some of the measures in the Common Measurement Framework (CMF) could be utilised by CPs for this purpose.

Those Brightlife participants who were more confident were directed into volunteering roles, as summarised below:

If somebody comes along that might not be the stereotypical lonely, isolated older person then they might turn out to be a fantastic volunteer who then really supports someone [who] is isolated and lonely to attend the group or maybe go and join another group somewhere else (RP3).

For example, one Brightlife participant became a volunteer and then went on to occasionally drive the organisation's minibus.

2.3 Activity provision

Different approaches to attracting individuals to attend and return to activities were adopted, including flexible activity provision, activity variety and use of buddy schemes. Further detail is provided below.

2.3.1 Flexible activity provision

At the start of the Brightlife contract, one CP created social groups in several different geographic areas, which the RPs suggest provided a base from which to work and facilitated gaining the confidence of local people. Having established a base, the RPs state they were able to expand the activities they offered.

One of research participant explained the experience of working on another project with older people suggested there was a large group of people who ***“did not want day care, but were not confident enough to, for example, join the local WI [Women's Institute] flower arranging group in the village hall” (RP3)***. The CP responded to this perceived need by delivering a drop-in centre that offered mixed activities, like ***“a youth club for older people” (RP3)***. The perception of need for a social group for older people was based on this particular CPs prior experience of working with older people. However, the evidence from CMF completion suggests while activities may be popular among those older people initially recruited, there appear to be few 'new' participants attending groups.

After canvassing the local community, one CP set up eight-week taster sessions to encourage people to attend. The sessions offered small tasters of, for example, craft activities, poetry and exercise, but the ***“main idea was to get people coming in, [to] see what we were up to, [to] see what we were about as a company and with the Brightlife funding” (RP2)***.

Another CP offered ongoing sessions whereby participants could drop-in to activities. These drop-in sessions became popular, which led to the CP to run two separate groups (each fortnightly). Because of this popularity, the RPs suggested rolling

sessions should accompany fixed-term activity programmes in eight or ten-week blocks.

2.3.2 Purposeful activities

A variety of activities were organised by the CPs, funded by Brightlife during 2016. Research participants reported anecdotally activities, such as knitting twiddle muffs for dementia sufferers and hats for new/premature babies for the local hospital, and tidying and planting in the grounds of the local community centre, had been popular among people attending the sessions. One RP observed that, in her view, people prefer to do useful activity; knitting something for real functional use made it more of a worthwhile activity.

The views of RPs reflect the perceptions of the services they provide and as such are likely to be reported in a positive light. While the type of activities provided appear to the CPs to meet the requirements of the individuals attending, three issues are apparent. The first, as discussed in section 2.2 above, is the individuals they are working with might not necessarily be from the target population of adults over the age of 50 who are experiencing or are at risk of social isolation. The second, is a possible cohort effect, in the individuals attending have been recruited in similar ways and attracted by similar activities. To some extent the cohort represents a rather narrow typology of the socially isolated older adult. However, the population of older people is much more diverse and may be interested in a wider range of activities than those traditionally provided. In order, to attract a broader range of older people into activities, CPs might consider developing innovative activities beyond the traditional activities associated with older people, such as knitting. Finally, the perceptions of RPs about the popularity of particular activities are based on anecdotal feedback, which suggests there is a need to collect more robust evidence from both participants who are currently attending and individuals beyond the current cohort.

2.3.3 Buddying schemes

According to RPs, initial recruitment and sustainability thereafter, involved instilling confidence into Brightlife participants. RPs suggested a buddy can be helpful in developing confidence for some people. One individual observed organising a taxi by itself is not sufficient because some people require a greater degree of support. Clarifying the point, one RP stated:

What they need is somebody [to say] ‘hi are you OK, have you got your keys, and is your door locked?’ Then to “take her back, take her to the front door, help her unlock the front door, let her in, make sure she locks the door, and wave her goodbye (RP3).

In addition to the issue of self-confidence, attendance can be hindered by the inability to physically get to an activity course. It was suggested by one RP public transport and access to taxis is ***“dire”*** in rural areas in Cheshire adding ***“it’s actually the infrastructure that isn’t supporting”*** isolated people (RP1). A buddy might support some people to overcome the barriers to access to transport.

2.4 The entry/exit questionnaire process

During the early phase of the project CPs experienced problems obtaining completed entry/exit questionnaires from Brightlife participants for a variety of reasons, including the wording and length, the support requirements of participants and the timing of questionnaire completion. The same questionnaire is given to each consenting participant at the start and end of an activity course.

2.4.1 Wording

Concerns were raised about the wording on the questionnaire, which, it was suggested, was too long and not ***“as sensitive as it could be”*** (RP1). CPs were concerned about the impact on individuals experiencing difficulties, such as loneliness, as described in the following quotation:

They’re very long ... you don’t want to sit down with somebody who is having a hard time and say to them right, go through this and they’re faced with: ‘I feel a great big sense of emptiness in my life, sometimes, often, all the time’. They are very invasive for something that’s done in a hands-off here’s a piece of paper kind of way, rather than something that is done more face-to-face, and more consultatively (RP4).

Concerns were also raised about CPs role in the completion of questionnaires. CPs were frequently required to support individuals by reading questions aloud and

entering responses. For one CP concerns centred on the sensitive information Brightlife participants were sharing about loneliness and mental well-being. It was suggested responsibility should not lie with CPs.

It sits more comfortably with me for somebody else to do them than me because I feel that some people have shared quite a lot of personal information with you when you have been going and running the groups (RP2).

Rather than CPs completing the questionnaire at the beginning of the activity, it was suggested by one RP a separate process could be established, possibly with someone outside of the CP organisation responsible for its administration. She said:

You or a volunteer go to that person's house at a different time or arrange to meet up at a different time to do forms, so that it separates the activity and the social and all of that bit (RP3).

Questionnaire completion is a contractual requirement of the Brightlife funding. Establishing a separate process of questionnaire completion would require CPs to build in financial resources and additional time to the funding applications.

CPs also highlighted the questions were not specific to the interventions they were delivering and therefore not as useful for the purposes of CPs. According to RP1 ***“there is nothing on the forms that actually captures how people have reacted to the intervention as such”***. Activity specific information may be valuable for CPs, however the questionnaire was developed for the National Evaluation of the Ageing Better Programme conducted by Ecorys, Brunel University and Bryson Purdon Social Research. The questionnaire uses validated measurement tools to allow comparison across the 14 project areas in England. The findings will, in time, provide evidence of effectiveness (or otherwise), however the results are not available immediately. Nevertheless, due to the standardised measures used the quality and reliability of the information will be greater than locally tailored information gathering.

CPs also reported concerns were raised about the questionnaire among some older people, particularly in relation to data protection, as the following quotation illustrates:

Two or three of them [Brightlife participants] have looked at the forms and said ‘utterly no way’ – however much you say you are not going to identify them as an individual – ‘I am not even taking the risk’ (RP1).

There was a perception among CPs that some individuals completing the questionnaire wanted greater freedom to comment on their experiences of the activity. One RP, imitating the comments of a Brightlife participant said “***[there is] no opportunity for me to say ‘none of those boxes fit my circumstances’ ... and ‘I want to be able to say something about this and I can’t’ (RP4).*** A general comments section was added to the end of the questionnaire shortly after the project commenced. However, early evidence suggests comments sections are being completed by few participants. Given the length of the questionnaire, participants may not feel inclined to add comments at the end of a long questionnaire. There is an opportunity for Brightlife participants to take part in qualitative interviews to allow participants to discuss what was important to them about the experience.

Strategies have been put in place to help with completion of the questionnaires in terms of encouraging Brightlife participants to take part in the questionnaire evaluation and in the actual process of questionnaire completion. For example, co-researchers were enlisted to upskill CPs in relation to providing Brightlife participants with personal support when filling in the questionnaire. However, there is limited capacity for this to continue. Therefore, new CPs contracted in the latest commissioning cycle attended a training session developed to guide them through the process. The process of completing the questionnaires is viewed as part of the test and learn ethos of the Brightlife project. Although the questionnaires themselves are unchangeable in the wording, there is the flexibility to improve the method of delivery and the way the questionnaires are completed.

3.4.2 Completion support requirements

Considering completion by different groups, research participants suggested individuals who self-refer are more likely to complete the questionnaire than those referred via health sector organisations or the local authority, who it was suggested were more vulnerable. Similar views were expressed by Social Prescribers as discussed in the Social Prescribing report produced in June 2017 (Mead et al., 2017). Both groups, CPs and Social Prescribers, are basing their perceptions on anecdotal reports, which suggests further evidence is required. This information could be obtained by comparing the monitoring data to identify the number of questionnaires completing by people who self-refer and those referred by other organisations. A greater understanding of the support requirements of different groups of BLPs would enable CPs and Social Prescribers to plan the time more effectively in relation to questionnaire completion.

Reflecting on the length of the questionnaire, one participant suggested it might be more productive to have a shorter questionnaire gathering less detailed (and in his view intrusive) information ***“that more people filled in” (RP4)***. Moreover, it was argued the length of the questionnaire is not suitable for people with learning difficulties (LDs) or age-related cognitive impairments, concluding ***“it feels like there is no real evaluation for people like that” (RP4)***. The emphasis on ‘people like that’ suggests a perception that people with LDs and cognitive impairment are a homogenous group not capable of completing the forms and should be treated differently from the general population. The focus on difference and limitations among could be considered a form of benevolent discrimination. In reality, LDs and cognitive impairment exist on a continuum. There may be individuals who require greater support, however the level of additional support required among others could be minimal. In order to maintain an equitable approach to the evaluation, all participants should be afforded the same opportunity to take part. However, a flexible approach to support requirements informed by existing monitoring data could be adopted.

3.4.2 Timing

The Brightlife evaluation was designed with the intention the questionnaire would be completed by every participant at the start and completion of an activity. However, some Brightlife participants are attending activities on an on-going basis. In order to

capture the individuals' progress, CPs have been asked to complete follow-up questionnaires at four-month intervals. Though, there is evidence from the CMFs submitted that some providers are completing multiple follow-up questionnaires indiscriminately.

CPs also raised concerns about completing the entry questionnaire in week one because of the length and perceived issues regarding the sensitivity of the questions (as discussed above). Therefore, CPs have tended to introduce the questionnaire in week two, as summarised below:

What sits more comfortably with me is at the first session people come along and give us their basic details ... In week one we talk about the reasoning for the evaluation entry form, but then to actually ask people to sit and do it at week two is more acceptable (RP2).

Ideally, for evaluative purposes, the questionnaires would be completed in week one to provide a true baseline result from the individual concerned, however there is a recognition of the need to balance the practicalities of robust data collection alongside the reality of implementing a social intervention. In this regard, completing the questionnaire in week two was considered a satisfactory compromise. Introducing the exit questionnaires in the last session (week eight or ten) was not considered problematic.

Some Brightlife participants attended two or more activities with a CP, but did not necessarily complete an exit questionnaire for each activity. Therefore, an exit questionnaire may refer to ***“what impact Brightlife has had on them, not the impact of that activity versus the other activity” (RP1)***. For example, some Brightlife participants may have attended drop-in sessions and exercise classes provided by Community Compass, however completed one overall exit questionnaire. Therefore, evaluation outcomes largely reflect participant's general experience of CPs, rather than the experience of a specific session or course. CPs report the difficulty of obtaining pre and post questionnaires for each activity was compounded by the

number of participants, dipping in and out of activities, which was estimated by one RP to be approximately 20%.

In order to avoid issues with future CPs, the activity type and structure proposed require consideration during the commissioning process and appropriate systems put in place to effectively capture CMF data.

3.5 Sustainability

Ensuring sustainability is a requirement of Big Lottery funding and therefore a critical element for CPs to consider. Sustainability as described by Chester Voluntary Action includes: 1) future income generation to maintain an activity beyond the existence of Brightlife, 2) empowering groups of participants to continue the activities themselves, and 3) establishing a legacy of change regarding attitudes to ageing within public services, local community groups and among local people. CPs considered the continuation of activities beyond Brightlife funding from the commencement of the contracts. Two main approaches to sustainability were identified and are discussed below: activity charges and transferring ownership to group members and/or volunteers. One CP has also won new sources of funding from the People's Health Trust and from the Cheshire Development Fund for groups in other areas.

3.5.1 Activity charges

One CP informed Brightlife participants at the start of a programme the activity would be funded for eight-weeks, after which there would be a cost. In this situation, sustainability depended upon ***“whether people would be willing to pay for it really. If not, we can't fund it, but we have made that clear from the start” (RP2)***. In order to keep costs to a minimum CPs negotiated with tutors regarding fees and sought to use free venues where possible. CPs were also targeting particular tutors who had demonstrated a willingness to continue to work with groups independently of the Brightlife funding. As one RP reflecting on tutor recruitment states: ***“[we are] purposely trying to use tutors that we know want to take on groups and are looking to build their collection of groups” (RP3)***.

At the time of the interviews (October 2016) some groups were operating on a chargeable basis as illustrated in the following example:

Next Thursday is the last of our exercise [courses], which is Brightlife funded... [The tutor's] keen to keep that going, so she has booked another six weeks with the library because obviously she can't lose money either. Hopefully, she has got enough of a group at the minute that she can keep that running up until Christmas (RP3)

There was also a suggestion by one CP that Brightlife participants should be charged for activities from the outset. One RP argued that ***“people don't always value things that are free” (RP1)*** suggesting individuals might be more likely to attend if they thought the programme was worth paying for. The RP went on to argue charging a small amount from the outset would set a precedence for payment, which might encourage participants to pay more once the funding ended. She said:

If everybody paid a small amount and then when you said at the end of the intervention ‘well are you willing to pay a bit more because you could make it sustainable?’ But to go from nothing to a lot is too big a leap (RP1).

Brightlife has advised charging for an activity is acceptable providing it is part of the provider's sustainability plan (and included in its project plan), and does not exclude older people who cannot afford to pay.

3.5.2 Transferring ownership

With sustainability in mind, one CP sought to gradually transfer ownership of activities to Brightlife participants. A rota of roles was introduced in some groups whereby participants ***“collect money, set up the room, make sure newcomers are welcomed, and so on” (RP2).***

She went on to explain building on the experience of working with Brightlife participants, the groups the CP was establishing with alternative sources of funding would place greater emphasis on participant led activities from the outset. Building on the Brightlife experience demonstrates the Test and Learn approach had generated positive change within this organisation.

The same CP also sought to increase volunteer recruitment to support the continuation of activities. The volunteers, often selected from the groups themselves, were trained and DBS checks conducted (Gov.uk, n.d.). These individuals would then take on the role of **'activity host'** or **'friendly face'** (RP1). Other volunteer roles included making tea, taking subscriptions, leading an activity and buddying.

The importance of monitoring group dynamics was stressed by one CP. Being inclusive and friendly were considered essential requirements for achieving a successful and therefore sustainable group, although it was not clear what was meant by 'successful'. One RP observed that without oversight from an employed member of staff, groups can start to become **"cliquey"**, adding, **"I think it is something we have learnt just from observing the groups and just watching the dynamics within the group"** (RP3). In order to increase group sustainability, it was suggested that there was a requirement for CPs to retain some degree of oversight of the groups, particularly in relation to group dynamics. There was a perception volunteers could perform tasks such as welcoming people to the group, making the tea and leading the activities, watching and managing group dynamics was a more difficult task. She said **"I am not saying it can't be filled by a volunteer, I think it is just a harder job for a volunteer"** (RP3).

Sustainability has been identified as an issue in a number of the data collections streams, including interviews with Social Prescribing Coordinators (Mead et al., 2016; Mead et al., 2017) and the Older People's Alliance.

3.6 The tendering process

Reflecting on the tendering process, CPs identified several issues: procedures, length of contract and unanticipated work. Each is discussed below.

3.6.1 Procedures

CPs suggested the early tendering processes were **"over complex"** (RP5) and not as clear as they could have been. There was a perception the complexity and lack of clarity led to delays in decision making. However, it was acknowledged improvements had been made to the process for the next round of commissioning, as summarised below:

I feel like we've built up a good working relationship with them. I think they've learnt lessons ... and I know they have changed the tendering process for future tenders (RP4).

3.6.2 Length of contract

CPs awarded contracts in the first round of commissioning received one-year contracts. There was a perception this was an insufficient timeframe within which to impact on a community. CPs argued that in the first instance, developing a degree of trust with community members required a great deal of work and patience, which took time to develop.

You just can't go in and say we are putting this on. You are not going to build people's trust. It takes time to build that trust and to get people to know you and know your faces and know what is happening and feel confident to come into different sessions (RP2).

Once the CPs had established trust, time was needed for numbers to build up. There was a perception as groups were beginning to become embedded in the community the contracts were drawing to a close. CPs argued more time was required to work with a group to become sustainable.

We could do with another year to support them, to set themselves up as a group, to support them to look at alternative funding to keep that group going, train people up ... so at the end of a two-year period (RP2)".

At the time of writing, the CPs discussed in this report have been invited to submit tenders for contract renewals with greater emphasis placed participant recruitment and developing innovative activities. In addition, based on the feedback from CPs, Brightlife have awarded two-year contracts in the second round of commissioning. While two-year contracts may be appropriate for some organisations, greater flexibility would be achieved by considering contract length on a case by case basis.

3.6.3 Unanticipated work

CPs reported as projects unfolded the resources required for a number of unanticipated tasks became apparent. As discussed in section 3.1.3 above, referral of participants via Social Prescribing did not materialise, which created a greater workload in participant recruitment. RPs suggested tenders should include **costs [for recruitment strategies] and the staff time associated with them” (RP4)**. Relatedly, RPs suggested time and resources should be dedicated to establishing the need for particular activities, through consultation for example. An additional source of unanticipated work was completing paperwork and other administrative duties.

We didn't realise how much paperwork there would be.... A company like us who haven't got anyone doing admin or anything like that, I think that needs to be factored in when you are looking at your funding (RP2).

PART 4 Discussion

4.1 Discussion

Early recruitment was hampered by the low number of participants referred via Social Prescribing, which placed pressure on CPs to recruit participants themselves. This additional work diverted attention away from activity development towards participant recruitment. Moreover, a more robust recruitment strategy may have been put in place at the outset had this been anticipated.

Reaching socially isolated individuals was also a challenge contributing to a concentration of efforts on older people 'at risk' of social isolation. The community canvassing undertaken was focussed on public areas, such as post offices and local community groups. Arguably, individuals who are socially isolated are unlikely to connect through these traditional routes, suggesting there is a need for more innovative recruitment methods to be developed. Concentrating efforts in areas where there are known to be high numbers of older people is a useful approach, however there are other indicators, such as health and living arrangements, that could facilitate a more targeted approach as illustrated in the Social Prescribing Pen Portraits report (Whiteley et al., 2017).

RPs were confident the groups and courses had delivered benefits to participants. However, CMF data suggests there are a few 'new' participants being recruited to these activities and individuals are simply moving from one activity to the next. While ensuring those who have engaged with activities continue to attend is important, the limited numbers of new participants may indicate the activities are not appealing to wider range of socially isolated older people. There may be scope to broaden the type of activities provided.

Early difficulties with questionnaire completion had been addressed, however the application of the correct process for exit questionnaires requires attention to ensure robust data collection. In relation to sustainability, CPs made early efforts to develop sustainable activities and the fact one provider had secured additional funding to provide similar activities was positive. However, there is little evidence available to illustrate how Brightlife activities were integrating with or influencing other providers to

enhance local provision for older people. Issues with the tendering process including, complex processes, short contracts and unanticipated work had been addressed by the Brightlife team.

4.2 Recommendations

Based on the findings presented above, the following section suggests some modifications to future practices in the Brightlife project. The recommendations are divided into three sections. The first sets out recommendations for Brightlife, and the second offers suggestions for the CPs that Brightlife may wish to encourage providers to adopt. The final section provides an overview of changes that have been adopted by Brightlife since the interviews were undertaken.

4.2.1 Brightlife

To:

- Provide clear information about responsibilities for participant recruitment
- Provide clear information regarding the Social Prescriber role
- Continue to allow activity providers flexibility in the type and length of the courses they offer (rolling drop-in and drop-out sessions or fixed-term blocks). However, a local evaluation team needs to offer advice on how evaluation can be effectively incorporated.
- Clarify the aims of commissioned activities in relation to addressing and preventing social isolation
- Encourage innovative approaches to participant recruitment and activity provision through the commissioning process

4.2.2 Commissioned activity providers

To:

- Ensure tenders include sufficient costings for staff time, particularly in relation to administrative tasks
- Providers to conduct research to inform activity development more relevant to the changing needs of 21st century retirees (to attract underrepresented individuals).

- Continue to seek out and recruit volunteers
- Encourage the take-up of free training provided by organisations, such as Chester Voluntary Action, to develop new skills
- Ensure people feel welcome and are integrated into the groups by having volunteers trained in observing and dealing with group dynamics
- Build in effective processes for questionnaire completion
- Providers to devise formal methods to record feedback from participants on the experiences of particular activities
- Establish partnerships and collaborations
- Consider introducing a small cost at the outset towards attending an activity course.
- Consider establishing a working group tasked with uncovering new ways to find and engage socially isolated older people, and particularly men.

4.2.3 Endorsements

- Extended contracts beyond 12 months in certain cases. However, it is suggested the length of contract should be determined on a case-by-case basis. It may also be beneficial to taper funding to reflect the reducing amount of supervision required by the activity providers as the groups become self-sustaining.
- Commissioning a service to deliver a buddying scheme. It may be helpful for activity recruitment if buddies are already established in an area before a provider offers activities.

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