



**University of Brighton**

## **LifeLines: An Evaluation of a Prevention Programme with Older People**

**This report sets out the findings from the independent evaluation of the Treasury funded LifeLines programme for older people. The evaluation, commissioned by the LifeLines partnership, was undertaken by the University of Brighton between July 2008 and December 2010.**

- The LifeLines programme for older people (defined as people over 50 years of age), was developed in the context of social policies emphasising prevention, active ageing, the promotion of independence and well-being and minimising the demand on health and social care services made by an ageing population.
- LifeLines was a partnership involving Adult Social Care (Brighton and Hove City Council), the PCT, the Business Community Partnership, local BME and LGBT community groups, Impact Initiatives and the Retired Senior Volunteer Programme (RSVP), with Age Concern Brighton Hove and Portslade responsible for management and delivery. The partnership faced challenges in agreeing details about objectives and how they should best be achieved.
- Findings indicated that initiatives that focussed on social objectives rather than reducing demand on health and social care services were most successful in the context of a programme based on older people volunteering to work with other older people.
- Sustainable volunteering initiatives include opportunities for collective activity which maximise caring and supportive relationships, generate shared meaning and thus both individual benefit and social value.
- Older people took part most readily in activities which connected with aspects of their personal or social identities.
- Good information is needed to signpost older people considered to have specialist needs relating to health and financial issues to relevant services.
- Ongoing outreach work, accessible transport provision, support for carers and consideration of what constitutes 'shared meaning' among different communities is needed to ensure inclusiveness of the programme.
- Useful lessons have been learned from employment related work, including the dilemma of engaging volunteers seeking paid work, to mentor others to find work.

**Research  
Findings**

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## Prevention, well-being and the role of volunteering

An emphasis on prevention has been part of the 'transformation' agenda for adult social care, but prevention is a complex idea that encompasses a wide range of possible actions, focussing on older people in different circumstances. It seeks to 'prevent' an increase in demand on health and social care services by emphasising early intervention; to 'prevent' old age being a time of isolation, hardship and poor health by action to improve well-being, and to 'prevent' those already experiencing poor health losing all independence. Thus a wide range of factors associated with ageing fall under the remit of prevention and prevention strategies can be very varied. Previous experience of volunteering supports the notion that this can contribute to individual and collective well-being and in delivering objectives around prevention. However evidence also suggests that outcomes are not straightforward in the context of older people's diverse circumstances and different ways of organising volunteering.

## Challenges of implementing a partnership programme

LifeLines brought together actors from different agencies and professional backgrounds with distinct understandings and ways of approaching the issues and problems that the project proposed to address. Partners experienced tensions between the desire to develop new ways of working with older people based on interwoven perspectives and practical considerations associated with implementing projects to demonstrate achievements in a given funding period. As the partnership moved into the process of implementation areas in which the original proposal was underdeveloped, became apparent. Different ideas about prevention and how it should be achieved were identified by stakeholders:

- **Community development:** this approach was described as one involving building a cohort of activists within communities to work with vulnerable older people and help them negotiate the health and social care system.
- **Volunteering:** the major emphasis of the programme was based on an approach to volunteering that was seen to 'empower' older people by supporting them to implement projects of their choosing that would prove of value to other older people. A range of activities resulted from this approach, including a knitting project, a men's cookery project, reading groups and a reminiscence project.

- **Reducing demand on health and social care services:** this was recognised as a key driver for the original proposal, but, in practice, became less high profile as the programme developed.
- **Cultural change:** this perspective recognised that organisational cultures and practices can impact on older people's well-being in a variety of ways and that changes are needed in how services operate, how employers view older people and in other contexts if well-being is to be improved.

In the early days of the programme differences between partners and lack of clarity meant some difficult discussions about how to proceed. But through working together partners were able to develop a programme of activities. By the end of the evaluation period there was a greater sense of coherence to the programme which became based around activities located in and around an Extra Care Sheltered Housing Scheme. Whilst not all partners were happy with a decision to focus on one area of the city, the idea was that this Healthy Living Centre for older people could be a model with the potential to be reproduced elsewhere.

## Participants

31 older people were interviewed for the evaluation and asked to complete questionnaires about quality of life (CASP 19), Health and Social Service use and their experiences of being involved in LifeLines projects. Data collected shows that participants were typical of older people who volunteer, being predominantly educated to a high level, more women than men and of white British heritage, with low levels of ongoing health or social care service use.

Activities are free of charge which ensures older people on a low income can participate. A significant proportion of interviewees were older people of working age (50 – 59 years) and findings suggest a need among this group for volunteering opportunities that offer training and enhance employability. LifeLines provides activities for people who are not in good health (psychological or physical) and who are therefore not in paid work. The age range of interviewees was skewed because of the inclusion of those taking part in an employment mentoring project. Overall, the age profile of LifeLines participants was more evenly spread.

A shortage of money and health factors were identified as the greatest barriers to participation in activities, though these findings need to be treated with caution because of the small numbers involved. Age itself may have been rated as less of an impediment to

participation because a proportion of the respondents were at the younger end of the age range. Other barriers to participation in LifeLines activities include:

- Full time caring responsibilities suggesting the need for a sitting service.
- Limited mobility / disability and a lack of appropriate accessible transport.
- Social isolation requiring ongoing outreach work.
- The difficulties of designing activities that are equally accessible and appropriate to a diverse range of older people including different minority groups and those with disabilities.

### Learning from project work

Interviews were conducted with older people participating in volunteer led activities, in a peer mentoring project designed to help older people move towards work and in an 'activity partners' initiative that offered one to one support to older people who were becoming socially isolated. We also reviewed the early stages of initiatives resulting from the move to the Extra Care Sheltered Housing Scheme.

These interviews demonstrated that the specific project activity is significant: for example, knitting was one which gave confidence because of its familiarity for many women, because it helped concentration and offered specific benefits resulting from the physical activity itself. However, a range of activities can be beneficial and offer means through which:

- The need for **social contact and communication** may be met – activities can provide a vehicle to engage with new social networks and possibly learn new skills as well as a focus around which relationships and friendships are built and through which mutual support among older people is offered.
- A **sense of purpose** and pleasure can be gained - reciprocity engenders commitment to a task from which self-validation (a recognised buffer to depression) is derived together with inherent sustainability. Thus, knitting 'trauma teddies' gave women a sense that they had a contribution to make to others' well-being.
- Individuals can relate to different aspects of their **personal history and shared meanings** explaining how activities engender a sense of community, group cohesion and commitment.

This analysis of what comprises successful activities provides a basis on which future activities might be developed and provides indicators of what might be considered in generating projects that will attract hitherto less well represented groups. For example,

the leader of the photography project hoped to involve participants in photographing Gay Pride in Brighton. This type of focus for activities could offer a means of engaging LGBT older people, whilst reminiscence that focuses not only in Black histories, but also is conducted in culturally appropriate ways could attract older black people and those from the various ethnic groups in the city. The potential of these projects to generate benefits for individual participants, but also broader social value is clear from the findings.

Evidence also points to the limitations of a project such as this in addressing structural disadvantage and specialist health needs. It has highlighted a need to respond to participants' individual needs with effective links with specialist services (e.g. statutory and voluntary advice and information services, occupational health, community mental health) and the need for clear signposting to appropriate experienced services.

Adopting explicitly *social* objectives, rather than objectives defined by pressure to reduce demands on services, reduces the risk that older people will feel they are individually responsible for remaining healthy and thus do not become a 'burden'.

The approach to volunteering adopted by LifeLines linked empowerment with the ability of volunteer organisers to choose activities. Our evidence suggests a need for different groups of older people to be involved in determining activities which can best meet the social objectives that evidence indicates should be promoted in the future development of this programme. Our findings imply that empowerment needs to be understood in relation to the way beneficiaries connect to the activity, rather than solely by enabling volunteers organising projects to select the focus.

One to one support is also important and may be preferred both by some volunteers and older people who can be beneficiaries of the programme. Again the key issue is that activities that are the focus of such support need to be determined by reference to what is important personally and culturally to the older people concerned. The intensive demands of one to one support highlight a need for training and support for volunteers.

Whilst the peer mentoring project highlighted that for some older people the benefits of working in a voluntary capacity include the opportunity to develop supportive relationships unconstrained by the need to meet official targets, it also brought to light tensions in a volunteer based project that has employment related objectives.

## Conclusion

Participants have experienced direct benefits from the LifeLines programme, though there is little to suggest an immediate link with a reduction in demand for health and social care services. Work that aims to improve quality of life and well-being in older age cannot be based solely on action to minimise demands on health and social services. The learning from the evaluation can help focus a way forward, contributing to internal reflections resulting from recognition that the original proposal did not sufficiently set out how an ambitious set of objectives would be achieved. Our overall conclusion is that the particular role that a programme like this can play is in addressing the social dimensions of prevention and well-being. This may have indirect effects in terms of reducing demand on service provision, but the driver is more clearly that of improving individual and collective well-being. It may be that unmet need for specialist service input is identified and this may, in some instances, lead initially to increased demand for interventions that might prevent crisis input.

Our findings highlight the importance of involving older people as active participants in determining activities – including those that enable cultural differences to be expressed. Some activities will reflect earlier years' experiences, while others will offer opportunities to develop new skills and experiences in older age.

Such activities cannot address factors relating to the impact of a lifetime of inequality experienced by some older people involved in the study but making opportunities freely available to those who may experience marginalisation and discrimination, will allow particular benefits from volunteering to be experienced.

## The research approach

Using a Theories of Change approach, the researchers sought to trace the development and record the achievements of the LifeLines programme in the context of social policies emphasising prevention and active ageing. This involved working with key stakeholders, programme partners and staff to explore their thinking about how objectives were to be achieved at the outset and later to reflect on the successes and challenges and to consider what had been learned about different ways of working with older people. It also involved working with volunteers across a range group activities and one to one support projects to explore their experiences and to understand what form a programme of voluntary action might take and why, to achieve positive outcomes for diverse groups of older people.

Data was obtained through semi-structured interviews conducted as early as possible during involvement in the programme or projects and repeated towards the end. Project participants were also asked to complete two short questionnaires to gather information about use of health and social care services, and quality of life.

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## For more information

**LifeLines: An evaluation of a Prevention Programme with Older People** by Rose Smith and Marian Barnes from the University of Brighton is an independent valuation commissioned by Age Concern, Brighton Hove and Portslade.

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