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Legacy Report

Brightlife   COMMUNITY FUND

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Foreword

Here at Brightlife, we are extremely fortunate to have had the opportunity to be part of the National Lottery Community Fund Ageing Better Programme for the past five years. As one of 14 regional partnerships, we have delivered and commissioned hundreds of projects and services across Cheshire West and Chester, which together have improved the lives of thousands of older people and their communities.

As one phase of the Brightlife project ends, the next is just beginning. Thanks to Ageing Better uplift funding, we will continue to make a difference in the region for at least another year, through the ongoing delivery of the Brightlife Social Prescribing scheme (led by Age UK Cheshire) and as an active member of the Age-friendly Cheshire West partnership.

Like so many other organisations in 2020, Brightlife has been affected hugely by the unprecedented effects of the global Coronavirus pandemic. While this has led to a vastly different transition period to the one we expected, by no means does it invalidate the significant impact that our work has had to date, nor does it change our plans going forward.

As this report goes to press, there is still a huge degree of uncertainty surrounding the future - for older people and their communities, for the providers of services and activities, and for the commissioners and funders whose decisions will affect us all. However, the initial response from all our partners here has been overwhelmingly positive - many are crediting their involvement with Brightlife as being crucial to developing the capacity, resilience and support networks upon which they are now relying to survive.

“[During] this time of fear and uncertainty, our Brightlife projects have just been the best preparation. Without them, we would be so much less connected and confident as a community. As it stands, we’ve

been able to respond very quickly to an extraordinary challenge, meaning many people will feel substantially less emotionally isolated during this period of physical isolation. [The relationship between] Brightlife and The NeuroMuscular Centre was meant to be - thank goodness it happened.” - Matthew Lanham - Chief Executive, The NeuroMuscular Centre

As well as the direct benefits that Brightlife has conferred to its partners, every single one of the projects and services we have commissioned and delivered has generated valuable evidence about what works to reduce loneliness and social isolation for older people.

Whatever the future holds, this knowledge and best practice - presented here as a series of recommendations - will continue to make a positive difference, by informing the design, delivery and evaluation of interventions for many years to come.

Chris McClelland – Head of Brightlife



Executive summary

Everyone who has ever worked to help reduce loneliness and social isolation amongst older people will at some point have asked themselves: How do we know what really works?

For five years, Brightlife was dedicated to answering this question. As a Big Lottery Community Fund Ageing Better programme partner, between 2015 and 2020 it commissioned, delivered and evaluated a huge range of innovative initiatives across Cheshire West and Chester.

Brightlife took a ‘test and learn’ approach to gather valuable evidence about what works (and what doesn’t) to improve the lives of older people, so that commissioners, service providers and communities alike might build on the knowledge, insight and best practice that it developed.

By distilling that evidence into the recommendations presented here, Brightlife is leaving a legacy that will continue to provide benefits - for older people, for their communities and for the region as a whole - well into the future.

In order to accommodate the significant overlap that exists within the process of commissioning, delivery and evaluation, whilst also addressing the broader themes of volunteering, marketing and partnership working, the recommendations are broadly divided into five stages:



Each of these five stages represents a vital part of the ongoing cycle of planning, action and reflection that is required to create meaningful, enduring change for older people and their communities.



Summary of Key Learning and recommendations:

1. Meeting needs

These recommendations are based on what Brightlife has learned when it comes to identifying needs, and about designing/planning interventions that meet those needs effectively.

- 1.1 Position the voices of older people at the heart of all projects and services.
- 1.2 Involve potential delivery partners from the earliest stages of design.
- 1.3 Target people based on their shared interests, not their age.

2. Making connections

These recommendations are based on what Brightlife has learned about how best to reach older people who are in need of support.

- 2.1 Invest in strategic marketing and communications from the start - including developing appropriate messaging for both participants and volunteers.
- 2.2 Prioritise coordination with existing agencies and community networks.
- 2.3 Do not underestimate the importance of trust in building relationships with vulnerable groups.

3. Supporting success

These recommendations are based on what Brightlife has learned about how to manage, support and deliver successful projects and services.

- 3.1 Continually adapt delivery according to what works (and what doesn’t).
- 3.2 Create opportunities for delivery partners to work together and to access support.
- 3.3 Build participants’ confidence before gradually withdrawing support.

4. Future-proofing

These recommendations are based on what Brightlife has learned about best practice for making projects and services sustainable.

- 4.1 Develop an appropriate model for sustainability from the outset.
- 4.2 Invest in communications to facilitate sustainability.
- 4.3 Create a support network to develop the necessary skills for sustainability.

5. Capturing impact

These recommendations are based on what Brightlife has learned from both the formal and informal evaluation process, and how this can be applied to future interventions.

- 5.1 Involve providers and service users in the design of any formal evaluation.
- 5.2 Consider quantitative data alongside qualitative evidence.
- 5.3 Gather and use personal stories.

Introduction

Loneliness and social isolation are increasingly becoming recognised as growing issues in the UK. However, until recently, little evidence has existed about how best to tackle them.

In 2014, the National Lottery Community Fund launched its Fulfilling Lives: Ageing Better programme to reduce loneliness and social isolation for people aged over 50, by enabling them to improve their social connections, to be more engaged in the design of services for their communities, and to be recognised for their positive contribution to society.

Programme funding was distributed to partnerships in 14 regions of the UK to plan, coordinate and deliver services in each area. Partnerships took various

approaches to meeting the programme aims, including contracting services from local providers, delivering services directly, and funding grassroots activity.

Brightlife, the Ageing Better partnership for Cheshire West and Chester, was formed by a group of organisations from across the public and third sectors in the region, led by Age UK Cheshire.

Between 2015 and 2020, Brightlife commissioned and delivered more than 50 projects and services, using a ‘test and learn’ approach to gather valuable evidence about what works (and what doesn’t) to tackle loneliness and social isolation amongst older people within the specific geographic and social context of the Cheshire West and Chester region.



Brightlife Key Commissions and providers:

- Chester Asset Mapping – Chester Voluntary Action (£9,423)
- Social Activity Malpas – Community Compass (£30,146)
- Social Activity Winsford – Community Compass (£41,810)
- Malpas Great Outdoors – Cheshire Wildlife Trust (£49,500)
- Business Support – Chester Voluntary Action (£74,861)
- Buddy Scheme – Royal Voluntary Service (RVS) (£37,695)
- New Beginnings – Retain Wellbeing CIC (£60,000)
- Digital Buddies – Here and Now Chester (£60,000)
- The Arts of Ageing – Workers’ Educational Association (WEA) (£21,684)
- Share Club – Community Compass (£128,372)
- Winsford Super Shed – Age UK Cheshire (£99,602)
- Men’s Mental Health – Listening Ear (£98,556)
- Connecting Carers – Cheshire & Warrington Carers Trust (£96,170)
- Connect Up – NeuroMuscular Centre (£50,730)
- Bright Memories – Cheshire & Warrington Carers Trust (£349,506)
- Buddying and Befriending Scheme – Cheshire Community Development Trust (£104,984)

Total: £1,313,039

Bright Ideas awards recipients and projects:

- Abbot’s Wood – Digital Peer Training
- Muir Housing – Brighter Days
- OPAL (Older People Active Lives) – New Horizons
- OPAL (Older People Active Lives) – What’s Cooking?
- Body Positive – Silver Rainbows
- LIVE! – Bridging the Gap
- CHAWREC (Cheshire and Warrington Race and Equality Centre) – CommUnity Kitchen
- Holy Trinity Church – Blacon on the Move
- The Welding Academy – Fabweld 50+
- Flatt Lane and Stanney Grange Community Centre – Lite Bites Lunch Club
- Active Cheshire – Sporting Memories
- Cheshire Deaf Society / Deafness Support Network – Sparkle Café
- Cheshire Wildlife Trust – Create For Nature
- Vision Support – Vision Supported Communities
- Groundwork Cheshire Lancashire and Merseyside – Growing Connections
- MHA Ellesmere Port / Neston Live at Home Scheme – Engaged Motivated Informed
- Motherwell Cheshire CIO – Bright Stars
- The NeuroMuscular Centre / Cheshire Centre for Independent Living / Cheshire and Warrington Carers Trust – Read and Connect
- The Conservation Volunteers – Young and Green at Heart
- Little Actors Theatre Company – Neston Theatre Art Club
- EPNVACO – Lively Lunchtime
- Vicars Cross Community Centre – Senior Screen
- Heal Earth – Women Makers 50+
- Age UK Cheshire – Sharing Time
- Listening Ear – Fab Cheshire West
- DIAL West Cheshire – Dial House “T” Club
- Body Positive – Silver Rainbows
- Muir Housing – Brighter Days
- The Reader – Brightening Lives with Shared Reading
- Snow Angels – Happy Mondays
- Malpas Cancer Friends
- Haylo Theatre – Gather Together
- Caring Companions – Caring Companions Cheshire
- Bridge Wellness Gardens – Better Lives Club for over 50s
- Diva Fitness – Chatter Chairs
- Cheshire Agricultural Chaplaincy – Meet and Eat
- The Welding Academy – Cre8tive
- Snow Angels – Lonely in a Crowd
- The Reader – One to One Shared Reading
- Cheshire Wildlife Trust – Promote for Nature
- The NeuroMuscular Centre / Cheshire Centre for Independent Living / Cheshire and Warrington Carers Trust – Reel Connections
- DIAL West Cheshire – “T” Club Plus
- Heal Earth – Women Makers’ Mindful Crafts
- Bridge Wellness Gardens – Woodworking Activity Club

Commissioning

Brightlife took two different approaches to commissioning services. For its larger projects and services, it followed a traditional contract commissioning route. These ‘Key Commissions’ were based on themes involving factors known to increase the risks of social isolation and loneliness, such as specific health conditions, digital exclusion, retirement/bereavement, having reduced access to transport or being a carer.

Contract specifications were designed by Brightlife in close consultation with older people, before being released as part of a competitive tendering process that was open to all eligible organisations in Cheshire West and Chester.

In total, Brightlife made 12 Key Commissions with a value in excess of £1.3 million.

Alongside its Key Commissions, Brightlife also developed a scheme to enable local groups and organisations to propose and implement solutions for tackling loneliness and social isolation in their own communities. Successful applicants to this ‘Bright Ideas’ scheme were awarded funding of up to £20,000 to develop and deliver their idea for a project or service.

In total, Brightlife commissioned 35 Bright Ideas projects with a value in excess of £600,000.

Direct service delivery

As the only service delivered directly by Brightlife, the Social Prescribing scheme was set up to reconnect people with their communities and to improve their wellbeing, by facilitating access to activities that suit their unique interests and skills.

Initially rolled out as a pilot project in three locations on a village, town and city scale (Malpas, Winsford and Chester), the scheme was extended to include an additional rural area (Tarpoley) in October 2018.

The scheme was designed to be open to anyone aged over 50 and experiencing (or at risk of) loneliness or social isolation, with referrals accepted from health and social care professionals, community organisations and individuals (including self-referrals, encouraged through regular drop-in sessions in each area).

A range of one-to-one support was offered by the Brightlife Social Prescribing coordinators - from signposting to accompanied visits - to help participants overcome any barriers preventing them from becoming more socially active.

As a result of the fantastic success of the scheme, extension funding was secured to continue delivery beyond the end of the Brightlife project, in Malpas, Tarpoley and a number of other rural areas (see 'The Legacy Continues' on page 38 for more details).

Evaluation

Every project or service commissioned by Brightlife was required to participate in the formal evaluation; providing evidence that could inform existing provision and achieve long-term improvement of delivery within the sector by influencing future commissioning decisions.

The Ageing Better programme was evaluated at a national level by Ecorys UK. Participants and volunteers from all projects and services commissioned or delivered by regional Ageing Better Partners - including Brightlife - were asked to complete a questionnaire called a CMF (Common Measurement Framework). The responses provided were entered into a national database and analysed to capture the journey of participants and volunteers from when they entered a project or service to when they left.

Brightlife was evaluated at a local level by the University of Chester, through its Centre for Ageing and Mental Health. In addition to analysing the data from the CMF questionnaires, the university team carried out interviews with participants, volunteers, commissioned providers and project staff.

They also conducted a Social Return on Investment (SROI) study to understand the wider impact of Brightlife on the local health and social care sector. The findings of this study, which will be made available online, will inform the development of a sustainable community engagement plan for older people living in Cheshire West and Chester.

Commissioned providers were supported throughout the formal evaluation process, with various levels of training and advice available according to the needs of each provider.

Alongside the formal evaluation, Brightlife took its own measures to record the key learning from its involvement in the Ageing Better programme. Individual end of project reports were compiled for all the projects and services it commissioned and delivered, each of which included a discussion of development, delivery, impact/sustainability, and a series of Key Learning Points.

Brightlife has used the themes that emerged from these Key Learning Points to formulate the recommendations presented here. In doing so, it is ensuring that the evidence it has gathered will continue to inform and influence future projects, policies and services in the region, to improve the lives and communities of people aged over 50 for many years to come.

Key Learning and recommendations

This section presents a series of recommendations, based on the knowledge and learning that Brightlife has gathered about what works to improve the lives of older people in Cheshire West and Chester, and the best practice that it has developed over the past five years.

In order to accommodate the significant overlap that exists within the process of commissioning, delivery and evaluation, whilst also addressing the broader themes of volunteering, marketing and partnership working, the recommendations are broadly divided into five stages: Meeting needs; Making connections; Supporting success; Future-proofing; and Capturing impact.

Each of these five stages represents a vital part of the ongoing cycle of planning, action and reflection that is required to create meaningful, enduring change for older people and their communities.



1.

Meeting needs

These recommendations are based on what Brightlife has learned when it comes to identifying needs, and about designing/planning interventions that meet those needs effectively.

Recommendation 1.1

Position the voices of older people at the heart of all projects and services.

One of the core aims of the Ageing Better programme is to 'enable people aged over 50 to be more engaged in the design of services for their communities'.

As such, Brightlife has been committed from the start to 'co-production' - the meaningful involvement (rather than just token inclusion) of older people in designing, planning and commissioning projects and services.

Involving communities

To help inform and shape the specifications for its early Key Commission contracts, Brightlife held a series of 'Community Consultations' in areas covered by the Brightlife Social Prescribing scheme, ensuring that as many relevant older voices as possible were heard. Residents of these areas were invited to discuss what was already available and what they perceived to be the primary needs within their communities, so that any resulting offer would meet those needs.

This kind of open consultation was particularly important for identifying gaps in provision for rural areas, where the travel required to access even relatively nearby services can be prohibitive. However, community involvement in service design should not be limited to geographic communities - Brightlife placed equal importance on consulting other types of communities when designing services for that group.

For example, in developing its specification for the contract to deliver projects to address social isolation and loneliness amongst those living with dementia in Winsford and Chester, Brightlife invited people living with dementia (and their carers) to attend a co-design workshop, to help identify contributing factors to their increased risk of experiencing isolation and loneliness, and to propose a list of initiatives that might help mitigate this risk.

The Community Consultation model used by Brightlife to facilitate co-production was subsequently embraced by a number of providers; its value apparent in the success of the interventions for which it was employed.

In contrast, a number of Brightlife-funded projects encountered problems during delivery that could potentially have been avoided with more comprehensive consultation of user communities at the design stage. For example, the providers of several projects aimed at those with long-term conditions (and their carers) discovered that the parts of their services that involved meeting at regular times were inaccessible to many participants, who were likely to have limited or unpredictable availability. Had these communities been consulted at the design stage, such specific barriers to participation could have been addressed.

Consultation with these types of communities can inform more than simply logistical considerations: the complexity of the needs of some groups can also mean that participants may require specialist support. This must be taken into account when planning and budgeting for staff and volunteer recruitment - something that was acknowledged by the project delivery team for the FAB Cheshire West project (Listening Ear), after they found that many of the participants referred to their bereavement counselling service required a more intensive level of support than had been anticipated.

Case study: Co-production through Community Consultation at The NeuroMuscular Centre

The NeuroMuscular Centre is a Cheshire-based charity committed to enabling people with a NeuroMuscular condition to have healthy, productive and fulfilling lives. It delivered the Connect Up project, funded with £50,730 as part of Brightlife's 'Key Commissions' strand, as well as being a delivery partner for the Read and Connect project (Bright Ideas).

Before receiving Brightlife funding, The NeuroMuscular Centre focused its services on the medical and physical aspects of care, along with some elements of occupational training. However, as a result of its experience as a Brightlife delivery partner, the Centre decided to widen its offer to include more projects to support social connectivity for its users.

The project team reported that not only did such projects successfully enrich the quality of life for participants; but enabling Centre users to take responsibility for the design, delivery and evaluation of these projects increased engagement by giving them a sense of ownership.

As a result, The NeuroMuscular Centre began holding its own Community Consultations to inform the development of its expanded social activity programme. These events have proved extremely popular with Centre users, and have led to the development of a wide range of activities involving themes chosen by participants, including intergenerational elements.

The OPA: Championing older people

Co-production at Brightlife was facilitated by the Older People's Alliance (OPA) - a small advisory group of highly committed and enthusiastic individuals, all aged over 50 and with a wide range of skills, who were tasked with championing input from older people in all aspects of the project.

A key function of the OPA was their role in the commissioning process. To prepare them for this aspect of their work, OPA members were given training in commissioning by Hall Aitken and Brightlife, including how to score tender responses and how to incorporate the principles of the 'test and learn' approach. While extensive support was provided by the Brightlife team and wider partnership, final decision-making powers were retained by the older people themselves.

Although every effort was taken to ensure that its members were broadly representative of the demographics and life experiences of over-50s in Cheshire West and Chester, it would have been impossible for the individual members of the OPA to speak for every older person in the region. As such, Brightlife introduced an alternative avenue of co-production when it came to identifying the needs on which to base the design of projects and services.



Empowering individuals

Consultation with representative communities during the design phase, while helpful for identifying specific group needs and barriers to engagement, should not be the only involvement that older people have in the development of the services they use. Where possible, sufficient flexibility must also be built in to adapt delivery to the wide range of tastes, preferences and needs of individual participants.

As part of the commissioning process at Brightlife, all delivery partners were required to show how they would enable older people's voices to shape their projects and services. Many proposed co-production of activities and programmes through a participant-led 'steering group', while others used regular feedback sessions to facilitate this.

For example, in the Social Activity taster project, Community Compass held informal 'tea breaks' throughout the delivery period to encourage participants to offer feedback and suggestions. Not only did this help to shape the format and content of their activity programme; but by helping to identify a significant need in the local community for a food-sharing service, it also informed the development of their subsequent successful proposal for Share Club.

Another example is the mini bus tours provided as part of the Great Outdoors Malpas project (delivered by Cheshire Wildlife Trust), which arose as a response to talking to residents and staff in a local residential care

home, where there was a real appetite for excursions to the countryside, but where the limited mobility of residents had prevented this in the past. In response to this need being identified, Cheshire Wildlife Trust organised a number of trips for the care home residents into different parts of West Cheshire and over the border into Wales. For many residents, this was the first opportunity to be driven out into the countryside they had had for a long time. It also enabled those who had grown up locally to revisit sights familiar from their earlier life - something that was particularly valuable for participants with dementia.

Similarly, in planning activities for the care home outreach sessions that were delivered as part of their Growing Connections project, Groundwork Cheshire Lancashire and Merseyside sought significant input from participating residents. During this process, a need was identified for a wheelchair-accessible raised bed in the communal garden of one care home, which was subsequently created and used to encourage residents to grow flowers and vegetables.

In the context of the Brightlife Social Prescribing scheme, the involvement of older people in decisions was built in: participants had control over the types of activities they were referred to. This often required tailoring existing activities to participants' needs, or in some cases creating new opportunities. For example, one Social Prescriber had a participant with serious health problems who wanted to go swimming. When coordinating transport to the public pool did not work, she found a private pool for hire and arranged for a befriender to take him.

This approach facilitated the delivery of many innovative projects and services to a diverse range of older people, including those from marginalised groups whose needs might not otherwise have been catered for. Over the course of five years, Brightlife commissioned 35 Bright Ideas projects, with a total value in excess of £600,000.

Avoiding duplication

Involving potential providers in service design also helps to avoid duplication of existing provision. For example, the Brightlife Social Prescribing scheme was established following research showing that no such provision existed in Cheshire West and Chester. However, early on in the delivery of the scheme, the coordinators found that in fact many other agencies already provided services to support vulnerable older people to find and engage with local activities, but because these were not labelled as 'social prescribing', they had been overlooked.



Case study: Fabweld 50+ (The Welding Academy)

The Fab Weld 50+ project, funded as part of Brightlife's 'Bright Ideas' strand and delivered by commercial training provider The Welding Academy, enabled retired older people to learn and work alongside others through group training courses in welding and fabrication techniques.

Many participants were retired engineers, while others were complete beginners who were interested in making practical objects or art, or were just keen to try something different.

Feedback from participants suggested that they valued the opportunity to pass on skills and knowledge to younger apprentices and learners at The Welding Academy, with some participants going on to become volunteers to support those at the start of their working life.

As a result of delivering the Fab Weld 50+ project, The Welding Academy has pledged to be Age-friendly including commitment to uphold a set of values and policies to ensure that the company remains an age-friendly organisation, and has begun the process of setting up a CIC to access more funding streams for community projects.

"Working with Brightlife has allowed us to further value the experience and skills that over-50s can bring to our company."
- The Welding Academy

Recommendation 1.2

Involve potential delivery partners from the earliest stages of design.

Older people are not the only group that needed to be involved from the very earliest stages of design in order for an intervention to be a success: potential delivery partners, including existing service providers, are often well-placed to identify (and create innovative solutions for) specific challenges in their communities.

This was the principle behind Bright Ideas, the Brightlife funding strand for individuals and groups who are based in, or work with, a community of interest. Groups were invited to apply for funding of up to £20,000, with awards made to those whose ideas had the most potential to provide valuable evidence about what works.

In the case of the Social Prescribing scheme, the duplication of services was not an issue, as the Brightlife scheme was targeted at those in specific areas not necessarily covered by other agencies. However, it is easy to see how a failure to involve a wide range of providers in the earliest stages of service development may result in inadvertent duplication or overlap.

Getting the message out

Of course, before any conversation with potential service providers can even begin, it is necessary to get the right people 'into the room'. Effective promotion of opportunities for consultation, collaboration and funding is crucial to making sure that the right providers come forward, both in response to formal tenders and to informal calls for views, ideas and proposals.

But who are the 'right providers'? Often, projects and services for older people end up being delivered by the same few organisations. This is partly by virtue of experience: these organisations are often well-placed

to identify and accommodate the needs of older people. However, part of the core ethos of commissioning at Brightlife was to look beyond the 'usual suspects', to harness innovation from those who might not ordinarily apply for such funding.

From the very earliest stages of its involvement with the Ageing Better programme, the Brightlife partnership prioritised the development of a distinct brand and clear, targeted messaging to better reach (and more effectively engage with) a wide range of potential delivery partners.

As a result of this significant investment in marketing and communications, Brightlife successfully engaged a wide range of delivery partners over the course of five years, resulting in some innovative, enduring partnerships with organisations from all sectors. In particular, Brightlife found that engaging delivery partners from outside the third sector brought valuable innovation to project design, while also facilitating integration of participants with their wider community and promoting positive messages to other local businesses.

**Case study: Read and Connect
(The NeuroMuscular Centre, Cheshire
Centre for Independent Living, and Cheshire
and Warrington Carers Trust)**

The Read and Connect project, funded as part of Brightlife's 'Bright Ideas' strand, aimed to reduce loneliness and social isolation amongst over-50s with a long-term disabling condition (and their carers), by enabling participation in accessible book clubs.

Regular club meetings were held at three accessible community venues, with participants encouraged to take part in book discussions and other activities, including lectures from guest speakers, poetry workshops and exhibition visits.

Feedback from participants suggested they valued having a shared book as a 'safe' focus for each event. Not having a 'right' or 'wrong' way for the book to be interpreted encouraged more active participation in the discussion from all members of the group.

Many reported that the project had improved their sense of connectedness and grown their support networks, with friendships that had initially formed over a common interest in reading being continued outside the group. Others became more involved in their communities as a result, for example by visiting their local library and attending external literary events.



Recommendation 1.3

**Target people based on their shared
interests, not their age.**

When designing projects and services for older people, it is important to consider that as many as three generations could be included in the term 'over-50s', with the needs of each individual strongly dependent on their health, past experience and current situation. For example, a fit, healthy 80-year-old might be far more able and adventurous than a recently-bereaved 60-year-old with limited mobility.

Similarly, older people are just as different to each other in terms of their interests, skills and preferences as younger people are to each other. In failing to take this diversity into account, interventions that use age-based targeting are often ineffective.

Several Brightlife project delivery partners discovered this independently, acknowledging that any social events or clubs that were based and promoted on the age of participants (rather than on an activity or a shared interest) tended to be less popular. Such targeting was also questioned by potential participants, many of whom were reluctant to join a group specifically for 'older people' as they did not consider themselves to be 'old'.

**Shared interests as a basis for
interventions**

Some of the most successful Brightlife projects involved participation in activities and interests such as gardening, exercise, art, wildlife or photography. These projects were more effective in building participants' confidence and encouraging meaningful social interaction, with friendships that had initially formed over a common interest being more likely to continue outside the project environment. Activities involving the arts were found to be particularly successful.

Another element that was particularly effective for encouraging participation and engagement (particularly from those who live alone) was meal-sharing.

For projects based in residential care homes, expanding recruitment to include participants from the local community can also help residents to feel more connected.

Activities for older men

Several delivery partners experienced difficulties engaging male participants in projects involving non-specific activities. In line with existing research in this area, Brightlife found that offering structured, skill-based activities, such as digital photography or construction, was important for attracting older men.

However, projects and services do not have to be targeted exclusively at men to achieve this: adding skill-based options into more general activity programmes can be equally effective.

Interestingly, in delivering the Social Activities taster project in Winsford, Community Compass found that while men were more likely to take part in activities which involved both exercise and socialising, such as gardening and outdoor crafts, this was only the case for new participants - once they had become comfortable in a group, they were more willing to try purely 'social' activities.



**Case study: Share Club
(Community Compass)**

The aim of Share Club was to reduce social isolation and improve the wellbeing of older people in Malpas and Winsford, by providing a healthy meal, food package and friendship.

It also provided a preventative solution for those at risk of becoming isolated and lonely, by offering a flexible way for people to volunteer and by creating local, sustainable support networks, friendships and stronger communities.

Participants were offered the opportunity to be matched with a volunteer for weekly food and time sharing and telephone befriending, and/or to receive a weekly food donation package, and/or to join in with a monthly community gathering with a shared lunch.

The Share Club project helped develop many new friendships and relationships through its telephone befriending and home visit service, while the community gathering days enabled many more older people to get out of the house and meet new people. Many participants reported that they had arranged to meet up outside of the project activities, resulting in stronger community support networks.

"We saw time and again how food could be used to bring people together either as an incentive to get involved or to help bring down barriers. We heard many times how people missed eating and cooking for and with partners and family and we saw how this was then having a detrimental effect on people's nutrition, health and wellbeing. We were keen to get people cooking and visiting others but what we really wanted to achieve was to get people out of their homes, give them something to look forward to and raise their self-esteem and confidence."
- Community Compass

2.

Making connections

These recommendations are based on what Brightlife has learned about how best to reach older people who are in need of support.

Recommendation 2.1

Invest in strategic marketing and communications from the start - including developing appropriate messaging for both participants and volunteers.

'Recruitment into the project was lower than expected' was a common theme emerging from many of the Brightlife projects, with almost all of the delivery partners underestimating the time and work involved in establishing and promoting a new brand.

This was partly a result of a lack of understanding of how marketing works: several partners reported that they didn't think their efforts were successful because most participants heard about the project through word of mouth "instead of through marketing", failing to take into account that all efforts to position and raise the profile of their offer were ultimately with a view to encouraging exactly this sort of word-of-mouth promotion.

However, for others it was a result of a lack of adequate planning, and a failure to build sufficient promotion and recruitment into project design. This does not necessarily mean that a marketing strategy needs to be complex or expensive: sometimes simple is better.

One of the advantages to having an 'umbrella brand' like Brightlife was that even the smallest of its project delivery partners could benefit from its substantial regional profile. Although interestingly, some of the largest delivery partners suggested that this may have been a limitation, as the relatively new branding of their project partnerships did not benefit from the recognition of their existing national brands.

Getting the messaging and brand right

Very few over-50s self-identify as 'old', while equally few define themselves as 'lonely' - a term that can have negative connotations of sadness, desperation and vulnerability. But how do you market a scheme to combat loneliness and social isolation amongst older people, if your target audience don't want to be told they are old and don't want to admit they are lonely?

This is a question that has been explored in great depth by Brightlife over the past five years, including in the development of the Brightlife brand itself. While many of the Ageing Better regional partnerships chose names that referenced their membership of the 'age' sector, the name 'Brightlife' was chosen for Cheshire West and Chester to reflect an ambition to 'make age irrelevant'.

This principle has since become central to all communications at Brightlife, with messaging and

imagery being carefully selected to be positive and aspirational while making age implicit. In recognition of the fact that many of the people with whom Brightlife engaged were in the darkest times of their lives, Brightlife brand guidelines also emphasised the need for all communications to be thoughtful and compassionate, with a focus on connection rather than on isolation.

This was equally important when it came to project messaging. Participants of many of the projects reported that they valued such inclusivity - one provider received a comment from a participant who was delighted to discover that "they don't feel like an older person's group!"

Similarly, individual project messaging should reflect the fact that potential participants may not identify themselves as 'lonely', even if they are experiencing negative effects of social isolation. This was acknowledged by the delivery team involved in the Connect Up project (The NeuroMuscular Centre), who suggested that participant recruitment had been slower than expected partly because potential participants didn't identify with the project's messaging around 'loneliness'.

Volunteering as 'help by stealth'

Hundreds of volunteers were involved in the Brightlife programme, both as part of commissioned projects and services and as core Brightlife volunteers. It became clear early on in the project that volunteering presented an opportunity to individuals who might not otherwise engage as service users.

While the majority of Brightlife volunteers were over the age of 50, most would not consider themselves as 'old', so even if they were to experience feelings of loneliness, they would have been unlikely to seek out any kind of formal provision for 'older people'. However, many of those who volunteered with Brightlife received significant personal benefit from doing so.

The Brightlife Social Prescribing scheme employed volunteer 'Community Connectors' to support the work of its Social Prescribing coordinators at drop-in sessions. Feedback from many of these Community Connectors emphasised the importance of their role in making them feel more connected, valued and useful.

Similarly, nearly half of those who volunteered with the Brightlife Buddying and Befriending scheme were aged over 50, and many of these reported experiencing loneliness themselves to varying degrees. Feedback from volunteers suggested that the regular social events that were organised as part of the project provided some much-needed social interaction for many.

A 2018 review of the national Ageing Better programme found that this was also the case for many other regional Ageing Better partners - in most regions, "older people want to feel useful and engaged and not just as recipients of services. Often they feel more comfortable contributing than they do receiving and many enjoy opportunities to 'give something back' to their community." The ubiquity of this experience shows that the role of volunteering as 'help by stealth' should not be underestimated when considering the format of future interventions.

Some people are not willing to commit as a formal volunteer, but want to 'help out' on an ad hoc basis. For example, during delivery of the Share Club project, Community Compass offered informal volunteering opportunities, such as asking people to help with welcoming new members and making sure that everyone was involved, to successfully encourage participation from those who might not otherwise come forward.

"We found that many older people were worried about signing up to volunteer officially: they worried about taking on too much, their own health and letting people down if they didn't feel up to it. So we decided to be more relaxed with the volunteers within our groups - we didn't ask them to do the paperwork and kept things very informal and as a result we now have a group of fantastic volunteers without whom we would struggle to run the days. We call them our 'under-cover' volunteers." - *Community Compass*

Similarly, feedback from participants in the Malpas Cancer Friends project suggests that while many members joined the group expecting to help others, they often gained a lot themselves: they felt less socially isolated and felt more valued within their community. These people were not officially 'volunteers', but still joined the project with a view to helping other people.

Case study: Malpas Cancer Friends

Malpas Cancer Friends was launched by a local community group with funding from the 'Bright Ideas' programme. After identifying a need for non-medical cancer support in the local area, a group of local people with personal experience of cancer set the project up as a peer support group for others in a similar position.

The group developed a simple yet recognisable brand identity before promoting its events and services through a targeted publicity campaign, including local distribution of display advertising and the delivery of an information leaflet to every home in the Malpas area.

While this was by no means a complex approach, it nonetheless led to the recruitment of several participants for the group's first community meeting and successfully raised the profile of the group amongst its target audience.

Recommendation 2.2

Prioritise coordination with existing agencies and community networks.

Older people who are experiencing loneliness and social isolation are, by definition, hard to reach - their social networks are small or non-existent, while perceived stigma can make them reluctant to seek help. To reach the most vulnerable, it is therefore crucial to coordinate with existing agencies and service providers within the community.

The development of informal partnership networks, through which organisations can share opportunities and refer participants into each others' services, can be a valuable recruitment tool.

For example, in recruiting participants for their Growing Connections gardening project, Groundwork Cheshire Lancashire and Merseyside found that many in the target cohort were reluctant to take part in the project without support, so an informal partnership network was established to facilitate referral and participation. This also enabled the project team to establish new and improved business relationships, including links with Cheshire West Voluntary Action to support future funding applications and volunteer recruitment efforts.

Recruitment and engagement of participants can also be facilitated by employing an individual from within the target community in a project leadership role, as they are likely to have existing connections within relevant communities - this was a model used successfully by The NeuroMuscular Centre in their delivery of the Connect Up project.

Working with healthcare agencies and professionals

Many of the projects that were delivered with Brightlife funding were designed using a medical referral model for recruitment, with most providers anticipating that their (free) service would be used to alleviate some of the heavy demand on the NHS, particularly mental health services.

However, a common theme emerging from these projects was that they had ended up receiving far fewer referrals than expected through this route. This was the result of several factors, the first of which is simply that establishing and maintaining any kind of formal referral network takes a significant amount of time. This is particularly the case when setting up a free-

to-access service in a new area, as discovered by the project team for FAB Cheshire West, who had planned to use this model to recruit participants into their bereavement support service. They acknowledged that a rigorous mobilisation phase is required for such projects, and that there had been insufficient time allocated to this in the project plan.

Another factor is that practice staff within primary healthcare settings can be reluctant to engage with external agencies, with reception staff often acting as informal 'gatekeepers' to GPs and other health professionals.

It was found that providers of existing services can also be protective of what they consider to be 'their patients', and can be reluctant to refer them elsewhere. This resistance to engagement was a problem encountered even by the delivery partners of projects offering to ease pressure on some of the most oversubscribed health services, such as the Men's Mental Health project (Listening Ear).

Even where practice staff are willing to engage, formal referral pathways from GPs can be challenging to establish due to time pressures faced by those working within the health service.

It is clear that careful design of messaging and approach is required to facilitate referrals: something that the Brightlife Social Prescribing team have developed extremely successfully over the course of the project, having faced many of the same issues as the individual project delivery teams - including encountering practice managers acting as gatekeepers.

To facilitate referrals, the Social Prescribing team took a two-pronged approach. Having initially developed and produced a paper referral form and relatively formal referral procedure that was designed exclusively for health professionals, it was soon realised that simplification (and diversification) of the referral pathway would facilitate its use. Consequently, other options were introduced to create a faster and less rigid referral pathway. These options included self-referral and family referral as well as website, telephone or secure email referrals from health and social care colleagues.

At the same time, the team realised the value of clarity in promoting their service offer. This was found to be particularly important for mitigating the risk of Social Prescribing staff having to fulfil more complex unmet needs for participants in the scheme: being clear about the scope of their services has led to more appropriate referrals being received from health professionals.



Recommendation 2.3

Do not underestimate the importance of trust in building relationships with vulnerable groups.

Even once a referral is made, many of the most vulnerable older people will need support to engage with a project or service. This support does not need to be formalised, but what it does need to do is to build trust.

The value of the 'drop-in' model

Several Brightlife delivery partners successfully used drop-in sessions as a recruitment tool for projects and services. The neutral, 'no-strings' nature of these sessions allows people to try out existing activities - or to find out what opportunities are available - without having to commit long-term, enabling them to gradually build trust and engage at their own pace. Drop-in sessions were also introduced to the Social Prescribing scheme and soon became an integral part of the offer, when it became apparent how highly participants valued them.

Such drop-in sessions or other less formal/structured activities can also act as a pathway for participants into other activities. This was acknowledged in the Great Outdoors Malpas project (Cheshire Wildlife Trust), where it was found that drop-in birdwatching sessions often attracted more new participants, who subsequently went on to take part in other, more regular activities within the project.

Choosing a suitable venue and location can also help to build trust. The most successful projects tended to be those held in venues where the staff were welcoming, and where participants felt valued and safe.

In cases where the venue is owned or managed by the delivery partner, it can be useful to invite participants to visit before they are required to make a commitment to join in. This system was operated with great success by Bridge Wellness Gardens, delivery partner for the Better Lives Club project.

The role of 'buddies'

Trust can be a particularly important factor in attracting and recruiting older men into projects and services. Delivery partners for some of the Brightlife projects that were aimed primarily at men, for example the Winsford Super Shed project (Age UK Cheshire), found that the majority of older men were reluctant to attend new events or initiatives without a significant amount of extra encouragement.

Recruitment and ongoing engagement of men and other less confident participants can be facilitated by introducing informal 'buddy' systems, whereby an existing participant acts as a friend and mentor to the newcomer, often building a trusting relationship outside of the project environment before the first attendance.



Case study: Winsford Super Shed (Age UK Cheshire)

Many interventions to reduce loneliness and social isolation amongst older people are targeted at (or are more successful with) women. However, older men are also affected by these issues: a report by Independent Age showed that in 2012/13, 1.2 million men aged over 50 reported having a moderate to high degree of social isolation and more than 700,000 reported a high degree of loneliness.

The specifications for the two Brightlife commissions under 'Engaging Older men in Cheshire West and Chester' were designed to address this. One of these contracts was awarded to Age UK Cheshire (AUKC), who had a great deal of experience working with older men through its successful 'Men in Sheds' programme, which had involved the establishment and delivery of four existing Sheds in Chester, Ellesmere Port, Crewe and Hartford.

Participants were recruited via a local publicity and marketing campaign, including both digital and offline channels, via informal referrals from partner organisations, and promotion through AUKC's existing services and channels.

To encourage participation from less confident men, AUKC established a 'buddy scheme' whereby established attendees were matched with potential members. These relationships were initially developed outside of the Shed, with the 'buddy' introducing the newcomer only when they felt ready. Many of these 'buddy' relationships continued beyond the introductory phase, with some buddies working particularly well together.

Case study: Digital Buddies (Here and Now Chester)

The Digital Buddies project involved the provision of volunteer-led digital technology support, both one-to-one and in groups.

Initially, the main focus of the project was to provide one-to-one support to participants in their own homes, as the use of digital technology to remain connected with the outside world was predicted to be of the greatest benefit to those least able to leave their homes.

However, it quickly became apparent that demand for this type of support was low, with those participants who did receive it expressing an interest in learning instead within a group setting, which they saw as a more relaxed way to acquire new skills.

Weekly courses and drop-in sessions were subsequently established in a number of libraries in Chester, co-designed by participants and covering a range of digital technology topics and skills to build both knowledge and confidence.

The drop-in sessions proved far more popular than the regular courses, with participants reporting that the informal nature of these sessions, along with the support from session volunteers, enabled them to learn at their own pace and to develop the skills that were most important to them.

Interestingly, men may also be more likely to take part in group activities when there is already an equal gender balance of participants. To address the fact that the majority of participants in their weekly 'Compass Club' in Malpas were female, Community Compass used what they had learned from delivering the same project in Winsford - that men were more likely to take part in activities which involved both exercise and socialising - and introduced two additional activity taster blocks specifically aimed at men.

Several of the men recruited for these taster activities went on to join the weekly Compass Club in Malpas, which improved the gender balance of the group, and in turn, encouraged more men to join.

Problematic paperwork

Something that can get in the way of building trust is requiring the completion of too much paperwork.

Social Prescribing coordinators found that unstructured questions were more effective (and less intimidating) than formal questionnaires for evaluating new clients.

Conversely, persevering with formal evaluation, even where challenges are encountered, can sometimes damage trust - something that was acknowledged by the delivery partners of the Meet and Eat project (Cheshire Agricultural Chaplaincy).

The question of how to balance this with the need for standardised assessment is addressed further in the 'Capturing impact' section on page 34.

It is important to remember that the process of building trust cannot be rushed or forced - it can require a great deal of sensitivity and patience. By offering gentle, encouraging support at a level appropriate to individual needs, providers can successfully build lasting, mutually-trusting relationships with all those they seek to engage.

3.

Supporting success

These recommendations are based on what Brightlife has learned about how to manage, support and deliver successful projects and services.



Recommendation 3.1

Continually adapt delivery according to what works (and what doesn't).

The 'test and learn' approach, a central principle of the wider Ageing Better programme, has been crucial in enabling Brightlife and its partners to learn from experience and adapt delivery accordingly. This approach requires a commitment to flexibility from both the commissioner and the delivery partner, as any modifications that are made during delivery can potentially affect everything from the budget and timescale of a project to the scope and format of its agreed outcomes.

For example, the original model for the Social Prescribing scheme required a formal referral from a GP - a 'social prescription'. However, it soon became evident that this was not a practical pathway for GPs, so it was opened up to accept referrals from all types of health or social care practitioners, including from the voluntary sector, as well as self-referrals from individuals and their families.

The 'test and learn' approach was used effectively by Community Compass to address a gender imbalance in their regular social groups that had been identified in a mid-project review. Having found that the majority of participants in their weekly 'Compass Club' in Malpas were female, Community Compass used what they had learned from delivering the same project in Winsford -

that men were more likely to take part in activities which involved both exercise and socialising - and introduced two additional activity taster blocks (gardening and outdoor crafts) specifically aimed at men.

Several of the men recruited for these taster activities went on to join the weekly Compass Club in Malpas, which improved the gender balance of the group, and in turn, encouraged more men to join.

Services shaped by users

'Test and learn' can also be a useful way of facilitating ongoing input from older people in project development. For older people to have meaningful input into how the projects and services they use are developed and delivered (the importance of which is outlined in 'Meeting needs' on page 10), their involvement in project design should continue beyond the point of commission. Ongoing consultation by providers with a target cohort can be a valuable project development tool, enabling activities to be tailored to specific needs.

In the case of the Growing Connections project (Groundwork Cheshire Lancashire and Merseyside), the entire delivery format was adapted based on feedback from participants. While the project offer initially consisted of a single weekly gardening session at 'Grozone', the local gardening hub, several participants

expressed a desire to take part in other Grozone activities, the timing of which did not coincide with this weekly session. As a result, it was decided to widen the offer so that participants could access any of their preferred activities (including cooking, music, bushcraft and carpentry). This resulted in a greater range of social interaction, with many participants socialising outside the project - including with younger volunteers.

This kind of user-led 'test and learn' can be relatively informal if it is built into project design. For example, participants of the social activity clubs run by Community Compass were regularly consulted for feedback during informal 'tea break' evaluation sessions, with less popular activities or venues being adapted or replaced accordingly.

Failure as opportunity

Embracing a 'test and learn' approach requires a degree of acceptance that sometimes, projects will fail. However, it is not the failure itself that matters: it is what we choose to do as a result. Learning how to 'fail constructively' has been extremely important for Brightlife, just as it is for any organisation that commissions multiple projects over an extended period of time.

It is firstly important to acknowledge that the failure of a project or service is not usually the fault of any single partner involved: as a commissioner, Brightlife shared

responsibility for the success of all its projects and services with its delivery partners.

For example, while the vast majority of Brightlife's Key Commissions were successfully delivered, some of its earliest projects were not. Despite basing the contract specifications for all of its early Key Commissions on evidence and best practice from elsewhere in the sector, as a new commissioner Brightlife perhaps lacked the experience to tailor the specifications precisely. As a result of what had been learned, Brightlife was able to re-issue tenders using more appropriate contract specifications, which led to the subsequent successful delivery by other partners.

Secondly, it is important to remember that all organisations - whether they are commissioners, delivery partners or simply part of the wider community network - are made up of, and run by, individual people. As with any collaborative project, the success of commissioned interventions is dependent on having the right blend of personalities, skills and knowledge within the team.

Brightlife worked hard to establish and promote its vision, mission and values throughout its lifespan within the Ageing Better programme, so that the organisations that chose to become Brightlife partners were more likely to share a similar ethos, and would thus be a good 'fit'.



Recommendation 3.2

Create opportunities for delivery partners to work together and to access support.

While delivery partners obviously have a great deal of influence over the effectiveness of the projects and services for which they are responsible, it is the quality of their working relationships - with both commissioners and other providers - that often makes the crucial difference between success and failure.

A commissioner has a key role in supporting delivery - this role begins even before potential providers make an application for funding. This became clear very early on, when Brightlife was unable to award some of its Key Commission contracts due to a lack of suitable (or adequately comprehensive) tenders. Likewise, feedback from those involved in the first iteration of the Bright Ideas programme suggested that the application process could be adapted to better support less experienced community groups in preparing their bids.

Learning from this early experience and feedback, Brightlife adapted its approach so that all potential providers received more appropriate levels of support from both the Brightlife Commissioning team and from its contracted business support provider, Cheshire West Voluntary Action (CWVA).

Providers interested in submitting tenders for Key Commissions were given opportunities to take part in more extensive consultation at the design stage, invited to

workshops following the release of the specification, and offered support by CWVA to write their tender. As a result of these changes, Brightlife was able to award contracts for all subsequent specifications that were released.

Applicants to the Bright Ideas programme were offered extensive support to develop their initial idea, complete their application and manage the panel interview. This led to awards being made to a greater range of providers in subsequent funding rounds, resulting in some extremely inventive projects and services.

As a commissioner, Brightlife contributed to the success of all of the interventions it funded, by providing ongoing support through regular contract meetings with delivery partners. Those partners that engaged most enthusiastically with this process of collaboration saw the greatest rewards, in terms of both impact and sustainability (see 'Future-proofing' on page 30).

Regular meetings between commissioner and provider can build confidence for both parties, especially in cases where there have been delivery issues in the past.

"Thank you for the support in this our first endeavour in working with the over 50s. We felt well supported and backed by Brightlife and sometimes when things were tricky this really helped us to keep focussed on our path to delivering the project." - Feedback from Little Actors Theatre Company (project delivery partner)

Importance of collaboration between partners

The success of projects and services can also be promoted through the sharing of knowledge, skills and resources between delivery partners. At Brightlife, this has been facilitated by regular meetings of a 'Provider Network', commissioned as part of its main business support contract from Cheshire West Voluntary Action.

One advantage of formalising partner networks in this way is that a dedicated network coordinator can help to maintain activity and ensure that meetings between providers are regular, useful and productive.

"The partners we have met through the networking opportunities have enabled us to develop good local working partnerships which are assisting with our work in the community. We also find the networking meetings to be a useful sounding board and an opportunity to share ideas, good working practices and experiences good and bad." - Brightlife Provider Network member

Successful collaboration with other delivery partners (and with commissioners) can help providers to learn from each other and adapt design of services accordingly. For example, the three delivery partners in the Read and Connect project (The NeuroMuscular Centre, Cheshire Centre for Independent Living, and Cheshire and Warrington Carers Trust) reported that joint delivery of the project had been a positive experience, and had led to further opportunities for collaboration. They also suggested that the knowledge they had each gained through their involvement with Brightlife was likely to inform the design of any future projects for older people.

It is not only other third sector delivery partners that can be useful and important allies. During its delivery of the Winsford Super Shed project, Age UK Cheshire found wider community engagement and partnership-building to be extremely effective, not only for promoting projects to new participants, but also for securing resources and sharing skills and knowledge to adapt and improve project delivery.

Knowing what to keep 'in-house'

While it can be extremely valuable for a lead delivery organisation to share expertise by outsourcing tasks and responsibilities to external partners, there are some cases where it is more effective to manage activities in-house.

For example, during delivery of the Buddying and Befriending project, Cheshire Community Development Trust (CCDT) initially outsourced the training of volunteers to a partner organisation (Age UK Cheshire). However, they later found that while it was efficient to outsource training in specialist skills such as first aid and dementia support, it was more effective to bring the core volunteer training in-house.

This not only increased the flexibility of training delivery, but by enabling volunteer coordinators to spend more time with (and thus get to know) individual volunteers, it also improved the success of subsequent client/buddy matches.

Recommendation 3.3

Build participants' confidence before gradually withdrawing support.

Successfully reducing loneliness and social isolation often depends less on the type of intervention being offered than on the context in which it is delivered: the projects and services that are most successful are those that support participants in developing the confidence, resilience and social connections to thrive outside of the confines of the intervention itself.

The role of volunteering in building confidence

Volunteering has a useful role in enabling participants to become self-sufficient. Enabling participants to 'graduate' into becoming volunteer buddies for newcomers can be an extremely effective way to build their confidence. Not only does this allow participants to 'give something back', it also facilitates the transfer of social confidence between members of the group, reducing the need for external intervention.

Volunteers may need a lot of training and experience before support is withdrawn, especially those in 'facilitating' roles - as Community Compass found in handing over control of the weekly Compass Clubs to volunteers.

"Within the social groups we underestimated the role that we as facilitators play. It is relatively easy to get volunteers to make tea and coffee, run an activity. What is difficult to get is people who are able to see the group as a whole and manage that i.e. make sure people feel included, manage the more vocal members of the group and strong personalities. Volunteers are able to take this role on, it just takes longer for them to understand the importance." - *Community Compass*

Volunteering can also build confidence by giving older people an opportunity to use valuable, often specialist skills - not only as part of projects involving the direct

application of manual skills, like woodwork or sewing/knitting, but also for activities that require strategic, leadership or critical thinking skills, such as project development and management.

Groundwork Cheshire Lancashire and Merseyside found that the older volunteers recruited through the Growing Connections project brought with them valuable knowledge, experience and skills in areas such as carpentry, plumbing and horticulture; while members of Brightlife's OPA reported highly valuing the opportunity to apply their significant knowledge, skills and experience to a new project.

Many of the Brightlife delivery partners found that investment in the well-being and satisfaction of volunteers could facilitate their management and improve overall productivity.

Case study: Buddying and Befriending project (Cheshire Community Development Trust)

The Buddying and Befriending project built on what had been learned from a previous buddy scheme, commissioned by Brightlife from another provider in October 2016. This earlier project had been designed as more of a short to medium-term intervention; but while this level of support suited some participants, it was clear that others needed the kind of long-term, one-to-one support that could only be provided by a befriender.

Around 60% of volunteers who made an initial enquiry about the project went on to officially sign up. Among volunteers who signed up, there was an extremely low drop-out rate.

Delivery of volunteer training was initially outsourced to Age UK Cheshire, but was later brought in-house by Cheshire Community Development Trust (CCDT). Not only did this increase flexibility, it also resulted in an improved rate of success for matches by enabling volunteer coordinators to spend more time with (and thus get to know) individual volunteers. Additional training in specialist skills (including first aid and dementia support) was sourced by CCDT from within the Brightlife Provider Network.

Social events were organised to allow buddies/befrienders to socialise with and learn from each other, and to allow staff to build rapport and develop a more cohesive team. The delivery team reported that these social events improved volunteer management, by facilitating communication about project objectives and the benefit of timely completion of follow-up evaluations, and by encouraging volunteers to take on a second client match. The events also provided an opportunity for staff to enlist the support of volunteers in capturing positive stories and case studies about the impact of the project.

Both volunteer coordinators also became volunteers for the project and befriended clients from the outset, enabling them to relate more effectively to existing and potential volunteers.

The delivery team received many positive comments from volunteers around the quality of the support provided (and how this differs in many cases from previous volunteering experiences).



Facilitating learning to build confidence

Activities where people learned a new hobby or were able to develop a new skill were particularly successful at building participants' confidence. For skill-based projects or activities, it is important to consider how learning can be supported, in order to increase the confidence of participants and enable their independent use of new skills.

For example, in delivering the Digital Buddies project, which for many participants involved a significant degree of learning (many had never used a computer, much less sent an email or used Skype), Here and Now Chester found that an appropriate pace of delivery was crucial in engaging participants in both the group-based and one-to-one sessions. They also found that participants were better able to consolidate and remember what they had learned after taking part in group projects that allowed them to practise their new skills.

The Digital Buddies project team also found that using younger 'buddies' to provide IT support was well-received, with many participants commenting on how much they enjoyed interacting with (and learning from) a different generation.

Indeed, several providers reported that introducing an intergenerational element to a project was a useful tool for participant engagement and retention, as well as helping to promote the existence, diversity and intrinsic value of older people within a wider community.

Intergenerational elements worked both ways: whether it was younger people teaching older people, as was the case with Digital Buddies, or older people passing skills on to younger people, for example in the Fab Weld 50+ project (The Welding Academy).

For some providers, this intergenerational element was unexpected. For example, during the Gather Together project (Haylo Theatre), participants were invited to take part in a letter-writing activity to help them explore their identities when they were younger. The group decided to send their letters to the children at a local primary school: while this had not originally been planned,

it demonstrated the transformative power the arts can have in bringing school children and the older generation together to share experiences.

The role of transport logistics

For many older people, a lack of transport can present a significant barrier to engagement with a project or service - for those who are less mobile, the importance of accessible transport provision cannot be understated.

Indeed, throughout its time as an Ageing Better partner, Brightlife undertook a great deal of work to address the issue of access to transport in the region, including consultation with local communities and delivering a response to the Community Transport consultation in Cheshire West and Chester to inform the regional engagement strategy.

However, it is crucial to remember that providing the actual vehicle is just part of the requirement: of equal importance is coordinating the operation of that transport - including the management of schedules, drivers and costs. As one project partner put it: "It's not just about the wheels."

Vulnerable people need more than just transport. "It's the phone call before the group to introduce ourselves; it's the knocking on the door and helping them out the house, making sure their door is locked and that they have their key; it's walking into the group with them and then helping them back home that makes the difference." - *Community Compass: Delivery partner for Social Activity tasters*

Similarly, vulnerable participants may need help at either end of a journey - not only to physically help them to and from their home, but also to provide reassurance and build their confidence.

Some providers reported that those who are the most socially isolated may be so desperate to get out of the house that they are not always honest about their mobility limitations, so accommodations should be made accordingly when planning transport for events.

"The process of writing the letter to the primary school [...] encouraged dialogue such as: 'Who remembers that, did anyone else do this?' and served as a catalyst to discuss the past and future. This intergenerational activity brought the added dimension of connecting the young and old together through a shared experience of going to school, albeit at different times." - *Haylo Theatre (Gather Together)*



4.

Future-proofing

These recommendations are based on what Brightlife has learned about best practice for making projects and services sustainable.



Case study: Chatter Chairs (DIVA Fitness)

Personal trainer Emma Fisher received funding from Brightlife's 'Bright Ideas' strand to set up Chatter Chairs, a chair-based group exercise club designed to boost muscle strength, flexibility and balance while improving social connections for over-50s.

The Brightlife Marketing team supported Emma to establish and promote the Chatter Chairs brand, including the development of a distinct logo and visual identity, a professional website and a branded uniform for the delivery team. Emma also acknowledged the value of the support she received from Brightlife in creating a professional promotional video, which she reported had provided excellent value for money over print marketing.

The early investment in brand development for the Chatter Chairs project meant that all subsequent marketing material looked more professional. In turn, this encouraged potential referral partners, such as pharmacists and physiotherapists, to direct clients to the project, as well as encouraging the display of leaflets and posters in public and community venues.

The profile of the Chatter Chairs brand helped to secure significant press coverage for the project, including in a national news publication (Metro).

As a result of the exposure this generated, Emma received a number of enquiries from others interested in replicating the project elsewhere, and she has now begun discussions with a view to expanding delivery of the Chatter Chairs project nationwide.

Recommendation 4.1

Develop an appropriate model for sustainability from the outset.

The successful delivery of any project or service requires a significant investment of money, time and effort. The purpose of this, as with any investment, is to ensure a return - albeit in terms of social value rather than financial gain. To maximise this gain, it is crucial that projects and services are sustained beyond the end of any initial funding period.

To this end, sustaining funded activities was a key priority for Brightlife. All providers were challenged to develop a sustainability plan with the support of the Brightlife team and Cheshire West Voluntary Action (CWVA).

Sustainability models

There are many different models that can be used for sustainability, each with their own benefits and drawbacks. The most appropriate model to use depends on the type, format and requirements of the individual project or service to which it is being applied.

One option is for delivery partners to seek access to alternative funding sources, either from the original

commissioner or from a new funder. While this can seem like a straightforward way to maintain provision while minimising disruption to delivery, it can be surprisingly difficult to find funding for the continuation of existing programmes. Most funders have strict conditions for awards, including requirements for projects to meet specific objectives, which are unlikely to be exactly the same as the original aims of the project for which further support is being sought.

Another option is to introduce affordable charges for services. For projects that involve large numbers of participants meeting on a regular or semi-regular basis to learn new skills, this can be a sensible option - participants are usually willing to pay for what they perceive to be a valuable service. However, for projects that involve a smaller number of participants, or which deliver services or benefits that are less tangible, a charging model may be less appropriate.

Projects and services involving mainly social activities can also potentially be maintained by training volunteers to take over their delivery. While this may appear to be a low-cost option, there is likely to be a significant outlay involved in terms of skill development. Some project teams reported that in this situation, volunteers need

a great deal of training and experience before taking over delivery, especially for 'facilitating' roles, which often involve the challenge of managing the more vocal members of a group while catering to the needs of those who are less forthright. Projects with a strong element of top-down coordination in their delivery were found to be less sustainable under this model.

Recommendation 4.2

Invest in communications to facilitate sustainability.

As discussed in the 'Making connections' section on page 16, early investment in marketing and promotion of projects and services can facilitate participant recruitment by raising the profile of the offer in the community it is designed to serve. However, marketing - and communications more generally - is about more than just recruitment - it also has an important role in sustainability.

There is a common misunderstanding across the voluntary sector that spending money on marketing (rather than directly on service delivery) is somehow wasteful. But without effective marketing and promotion, it is not only difficult to attract, recruit and retain

participants and volunteers, but it is also very hard to secure ongoing support from potential funders and partners.

In risking both the success and the sustainability of their projects, providers that fail to invest in marketing and promotion are ultimately far more wasteful than those who do.

However, delivery partners may not always have the necessary skills or resources available in-house. While Brightlife has encouraged all its delivery partners to allocate 5-10% of their budget to marketing, many providers - especially smaller ones - struggled to develop and implement an effective marketing plan, with few developing a branding, PR or digital strategy.

A commissioner can help by providing support with marketing and communications, including training. At Brightlife, this meant offering delivery partners ongoing support with marketing and promotion, the duration and extent of which was based on individual needs. Providers were given help to create a strong visual brand (and digital presence where relevant), as well as help with promotional activities including PR, advertising, networking, partnership promotions and events.

Case study: Brightlights (Little Actors Theatre Company)

Before applying for Brightlife funding, Little Actors Theatre Company was well-established in the local community as a provider of performing arts activities for under-18s, but it had not run any projects specifically for older adults.

With funding from the 'Bright Ideas' programme, it set up Brightlights - an over-50s theatre club. Over the course of 15 months, participants designed, developed and produced their own theatre show, which they performed at the Leverhulme Drama Festival in April 2019.

The project team reported that delivery of the Brightlights project had enabled them to build links with skills development organisations (such as Cheshire West Voluntary Action), while enriching their service offer as a whole to better serve the local community.

The Brightlights group continued to thrive beyond the end of the Brightlife-funded period. Many participants also went on to support other areas of work at the Little Actors Theatre Company, for example by becoming volunteers or by taking part in fundraising activities.



Recommendation 4.3

Create a support network to develop the necessary skills for sustainability.

Commissioners have a responsibility for the sustainability of the projects and services they fund, not only in designing contract specifications with the capacity for longevity beyond the initial funding period, but also in supporting providers from the earliest stages of their application all the way through to the end of the delivery phase.

Just as delivery partners may require support with marketing and promotion, many will also require help with the logistics of delivery, especially if they are less experienced service providers, or if they have not worked directly with older people before.

In providing the necessary training and support, commissioners are not only facilitating the efficient use of their own funds - they are also giving providers the skills and experience to continue delivery into the future, ultimately improving the range and quality of services that are available for older people.

Commissioners can facilitate sustainability by challenging and supporting delivery partners to develop their own sustainability plans. Affording delivery partners more control over the models they choose can build their confidence in their own strategy, increasing the likelihood that their plan will be successfully implemented.

This empowerment of delivery partners was built into the commissioning process at Brightlife, with all contract specifications requiring providers to demonstrate how they would ensure that their programmes continued to serve older people in the future.

Ensuring sustainability is particularly important for schemes involving mentoring. The services provided through these schemes often result in the establishment of close relationships that represent a vital part of the support networks for participants: if that support were to be suddenly withdrawn at the end of the initial funding period, this could leave participants even more vulnerable than they had been before.

Of course, mentoring and buddy relationships can continue informally without any external funding - however this leaves those in the mentor/ buddy role without any formal support. Ideally, these types of projects should be designed with sustainability as an absolute priority.



Case Study: Bright Stars (Motherwell Cheshire CIC)

The Bright Stars project was set up with funding from Brightlife's 'Bright Ideas' strand by Motherwell Cheshire CIC, a charity providing mental health and wellbeing support for women (primarily mothers) from disadvantaged backgrounds.

The project was designed as a pilot scheme to assess the potential for an intergenerational mentoring scheme, in which women aged over 50 could become mentors for younger women/ mothers who had experienced mental health issues and/or family breakdown.

The mentoring relationship is designed to be long-term, developing over several years to establish deep trust: as such, it was important to ensure that it was designed and delivered carefully.

Brightlife funding enabled the project delivery team to provide volunteer mentors with appropriate coaching, training and safeguarding guidance for handling any challenges that may arise, and to be matched with mentees who would benefit from their own unique experience and approach.

As well as the financial support received by Motherwell Cheshire from Brightlife, the business development support that was provided also contributed to the sustainability of the scheme.

Brightlife was able to help Motherwell Cheshire to raise its profile through both local and national PR, while implementation of Brightlife's 'co-production' ethos helped the project team to enhance the commitment and engagement of both mentors and mentees.

Delivery of several elements of the mentoring scheme have continued beyond the end of the initial Brightlife funding period, including ongoing support for existing matched pairs - ensuring that the relationships that have been developed continue to be positive and life-changing for both women involved.

"We have felt very supported by Brightlife and [the team has] provided us with the flexibility to make this project a success. This [...] pilot project has supported us to look at what needs to change and what needs to stay. We are sure the intergenerational aspect of this project will continue within the core of our work." - Motherwell Cheshire

5.

Capturing impact

These recommendations are based on what Brightlife has learned from both the formal and informal evaluation process, and how this can be applied to future interventions.

Recommendation 5.1

Involve providers and service users in the design of any formal evaluation.

Formal evaluation has an important role to play in improving the lives of older people, by providing rigorous and scientific evidence upon which to base future interventions and policies. However, many vulnerable service users report that they find formal evaluation to be invasive, intimidating and insensitive, while providers often have difficulty reconciling their typically holistic, person-centred approach with the more structured, academic approach that formal evaluation requires.

Data questionnaires, such as the Common Measurement Framework (CMF) questionnaire that was used throughout the Ageing Better programme to measure loneliness and social isolation, can be particularly troublesome, as in order to obtain a baseline measurement an initial (extremely detailed) questionnaire must be administered upon first contact with any new participant.

Many Brightlife project delivery teams were, perhaps understandably, reluctant to jeopardise trust - a crucial aspect of engagement with vulnerable people (see 'Making connections' on page 16) - by pushing new participants out of their comfort zone at this delicate stage. In an attempt to de-formalise the process for vulnerable new participants, project staff often ended up either not using the questionnaire at all, or completing it on a subsequent visit.

"The paperwork required to be completed by Social Prescribers during their initial assessment with the client was felt to be time-consuming and cumbersome. Moreover, the language was viewed as too formal and not conducive to building trust and allowing the client to open up. As a consequence, rather than follow the assessment forms [they] tended to ask more general questions and complete the forms retrospectively." Extract from Social Prescribing Evaluation Report (2016, University of Chester)

However, CMF questionnaires completed after the initial visit could not be included in the evaluation, as they would compromise the data by not reflecting a true baseline measurement. This means that the impact of any intervention on the most vulnerable participants, however significant, is unlikely to be reflected in the quantitative data.

"Conversations and willingness to take part in the evaluation becomes easier once people feel they belong and trust has been established, with the most meaningful conversations happening over a number of weeks. This has been at odds with how the Brightlife evaluation needed to be collected and as a result we do not feel has given a true picture of people's journeys." - *Community Compass 'Social Activities' (End of Project Report)*

Working with evaluators

Brightlife was extremely fortunate to work with the Centre for Ageing and Mental Health (led by Professor Paul Kingston) at the University of Chester as its local evaluation partner, providing access to the valuable expertise of specialists in ageing and related subjects. However, it could sometimes be challenging to tread the line between collaboration and independence.

While it was important for the evaluators to maintain a degree of distance from project delivery at Brightlife, it was also essential to maintain regular communication to ensure that as Brightlife evolved, the evaluation could respond both flexibly and iteratively. The ongoing dialogue that was maintained between Brightlife and the University facilitated this and enabled a strong and professional relationship to be achieved.

Evaluation is an integral part of the cycle of service commissioning and delivery: without robust impact measurement to provide evidence about what really works, it is ultimately harder to create effective interventions and to improve lives. So while commissioners should by no means dismiss the value of formal evaluation; nor should they accept ill-fitting solutions that alienate both providers and service users and fail to capture impact effectively.

Recommendation 5.2

Consider quantitative data alongside qualitative evidence.

Even in cases where quantitative evaluation techniques have been successfully employed, the resulting data can fail to capture essential nuance and context.

In order to accurately assess the broader impact of projects and services on the wellbeing of participants, it is therefore important that the results of any quantitative evaluation are considered alongside qualitative evidence.

Of course, any modification to existing evaluation tools and methods to include collection of such qualitative data is likely to require a degree of flexibility by those responsible for designing and conducting the evaluation itself.

The ideal solution lies in co-production: evaluators need to work with commissioners and potential providers from an early stage, to identify barriers to engagement and to choose the techniques that are most likely to yield accurate, useful data. Similarly, just as older people themselves should be involved in the development of projects and services (see Meeting needs on page 10), they should also have meaningful input into the design of any evaluation.

Encouraging engagement

In some cases, co-production of evaluation is not possible and providers are required to work within existing evaluation frameworks (for example in the national Ageing Better evaluation). In these cases, commissioners can encourage engagement with the evaluation process by offering support to delivery partners.

At Brightlife, support with administration of the CMF questionnaire was given by the data coordinator, including training and advice on how to promote the significance of the evaluation to participants in a positive way, as well as how to anticipate common questions that participants reluctant to take part in the evaluation might ask. Various levels of support were available according to the needs of each provider - for some, this involved the data coordinator promoting directly to participants the benefits of taking part in the evaluation.

Some providers, for example Community Compass (Social Activity tasters; Share Club), found that it was possible to make the CMF questionnaires and other formal evaluation less intimidating for participants by providing one-to-one support. This was found to be most effective when done in a familiar environment such as their own home, separate from any project activity.



The role of informal feedback

People want to feel ‘listened to’ during any evaluation process, so a dialogue approach rather than a data-gathering approach can be much more effective in engaging participants.

This approach was used very successfully by Community Compass, in both the Share Club and Social Activity taster projects.

“At Community Compass we retain a flexible approach to all that we deliver in line with the ‘test and learn’ approach of the wider Brightlife project. We believe that the best way to evaluate what you are doing is by speaking and listening to people, people will often ‘vote with their feet’ and we have repeated models that have worked well, but also replaced activities or venues that are less successful in response to participant and volunteer advice.” - Community Compass

However, this approach can be challenging to reconcile with the more rigorous, controlled measurement that is typically required during academic evaluation.

For example, during the evaluation of the Social Prescribing scheme by the University of Chester, the Brightlife team reported multiple examples of where the scheme had helped participants to develop new friendships, extend their social networks, and improve

their health and/or levels of self-worth, self-confidence and motivation.

However, the evaluators concluded that because these perceptions of health improvement and increased social networks were based on anecdotal reports, more formal evidence would be required to support any claims that the scheme had indeed been successful.

‘Who are you calling lonely?’

It is important to consider the potential limitations of using self-reporting models for both quantitative and qualitative evaluation, particularly when working with older people.

Those of an older generation often share a cultural aversion to expressing negative feelings, tending to place a higher value on stoicism or ‘just getting on with it’ than their younger counterparts might. As a result, they may be less likely to admit to experiencing loneliness, and more likely to understate the extent of their own problems.

Similarly, there is a risk that data from self-reported ‘before and after’ measures of loneliness and social isolation may be skewed as a result of participants learning more about these issues as a result of their involvement in projects. For example, some participants in the Connect Up project (The NeuroMuscular Centre)

reported that they hadn’t realised how isolated they had been at the start of the project, but with hindsight realised that they had in fact been quite lonely.

These limitations can be addressed by using independent assessments (made by health professionals or by providers) alongside self-reporting techniques.

Recommendation 5.3

Gather and use personal stories with due care and sensitivity.

Informal qualitative evaluation tools can also be used to capture the impact of interventions. Interviews and other personal narratives are memorable, emotive and flexible - they can be employed to assist with everything from brand-building and recruitment to PR and fundraising. As such, they can be extremely effective in engaging potential funders, supporters and service users alike.

The effectiveness of impact narratives in engaging potential supporters and service users was clearly demonstrated at Brightlife through local newspaper coverage that was secured as a result of PR activity. In most cases, this was achieved by the Brightlife team rather than the individual service providers, pointing again to the valuable role that commissioners can play in raising the profile of the interventions they fund.

Overcoming barriers to finding stories

It is not always easy to identify and capture those personal stories that will best demonstrate the impact of an intervention. Often, the people responsible for gathering evidence of the impact of a project or service do not work directly with service users, so are less likely to be familiar with individual stories.

Encouraging ‘front-line’ staff, particularly volunteers, to participate in story-gathering can help with this. For example, during delivery of the Buddying and Befriending project, Cheshire Community Development Trust (CCDT) organised regular social events for volunteers: not only did this allow buddies/befrienders to socialise with and learn from each other, but it also provided an opportunity for staff to enlist the support of volunteers in capturing positive stories about the impact of the project.

When gathering and using personal stories, great care must be taken to respect and protect the individuals to whom they belong. People should be encouraged to share their stories at a pace and in an environment with which they are comfortable. For some, this may involve speaking on camera to an interviewer during an activity session; others may prefer talking quietly to a trusted volunteer in their own home.

Brightlife found video to be a useful tool for recording and sharing stories in a relatively non-invasive way. By working with Welton Media, an external video production supplier, the project team was able to capture some extremely nuanced and powerful stories.

Consent to use personal stories must be fully informed at the point of recording. Even where case workers and volunteers are already aware of stories that would be suitable to use as case studies, they should not be recorded without the knowledge of the relevant individual. When seeking consent, it is important to make the person fully aware of where their story may potentially appear (for example in a newspaper, in promotional material or in a fundraising campaign), as it is unlikely to be practical to obtain their separate permission every time it is used.

Case study: Working with evaluators (Ecorys UK)

Participants and volunteers from all projects and services commissioned or delivered by regional Ageing Better partners - including Brightlife - were required to take part in the national programme evaluation, conducted by Ecorys UK.

This included completion of a ‘Common Measurement Framework’ (CMF) questionnaire, designed to capture the journey of participants and volunteers from when they enter a project or service to when they leave.

From the earliest stages of the Brightlife evaluation, a significant degree of resistance by project participants to engaging with the CMF questionnaire was encountered, with many expressing concerns about feeling like they were ‘simply a number in a research project’.

To address these concerns, Brightlife approached Ecorys UK with a proposal for a section to be added to the CMF questionnaire, to capture ‘thoughts and feelings’. Despite the potential inconvenience involved, Ecorys UK displayed commendable flexibility by amending the questionnaire design accordingly.

The comments that were provided went on to be analysed as part of the local evaluation conducted by the University of Chester, meaning that not only did the modification enable participants to provide further context to their answers (fulfilling their need to feel heard and understood); it also provided a valuable mechanism for researchers to identify common themes.

“A number of participants [...] did not like the fact that there was nowhere on the form to input their own comments: one lady said this made her feel as though she was ‘being treated like a number’. We were very pleased that Brightlife was able to change the form to give people an opportunity to feed back their own comments and participants seemed to appreciate this.” - Cheshire Wildlife Trust, Great Outdoors Malpas project



The Legacy continues

Over the course of its five years as an Ageing Better programme partner, Brightlife supported more than 3,000 older people out of social isolation and back into their communities, to enjoy more fulfilling, active and connected lives. While its time with the programme has now come to an end, Brightlife remains committed to leaving a legacy that will live on.

All the Key Learning outlined in this report is available at www.brightlifecheshire.org.uk along with detailed information and analysis, including evaluation reports, project overviews and case studies. A one-year 'Brightlife Legacy Advocate' post has been created to promote this learning, and the recommendations that have emerged as a result, to commissioners, policy-makers and service providers in Cheshire West and Chester and beyond.

The Brightlife Social Prescribing scheme

The Brightlife brand will continue - with support and supervision from Age UK Cheshire - as a vehicle for the Social Prescribing scheme, after uplift funding was secured from the National Lottery Community Fund to learn more about social isolation in rural areas. The scheme will continue in both Malpas and Tarporley, as well as expanding to cover the full 'Rural Alliance' Primary Care Network area and some rural locations around Northwich.

Drop-in sessions and activities in the original delivery areas will continue as volunteer-led groups. Drop-in sessions in new delivery areas will direct service users into existing local provision rather than offering activities directly.

The Brightlife Social Prescribing team will continue to assess both the availability of and demand for activities in each of the delivery areas, while collaborating with the Brightlife data coordinator and supporting the introduction of NHS England Link Workers to the scheme.

Brightlife will also provide strategic input into the development of a pan-Cheshire Social Prescribing Network Forum, set up to facilitate the sharing of knowledge and best practice between agencies and professionals involved in community health and social care in Cheshire.

Age-friendly Cheshire West

Brightlife has been committed from the start to championing the voices of older people living in Cheshire West and Chester, and in doing so, has pioneered an 'age-friendly' approach to tackling social isolation and loneliness in the borough.

As a result of this work, in 2018, Cheshire West and Chester was officially awarded 'Age-friendly' status as part of the World Health Organization (WHO) Global Network of Age-friendly Cities and Communities and as a member of the UK Network of Age-friendly communities.

The addition of the region to both of these networks was championed by the Age-friendly Cheshire West partnership, of which Brightlife was a founding member.

Age-friendly Cheshire West, under the leadership of Cheshire West and Chester Council, provides an ideal platform from which to take forward and advocate for the practice, principles and philosophy of Brightlife.



www.brightlifecheshire.org.uk

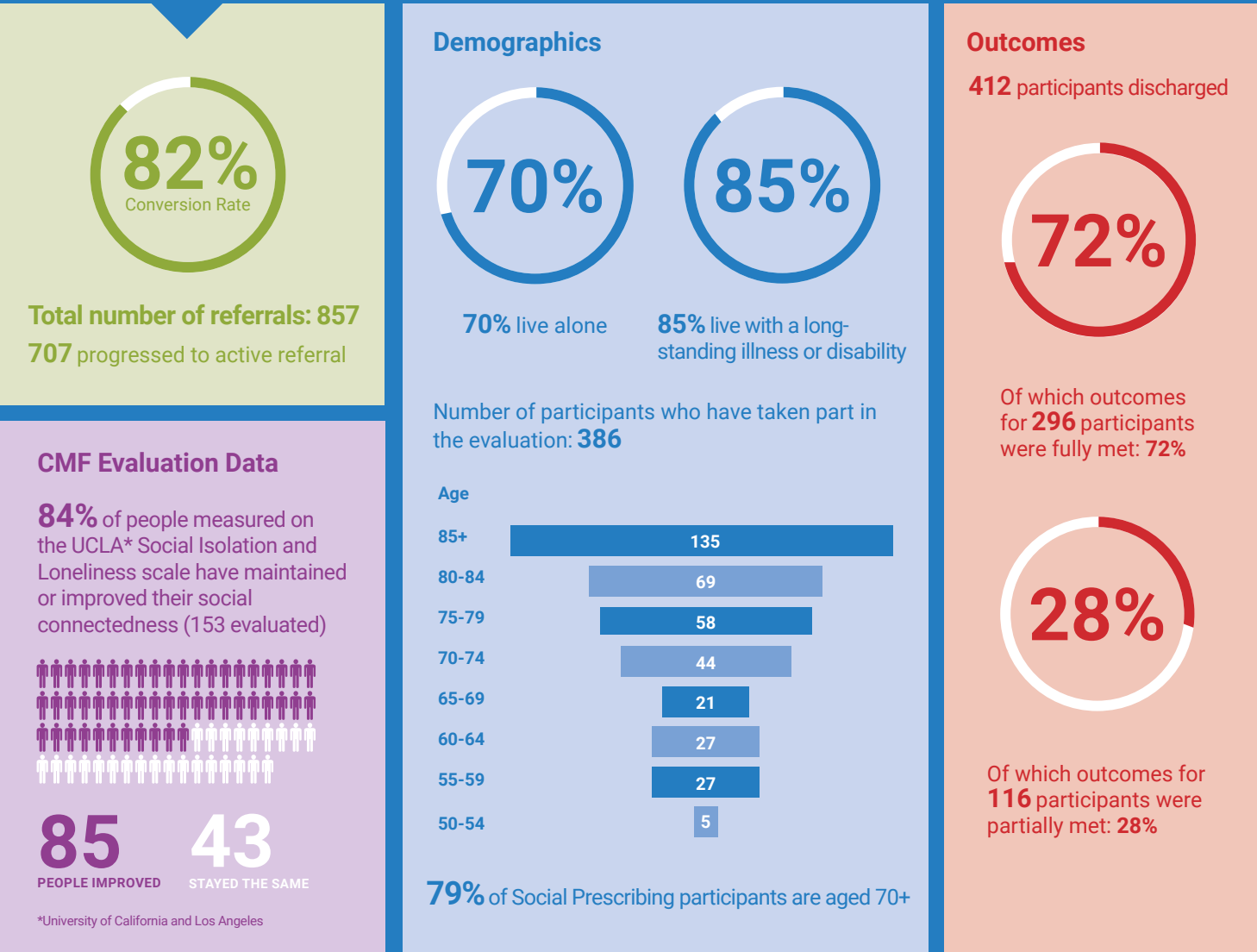
Brightlife Social Prescribing



Brightlife is a partnership of organisations from the public and third sectors in Cheshire West and Chester and is one of 14 National Lottery funded Ageing Better programmes set up by the Big Lottery Fund.

Formed in April 2015 and with a scope of five years, our purpose is to test and learn from innovative approaches to reducing isolation and loneliness for people aged over 50 in Cheshire West and Chester. Social Prescribing has been piloted in three locations – on a village, town and city scale. An additional rural village was added in October 2018.

Impact Measured Through National Evaluation:



Data up to January 2020. Data from National Ageing Better Evaluation.



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Brightlife is a partnership led by Age UK Cheshire. Reg charity no 1091608

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