An Evaluation of
The LifeLines Project in Brighton

By
Research for Tomorrow, Today
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# Table of Contents

1. EXECUTIVE SUMMARY .................................................................................................................. 4
2. KEY FINDINGS ............................................................................................................................. 13
3. PARTNER AND COMMUNITY ORGANISATIONS ........................................................................... 21
4. LIFELINES STAFF ......................................................................................................................... 25
5. LIFELINES VOLUNTEERS ............................................................................................................. 30
6. BENEFICIARIES ........................................................................................................................... 42
7. NON-USERS OF LIFELINES ACTIVITIES ................................................................................... 56
   APPENDIX 1  THEORIES OF CHANGE ......................................................................................... 63
   APPENDIX 2  HEALTH PROMOTION TRAINING BROCHURE ....................................................... 65
   APPENDIX 3  QUESTIONNAIRES .................................................................................................. 67
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Executive summary

Overview of the LifeLines Project

Background
The Community Service Volunteers (CSV) LifeLines project has been running for five years. With a core coordinating staff team and activities led by older volunteers, the project seeks to improve the health and wellbeing of isolated and vulnerable older people in the Queens Park area of Brighton and increase the role of older people within their communities.

LifeLines was originally established in 2007 as a three year project funded by the Treasury’s Invest to Save Programme with match funding from Brighton & Hove City Council (B&HCC), when it was run in partnership by Age Concern Brighton & Hove and CSV. The project was based on the premise that physical and social inactivity among older people have a negative impact on health and well-being leading to pressure on health and social care services.

In 2010 the management of the project moved over to CSV. This external evaluation covers the recent 3 year funding period October 2010 to end of September 2013. The project is run in partnership with Brighton and Hove City Council, Public Health and Hanover Housing Association and also receives funding from the Big Lottery.

CSV LifeLines aims to enable older people to be more involved in their communities through a range of volunteer led activities and thus reduce social isolation, improve health and wellbeing, and keep people independent longer. LifeLines volunteers started delivering community health and wellbeing activities for older people in Patching Lodge, Hanover’s Housing Associations Extra Care Estate in Brighton, in 2010. Older volunteers also provide one to one support for older people to get out more and be connected to their community and to attend medical appointments. We participate in the community health promotion training and volunteers support older people to access health services.

The LifeLines project has several sources of finance:

- Brighton and Hove City Council
- The Lottery
- The local PCT – now Brighton and Hove City Council Public Health Department

The lottery funding was seen as giving increased sustainability and longer term viability for the project.

Patching Lodge

Hanover, one of the partner organisations, does not provide finance, but contributes the Patching Lodge facilities as a ‘Healthy Ageing Centre’. Patching Lodge is a newly built block of sheltered accommodation, and extra care scheme, on Park Street in the Queens Park area of the city, with easy access to local bus routes and not far from the sea-front. It has 76 apartments for residents with additional support needs. The shared facilities of Patching Lodge - a café, restaurant, lounge areas, a computer room, and other rooms, plus general on-going support - have been developed as a local community resource, available free of charge for LifeLines activities, both as part of Hanover’s own service provision and development of new forms of supported living and in support of wider community services. The aim was to create a hub for local activity. The ground floor facilities are shown in the floor plan in Figure 1.

Targets
As the project has grown and received different sources of funding, it has also acquired different targets, many of which reinforce and support the overall aims, but in different ways. These various targets are set out briefly below.
Lottery targets

- 180 older people (40 from excluded groups) will report an increased sense of wellbeing and a strong sense of contributing to the community, by participating as volunteers in delivering project activities.
- 30 older people (6 from excluded groups) will report increased leadership skills and confidence by becoming a Volunteer Organiser and leading project activities.
- 300 frail older people will report an improved quality of life and increased social networks, through participating in group activities run by the project in sheltered accommodation and community resource centres in social housing estates.
- 120 vulnerable older people living alone or with reduced mobility will report improved mental and/or physical health and independence through one to one support by volunteers.

Brighton and Hove City Council and the PCT

- Provide opportunities for older people.
- Enable older people to remain healthy as long as possible.
- Enable older people to remain independent as long as possible.
- Reduce social isolation.
- Improve access to health care/ appointments.

The current range of activities

CSV has a successful track record of engaging older people in setting up volunteer led activities in local communities, and see their role as enabling and supporting the volunteers to develop activities based on their own interests and skills, rather than only finding volunteers to undertake specific tasks. The LifeLines project takes advantage of both approaches.

The volunteers are recruited through a variety of means - word of mouth, flyers/ posters in places such as doctor surgeries and libraries and CSV displays/ stalls at events in the city.

Volunteer led activities

CSV’s LifeLines’ older volunteers, who are all over 50, provide a wide range of activities, some of which take place in Patching Lodge and other sheltered accommodation provision locally - namely Leach Court, Clare Walk, Evelyn Court and Lavender House. The activities include:

- Knitting - several groups, 51 people altogether, meet and make a variety of things ranging from squares for blankets to premature-baby clothes
- Art class
- Painting with an iron/ encaustic wax - to create images
- Creative writing
- Meditation
- Short mat bowls
- Yoga - chair and floor based
- Listen read and laugh - people bring short items to read and enjoy
- Memory group - small groups, some closed - i.e. the same people each week, others open - to talk about memories around different themes
- Games - a variety of board games
- Men’s cook eat and share - basic cooking skills; this group were recently featured on BBC’s The One Show
- Men’s social group - developed out of the cookery group
- Strollers and rollers - 1:1 support to help people get out into the fresh air
- Computer club - 1:1 support to help people learn/ develop new skills using a computer for various activities

The LifeLines team recruits the volunteers, provides basic training and induction, completes CRB checks and also helps with publicity and practical things like room set up; the volunteers lead and develop the weekly activities. LifeLines also provides opportunities for meeting with other volunteers and additional training.

HealthLink

HealthLink was set up in response to the PCT wanting to improve access to health care for older people who need help to get to appointments, but have no friends or family nearby to help. The aim is to provide one to
one support for individuals to enable them to get to medical appointments - in hospital, the local surgery, optician, dentist or other health care appointment.

The volunteer goes to the person’s house, reminds them of the appointment, helps them get ready, accompanies them there, waits with them, if need be/ so desired goes in with them to the appointment, again if so desired takes notes as a reminder, returns home with them.

**Activity partners**

Activity Partners was set up to help people living alone, or frail elderly people who have difficulty getting out to go to community based activities, or be more physically active. The aim is to improve their health and wellbeing through social contact and physical activity.

Volunteers provide one to one support to accompany the person from their home to the activity and back again. The volunteers also go out on a one to one basis for a walk or other exercise. The Strolllers and Rollers group is an extension of the Activity Partners into a group activity, where volunteers accompany individuals/ push wheelchairs out in the fresh air for a walk.

**Health training/ promotion**

LifeLines has been promoting and encouraging its volunteers to take part in health awareness and promotion training.

Brighton and Hove Council provides courses with two levels of training - level 1 is a 1-day course, level 2 is a 4-day course, which are run at intervals each year. The aim is to raise awareness of the impacts of lifestyle on health, what actions can make a difference and to encourage volunteers to discuss health issues with people they meet. Level 2 provides a qualification form the Royal Society of Public Health. The brochure for this training is included in Appendix 2.

LifeLines have also referred volunteers to the Neighbourhood Care Scheme (NCS), who also provides less formal health awareness training.

**The evaluation**

This evaluation has been conducted by independent research consultants, Sheila Moocroft and Andrew Myers of Research for Tomorrow Today, both of whom have significant experience in such projects. The research was conducted between February 2013 and mid-April 2013.

**Aims of the evaluation**

This evaluation has several aims, foremost among them, to identify progress towards the specific targets and overall objectives for the project. However our evaluation goes beyond the numerical targets and explores and compares different perspectives, and experiences among staff volunteers, beneficiaries and partner organisations and the community, in particular:

- The perceived benefits of the project for both volunteers and beneficiaries, as well as the wider community
- The potential barriers to greater involvement among older people, and possible solutions
- Cost effectiveness/ return on investment
- Issues arising and changes that might be needed

**Methodology**

The evaluation took a 360° approach - contacting members of all the main stakeholder groups involved in the project, so that their experiences and opinions could be compared and cross referenced. In doing so we also used a variety of approaches - focus groups, telephone interviews, face to face interviews and questionnaires.

**Whom we consulted**

The budget for the project was limited, and so we relied in part on a cascade approach to finding respondents - asking volunteers and LifeLines staff members to distribute the questionnaires directly and via other local groups. We also relied on telephone interviews rather than face to face interviews.

- Partner organisations and community groups - we conducted telephone interviews with representatives from Brighton & Hove City Council, NHS Public health, Hanover, Mears Care, Age UK in Brighton, Neighbourhood Care Scheme, The Fed - centre for independent living; we also tried but were unsuccessful in interviewing people from the Carers’ Centre, BMEC and the LGBT Switchboard.
LifeLines Brighton – an evaluation 2013

- LifeLines Staff - we conducted formal telephone interviews with each member of the team.
- Beneficiaries - we conducted telephone interviews, short face to face interviews and distributed questionnaires among the beneficiaries.
- Volunteers - we conducted telephone interviews, short face to face interviews, two focus groups and distributed postal questionnaires.
- Non-users - were consulted as a means to explore options for expansion; we distributed postal questionnaires via other local groups and LifeLines staff also took copies to local activity groups to explain the project and ask participants to fill in the questionnaires.

Shared and separate questions

While the questions for the volunteers, beneficiaries and non-users were all tailored to explore their particular experiences, they also contained several identical questions, so that a direct comparison of perceptions could be made. These focused on:

- Benefits to the community
- An overall score for the project
- What might help more people attend activities
- What types of activities might encourage more men to participate
- Their perceptions of what constitutes an age friendly city - these findings are included in Appendix 4 as they are a separate, but related investigation.

The first two were also put to all LifeLines staff and partner/ community organisation interviewees; the second two explored in more general terms, as part of the telephone interviews.

Structure of the report

The key findings

- Includes the numerical records kept by LifeLines
- Synthesises the findings and comments from the different stakeholder groups around key themes
- Highlights the progress, issues and successes to emerge from our discussions
- Draws conclusions and makes recommendations.

Meeting the targets

Given the profile of participants and volunteers, as well as non-users the project is providing activities and support to its target groups.

Numbers achieved

The project is now well into its third year of Lottery funding, but still has 6 months to run. The project has achieved significant success in recruiting volunteers and is on the way to meeting its various targets, but with some gaps. Table 1 below sets out the target and achieved numbers in relation to the main headline targets.

Table 1: Targets and progress

<table>
<thead>
<tr>
<th>Target</th>
<th>Lottery 1</th>
<th>Lottery 2</th>
<th>Lottery 3</th>
<th>Lottery 4</th>
<th>Health promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health promotion training</td>
<td>NCS courses</td>
<td>Network meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over course of project</td>
<td>124</td>
<td>24</td>
<td>233</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td>97</td>
<td>21</td>
<td>233</td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

Who are the beneficiaries and volunteers?

The project is aimed at supporting older people and enabling older people to take a more active role in their communities. It is also aimed at excluded groups. Table 2 below provides a profile of beneficiaries and volunteers taken from the records provided by the LifeLines project.
Table 2: Profile of beneficiaries and volunteers

<table>
<thead>
<tr>
<th>Gender</th>
<th>Beneficiaries</th>
<th>Volunteers</th>
<th>Ethnic group</th>
<th>Beneficiaries</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>64</td>
<td>14</td>
<td>White British</td>
<td>37</td>
<td>61</td>
</tr>
<tr>
<td>Female</td>
<td>147</td>
<td>84</td>
<td>Chinese</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td>White European</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>50-60</td>
<td>9</td>
<td>15</td>
<td>Asian UK</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>61-70</td>
<td>29</td>
<td>26</td>
<td>White Irish</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>71-80</td>
<td>22</td>
<td>32</td>
<td>USA</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>81-90</td>
<td>30</td>
<td>11</td>
<td>White South African</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>91+</td>
<td>9</td>
<td>3</td>
<td>Malaysian</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Living in sheltered accommodation</td>
<td></td>
<td></td>
<td>BME</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Patching Lodge</td>
<td>18</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>88</td>
<td>31</td>
<td>Indian</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Sexuality</td>
<td></td>
<td></td>
<td>White Welsh</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>31</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGBT</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This information is collected in part by volunteers, e.g. when people sign up for an activity; or by staff when volunteers fill in registration forms. Not everyone is willing to give any or all of the information, and the most difficult to collect is that relating to sexuality.

Based on the numbers that are available for each category, it is clear that:

- Many beneficiaries are potentially frail and elderly
- 40% of them are over the age of 80, and they are significantly older as a group than the volunteers
- Among beneficiaries, half have indicated that they live in sheltered accommodation
- 39 beneficiaries, just under 1/5, consider that they have a disability of some kind
- That said, of the 87 volunteers who give their age, 16% are over 80, and all but half over 70 - while not necessarily frail, they are certainly among the older population of Brighton
- 32 volunteers, about 1/3 of the ones who give any information, live in sheltered accommodation - again indicating a certain level of frailty. Many of these volunteers take part in the knitting.

Levels of isolation and infirmity

Among the various samples of beneficiaries, volunteers, and non-users, there were significant proportions who had little contact with others and had difficulty getting out, indicating potential for isolation and loneliness and the health problems that flow from that. By implication, the project is reaching its target group of frail elderly, while also developing wider health benefits and preventing other more active people from slipping into greater isolation.

Among beneficiaries:

- Over 20% are over 80; over 33% in their 70s
- 52% are widowed or divorced
- 63% say they live alone, and have done in many cases for over 20 years
- Nearly two thirds have a disability

Among volunteers:

- 43% were either widowed or divorced
- Nearly two fifths have a long term disability

Among non-users:

- 48% are widowed or divorced
- 64% live alone, nearly two thirds of them for over 10 years
- 54% have a disability
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- 25% have no visitors in a week
- 7% rarely have a good chat
- 11% have no regular / frequent contact with family

Conclusions and recommendations

Meeting the targets – build on the successes and strengthen promotion

The LifeLines project has achieved significant success with its range of activities, the recruitment of volunteers, the numbers of beneficiaries and the enjoyment and wide ranging benefits the activities provide numerous older people many of whom have few opportunities to go out and are at risk of isolation. Its partner organisations also put it in a strong position.

But, the project has not yet met its overall targets, and over the next few months needs to make concerted efforts to continue to raise its profile especially among other community groups, improve wider publicity and recruitment, and take advantage of its partner organisations’ influence.

1. Proactively engage with local groups whose members could benefit from activities and the support which LifeLines provides - HealthLink and Activity Partners as well as the activities.

2. Engage with the new Health Commissioning bodies as a matter of urgency to reinforce the health benefits and possible cost benefits, preventative benefits of non-medical interventions and the growing use of ‘prescribing activities’ instead of drugs to encourage uptake. The project’s target group will probably also respond well to a direct recommendation or ‘prescription’ from a GP about being more active.

3. Volunteers are very passionate about the scheme and their enjoyment, but were unclear about how it was promoted. Ask them to promote it actively and provide them with the means to do so easily. This could include volunteers going to other groups or the café at Patching Lodge on a regular basis to talk to people about the activities.

4. Improve the website which has some good information on it, but is not as easy to navigate and find interesting information on, as it should be.

5. Take advantage of the PR background of one particular member of staff to improve publicity materials and get local media coverage.

6. Maximise the appearance of the Cook, eat share group on the One Show and the film that was made about the project actively to recruit and promote the scheme.

7. Maximise the project’s local identity - seen as a strength, while also taking best advantage of being part of a national organisation. E.g. a banner outside Patching Lodge visible from passing buses, advertising the activities.

Overcoming barriers – with buddies and reminders

Soft barriers - not knowing people, going somewhere alone - were seen as the most significant reasons for people not coming to activities. The Activity Partners scheme aims to address some of these issues and by providing someone to go with the older person to the activity, but could be adapted to provide a range of other support.

1. Reminders - people forgetting on the day was recognised as an issue - reminders a useful solution. A group of approved volunteers could be introduced to residents of Patching Lodge and then phone and/or visit them to remind them on the day. Similar schemes could operate for other locations.

2. Bring a friend - several people spoke of residents ‘looking out for each other’; this could be extended so that the more active ones remind or invite new participants, or are designated ‘buddies’ so that people coming for the first time arrive with someone. They could meet in the café first. Volunteers could also play this role.

3. Transport remains a major hurdle, and the volunteer driving scheme is one option for overcoming it - see below.

HealthLink – make the case, again and again

HealthLink is regarded very favourably by those who have used / benefited from it - users, volunteers and health care staff. However, it is a labour intensive activity and faces both supply (volunteer numbers) and demand issues (referrals).
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It is seen as a ‘big ask’ of volunteers who may be faced with quite vulnerable and confused people and complicated situations which can take significant time commitments. Referrals of people needing help are often not forthcoming and GPs in particular remain a ‘closed book’. The project needs to make the case more forcefully and use the influence of the partner organisations to encourage engagement.

1. Find out from receptionists/practice managers how many missed appointments there are among older people in particular, and demonstrate what the costs of those are.

2. Engage with practice receptionists who are more likely to know the circumstances of individual patients and remind them regularly to refer to HealthLink, especially for hospital or other appointments where access may be more difficult. A volunteer could help with this activity.

3. Use evidence and testimonies to promote it - with regular reminders, because people forget and older people will not necessarily ask for help, to all relevant potential sources of referrals - sheltered accommodation managers, GP receptionists, community groups, district nurses, meals on wheels, care providers.

4. Engage with the new health commissioners to discuss reducing non-attendance and difficulties of accessing healthcare among the older population, to promote the scheme.

5. Ask the partner organisations to use their influence throughout the various levels of health provision, but especially with GP surgeries, actively to promote the scheme by asking people if they need someone to come with them. Again, this should include people such as sheltered accommodation managers, GP receptionists, community groups, district nurses, meals on wheels, care providers.

6. Recognise that people forget - keep contacting all the potential referring agencies including sheltered accommodation managers and other community groups who were often much less aware/unaware of the HealthLink project

7. Use volunteers to promote and talk about the scheme with relevant organisations.

Health Promotion – make it easier for all

The Health Promotion scheme has made a good start, but needs strengthening.

1. The brochure in its current form is not user/recruitment friendly. It needs to be re–written as a matter of urgency in a style which encourages and promotes benefits to the individual involved in words that are meaningful to them, not public health terminology. LifeLines needs to liaise with Public health to encourage such amendments, and/or develop a separate ‘user friendly’ version to hand out / for the website.

2. LifeLines should liaise with / encourage Public health to provide more regular training opportunities - the low frequency means people have either lost interest, got involved in something else, or cannot make those specific dates. To do so may require adapting the nature of the training which at present leads to a ‘qualification’ which for hits group is less of an incentive.

3. Simplify the reporting process which volunteers currently find cumbersome. Explore a range of options such as using texts - these could be standardised so that people simply re-send on each occasion - or even tweets; have a volunteer to coordinate/encourage feedback and reporting by phoning round to ask/remind people; use ‘gamification’ strategies - run small ‘competitions’ to see who can achieve the most recommendations and have a quarterly prize of a veg box or bowl of fruit from a local shop.

Volunteer driver scheme – approach with caution

Transport is seen as a significant barrier for this group of beneficiaries. However, none of the current volunteers who responded was interested in being involved in a volunteer driver scheme. While such a scheme represents a potential solution, it will need significant time, effort, and investment to find volunteers and cover expenses, which could be a significant distraction from the main focus for the project.

1. Talk with RSVP in the North East who currently run a volunteer driver scheme for health care appointments across several areas of County Durham. Research for Tomorrow Today conducted an evaluation of this and another volunteer driver scheme on behalf of the local NHS trust. Such a scheme might, however, have the added bonus of attracting more men volunteers - the North East schemes were both mainly run by male volunteers.

2. Given the aims of the HealthLink scheme to improve access to health care appointments, there may be an argument for expanding that scheme to include volunteer drivers who would then also support Activity Partners and the activities. It might. This option should be explored.
LifeLines should also explore what, if any, other volunteer driver schemes exist within Brighton, and whether options exist to collaborate/piggyback.

If a volunteer driver scheme goes ahead it should support as many activities as possible and be a separate project.

The LifeLines team is currently exploring other transport options; these should be pursued as a matter of urgency - especially such options as piggybacking on existing resources such as sharing school minibuses or expanding the taxi voucher scheme.

Expanding the scheme – build trust and options locally

Given the responses among the non-users, there is interest in the types of activities LifeLines provides at Patching Lodge being expanded and offered elsewhere. ‘Being local’ both literally - in terms of distance and psychologically are likely to be important factors in successful expansion.

Meeting the needs of other hard to reach groups, in particular the LGBT community, will require trust building, sensitivity and work with /through trusted groups. The project is already starting to explore options that meet local needs and allow people who feel vulnerable about their sexuality to feel safe.

Given that BHCC runs several sheltered accommodation facilities within the target area for expansion of the LifeLines project, it should use its influence to encourage the use of these facilities as hubs for the wider community. This encouragement may also need investment in creating ‘secure public areas’ so that residents are confident that people cannot wander in.

The range of suggested activities that might attract more men is both an advantage and a disadvantage, in that it enables a range of options to develop, but does not help prioritise.

- Gardening was the most frequently mentioned option; LifeLines should explore joining forces with any ‘guerrilla gardening’ or community gardening schemes. Gardening could focus on the gardens of sheltered accommodation, older people’s own gardens, school schemes, friends of parks, other patches of land.
- LifeLines should talk with RSVP in the North East where they have had significant success in attracting men by offering walking activities centred on the local football stadium, also in running a stroke group and leading walking groups.
- The computer scheme has attracted several male volunteers and participants. The project should aim to expand this activity in other places and locations and get sponsorship and publicity from local computer shops. This could also enable good deals on laptops/iPads for all involved.
- Patching Lodge itself has space that could be used for other activities: the garden, the hairdresser area and the roof area. These areas could be used to expand capacity and the range of activities including gardening.

Return on investment - quantify the potential for prevention

Many objectives of the project are intangible and preventative - keeping people well longer, delaying the need for higher levels of care; quantifying progress and demonstrating their value can be difficult.

The beneficiaries and volunteers talked of wide ranging benefits, saying they felt better, less lonely, more cheerful, were more active, got out more, had noticed improvements to mental health. All of these indicate that the project is achieving its objectives. They could provide important impetus to remaining healthier longer, but without long term close monitoring it is impossible to quantify exactly. Instead we used two main sets of economic measures: the value of the volunteers’ contribution and the potential direct savings to health and social care resulting from the perceived benefits, using a number of assumptions.

This small group of 98 volunteers contribute over 11,000 hours over the course of a year - assuming an average of 2.5 hours per week (less than the average of those responding to the questionnaire), for 45 weeks per year, for each volunteer. Using the minimum wage to indicate the value of that contribution, the total value comes to over £68,000.

Allowing for a small reduction in numbers of doctors’ visits and prescriptions - one per volunteer and beneficiary currently involved in the project - 331 people, 5% fewer home visits and a cumulative delay of 10 months, to any single person or spread across several people combined, entering high dependency care which BHCC might need to pay for, the cumulative cost saving would be in the region of £55,000. And these assumptions may be very conservative.
1 LifeLines should pro-actively work to identify the number of and explore the costs of missed appointments with GPs and other health care providers, to demonstrate the value of HealthLink, and encourage uptake.

2 LifeLines should conduct small scale surveys among beneficiaries and volunteers to track health benefits, using some of the statements used in this evaluation, on a regular basis.

3 LifeLines should continue to record small case studies and testimonials for general publicity and to demonstrate benefits to funders and local care providers and prospective partners.
2 Key findings

Benefits for beneficiaries and volunteers

The project is bringing significant benefits to the lives of those involved. The beneficiaries could not speak highly enough of the project, praising its staff, the activities, the volunteers, the enjoyment it brought them. Among the volunteers too, there were repeated expressions of enjoyment, fulfilment, improved wellbeing, being able to put something back. Staff and partner organisations were also very positive about the benefits to all involved.

Improved health and well being

Both the beneficiaries and the volunteers report significant improvements to their general health and wellbeing. These benefits came in the form of improved mood, feeling more cheerful, feeling better, having something to look forward to, making friends, help getting over things like a broken leg. In terms of numbers:

- All beneficiaries reported feeling more cheerful, with 53% strongly agreeing
- Among volunteers, 96% agreed they felt better in myself - 37% strongly agreeing.

There were several health related statements in both the volunteer and beneficiary questionnaires. Taking an average of these for each group as an overall health benefit indicator:

- Three statements combined for beneficiaries 53% agree and 33% strongly agree that they receive health benefits
- Combining two specific statements, 56% of volunteers agree and 27% strongly agree to experiencing health benefits.

Reduced isolation

Friendship and camaraderie, laughter and fun were frequently mentioned by beneficiary and volunteer respondents as being important aspects of their involvement and enjoyment - all intrinsic to reducing isolation. For many, this was what they valued most from the various activities. For several beneficiaries their LifeLines activity was their one event in the week, providing something to look forward to, something to dress up a bit for. One respondent of 91 regarded her memory group as ‘family’, since she had no family and many of her friends were now dead. It was similar, if not as clear cut for others.

Several volunteers also mentioned liking meeting and being greeted by participants in the city or watching participants talk together while waiting at the bus stop for example.

In terms of numbers:

- A total of 78% beneficiaries said they felt less isolated, 36% had strongly agreed
- 71% of volunteers also felt less isolated, 21% agreeing strongly.
- In all, 93% of volunteers and 82% of beneficiaries said they had made new friends

Increased activity

‘I would be doing a whole lot of nothing otherwise’ was how one beneficiary described the impact of being able to go to or watch various activities. Some of the volunteers expressed similar, although not as clear cut sentiments about enjoying ‘having something to do’. This sentiment was repeated in numerous ways by both beneficiaries and volunteers. In terms of numbers:

- 86% of beneficiaries said they got out more and 82% that they felt more involved in their communities.
- 92% of volunteers were busier,

Increased skills and confidence

Few if any of the volunteers had ever led groups or been teachers in the past. In that sense alone, they have all developed skills and confidence. They have also received both general induction and more specific training in support of their various activities, including first aid, safeguarding, and wheelchair management; the memory group volunteers have also developed their own mentoring approach to train new volunteers, over and above the external training they received.

The volunteers value being able to use - or ‘reconnect’ with, as one volunteer described it, existing skills and develop new skills. Among volunteer respondents, using a skill was the most highly scored benefit of
LifeLines Brighton – an evaluation 2013
volunteering- 62% agreeing strongly; and 69% in total had learnt new skills. 75% also reported feeling more confident.

But it was not just using those skills, that volunteers found rewarding. Seeing others develop skills was also important and part of the enjoyment, such as a man with learning difficulties working in clay and making his first ever pot, an 85 year old writing poetry for the first time, or people discovering their family tree back to the 18th century. The beneficiaries too enjoyed their learning and appreciated the skill and hard work of the ‘teachers’ i.e. the volunteers. In all, 83% of beneficiaries felt more confident, 20% strongly agreeing.

One to one activities

Computer club
The computer club is proving very popular, and one respondent said that it was getting more difficult to book a slot in the computer room.

The one to one aspect is appreciated because participants feel they ‘will not be shown up’ or can ‘go at their own pace’, while learning. While some of the volunteers found it a little frustrating that the participants ‘just wanted to chat’ or listen to music, they also recognised that it was their time and it was important to go with the flow, so to speak. The participants pursue both computer skills and other interests via computer such as family history, music and competitions. Several participants have also now bought their first ever computers - at least one a PC one an iPad. It is also providing a focus for men to volunteer as well as learn.

Healthlink
HealthLink is regarded as a great idea, but has struggled somewhat to recruit volunteers and to get referrals: so far, HealthLink has supported 15 beneficiaries to attend a total of 32 medical appointments. It is seen as a great idea by staff and among people we spoke with in the community, and receives positive feedback from health service professionals and beneficiaries who use it (we did not talk to them direct). It is building slowly, and its work so far demonstrates its value.

However, for volunteers, it is regarded as a ‘big ask’ and is labour intensive. It is also an intermittent activity, which for some is a plus, but balancing opportunities actually to do something with timing of recruiting a volunteer who is interested can be difficult to achieve.

The biggest obstacles appear to be that the ‘GP surgeries are impenetrable’ as one person put it, that it needs people to know the patients’ family circumstances to make referrals, low levels of awareness among community organisation who might be able to help, and difficulties recruiting volunteers.

Activity partners
Activity Partners aims to provide the kind of support that many people indicated was needed - someone to go with a person to activities, do introductions etc. at activities; or simply to help people get out locally for a walk or a trip somewhere. All told, Activity partners has supported 22 scheme members with 9 volunteers currently supporting a scheme member, several are long term relationships which have been running for over 18 months, bringing friendship and company as well as exercise and activity and all that flows from it.

For volunteers, it is not such a ‘big ask’ as HealthLink and there are plans to combine the two more given the one to one nature of both; there is greater room for flexibility given that the aim is not an important appointment but a chosen activity.

Health promotion
The numbers of attendees on the courses remain small, for two possible reasons: the courses are run only twice a year by which time those interested may have ‘moved on’ or forgotten; secondly, the actual brochure does not sell the idea to people in a way that will attract. People appear to enjoy the training when they do participate and for one person it appears to have been instrumental in him radically improving his own health. However, the reporting requirements are cumbersome possibly making participants reluctant then to put their knowledge to good use and certainly reducing the likelihood of them reporting back.

Benefits to the community
A range of overall benefits to the community are recognised by all stakeholder groups; no-one disagreed with any of the potential suggested benefits.

In addition to the general discussion of the benefits to volunteers and individuals in the interviews, and the perceived individual benefits and impacts, we also used a specific set of statements in questionnaires to all
LifeLines Brighton – an evaluation 2013

stakeholder groups about benefits to the community. The following figure (see Figure 2) shows for each of the respondent groups how they feel the community benefits from the project, based on this set of statements. Each group is very positive about the benefits and no-one disagreed with any, however the percentages shown are based on those stating ‘Strongly agree’ in order to gain some differentiation - please note the numbers in each group are relatively small:

- Staff and Partner organisations are more positive with regard to: ‘The community gets things they wouldn’t otherwise (100%)’ and ‘Older people can learn new skills (100% Partner)’.
- External organisations are more positive with regard to: ‘Older people are more active than they would be otherwise’(100%) ‘Older people feel less lonely’ (100%) and ‘Older people get out more (100%) and ‘Older people make new friends’ (100%)’.
- Partner and External organisations are more positive with regard to: ‘Older people make new friends’ (100%)
- Volunteers score higher on older people being less lonely and being more active
- Beneficiaries are most likely to see people getting out more and being more involved in their communities as benefits.

The consistently lower scores among beneficiaries and volunteers may be a factor of response bias - i.e. that they are less likely to say strongly to statements, rather than a lack of support.

Figure 2 Benefits to the community (% Strongly agree)

The LifeLines project – rated highly

The project receives high levels of support among all stakeholder groups. Volunteers appreciated the support they receive from the team; beneficiaries praised the volunteers and the team highly; partner organisations paid tribute to the project and staff to the volunteers.

We also asked all respondents to give the project a score out of ten, as an easy way to provide a comparison of overall perspectives and the following figure (see Figure 3) shows the average score for each of the respondent groups, except non-users. The project is generally rated highly by the main respondent group; none scores it below an average of 7.8. The lowest score is among external community groups, perhaps because, as some of them pointed out, they did not feel they knew enough about the detail of the project. It is rated highly particularly by the volunteers and participants - the latter giving it an average 9/10.
The role of Patching Lodge

Patching Lodge is seen as a major strength in the project by all stakeholder groups. It gives the project a concrete focus and staff felt that its role as a hub also made their work much easier. Volunteers appreciated it as a venue and Alan’s role as friendly face / helper was particularly important. Beneficiaries felt that it is welcoming, friendly and comforting.

CSV and Hanover regard the model of Patching Lodge as such a success that they are discussing how to extend the model elsewhere, nationally; and BHCC would like to see the model extended in the city. However, replicating it will need carefully designed space to ensure security issues are addressed; and be well managed to avoid territorial/ personality clashes on the part of residents and within groups.

Barriers and how to overcome them

Reaching vulnerable people is difficult; knowing whether the project is finding vulnerable people and enabling them to participate is seen as an issue. We asked both the volunteers and the participants two questions to try to establish what they saw as the potential barriers stopping people and possible solutions. A third question explored possible activities that might attract men; this question was also put to non-users.

- What do you think stops more people from coming along?
- How much would the following would help more elderly or isolated people to come to activities?
- What new activities do you think might attract more men to take part?

Soft barriers most significant

From a list of ten possible reasons for not going to activities, participants feel that not wanting to go somewhere alone is the most significant barrier; volunteers see it as worrying about not knowing anyone.

Table 3: Most significant barriers

<table>
<thead>
<tr>
<th>What do you think stops more people from coming along?</th>
<th>Volunteers %</th>
<th>Participants %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t want to go somewhere alone</td>
<td>53.1</td>
<td>48.6</td>
</tr>
<tr>
<td>Don’t know about them</td>
<td>50.0</td>
<td>48.6</td>
</tr>
<tr>
<td>Worry about not knowing anyone</td>
<td>68.8</td>
<td>42.9</td>
</tr>
<tr>
<td>Feel anxious going somewhere new</td>
<td>50.0</td>
<td>42.9</td>
</tr>
<tr>
<td>Lack of transport</td>
<td>34.4</td>
<td>25.7</td>
</tr>
<tr>
<td>Can’t be bothered</td>
<td>15.6</td>
<td>22.9</td>
</tr>
<tr>
<td>Not local enough</td>
<td>15.6</td>
<td>20.0</td>
</tr>
<tr>
<td>Too frail</td>
<td>15.6</td>
<td>14.3</td>
</tr>
</tbody>
</table>
There is however agreement between the two groups about the significance of ‘soft barriers’ - three of the top four relate to social context, how people feel. Needing to ‘winkle them (participants) out’ at first was raised in several discussions and interviews, with volunteers in particular. The other important barrier is lack of publicity - i.e. that people don’t know about the activities. (See Table 3).

Lack of transport was raised regularly among discussions with staff and partner organisations, but in the questionnaires scored only 26% and 34% among beneficiaries and volunteers respectively.

**What would help?**

A second set of statements looked at possible solutions. Perhaps not surprisingly, the top two solutions solve the top barriers; reminders and introductions. Volunteers scored the relevance of each item higher than participants, but again there was general consensus between the two groups. Help getting there was covered by the next two most important items - a volunteer driver to give them a lift or someone to go there and back with them, indicating that transport was implicitly a more significant barrier than perhaps indicated above.

Table 4: Overcoming barriers

| How much do you think each of the following would help more elderly or isolated people to come to activities? | Volunteers % indicating 'A lot' | Participants % indicating 'A lot'
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A reminder that it is on/when to go</td>
<td>77.8</td>
<td>55.6</td>
</tr>
<tr>
<td>Someone familiar to introduce them to other people</td>
<td>82.1</td>
<td>53.6</td>
</tr>
<tr>
<td>A volunteer driver to give them a lift</td>
<td>63.6</td>
<td>50.0</td>
</tr>
<tr>
<td>Someone to go with from their house to the activity and back</td>
<td>60.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Help to use a community minibus service</td>
<td>60.9</td>
<td>40.0</td>
</tr>
<tr>
<td>Someone to accompany them on the bus</td>
<td>47.8</td>
<td>29.6</td>
</tr>
<tr>
<td>Share a taxi with other people going to the activity</td>
<td>35.0</td>
<td>23.1</td>
</tr>
</tbody>
</table>

**New activities for men**

We asked interviewees and questionnaire respondents to suggest activities that might encourage / attract more men. In the interviews it was an open-ended question; in the questionnaire they could choose four from a list of twelve possible options. The following table (see Table 5) shows the proportion of men and women - participants, volunteers or non-users - rating each activity. The table is based on a rank order of the overall average for men (final column); there are very small numbers of men in the sub-groups, so the numbers must be seen as indicative.

Gardening comes out top among the men overall and Learning a skill (e.g. model making) comes second for men overall. Among the sub-groups there is very little overall agreement about the top two or three (highlighted in red), although gardening scores well among most. Interestingly, while men only activities were seen as important among men and women volunteers, they were not ranked so highly by other groups.

From the discussions with partner and community organisations, staff, volunteers and participants several suggestions emerged including: getting out - to the pub, fishing; links to sports clubs - e.g. walking round the stadium; practical activities such as bike repair or DIY; various card games and more computer activities.
Table 5: Suggested activities for men by different groups

<table>
<thead>
<tr>
<th>What new activities do you think might attract more men to take part?</th>
<th>Volunteer Men %</th>
<th>Volunteer Women %</th>
<th>Participant Men %</th>
<th>Participant Women %</th>
<th>Non-Users Men %</th>
<th>Non-Users Women %</th>
<th>Overall average Men %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gardening</td>
<td>42.9%</td>
<td>30.4%</td>
<td>37.5%</td>
<td>40.0%</td>
<td>80.0%</td>
<td>27.3%</td>
<td>53.5%</td>
</tr>
<tr>
<td>Learning a skill (e.g. model making)</td>
<td>71.4%</td>
<td>13.0%</td>
<td>37.5%</td>
<td>12.0%</td>
<td>40.0%</td>
<td>18.2%</td>
<td>49.6%</td>
</tr>
<tr>
<td>Watching football</td>
<td>14.3%</td>
<td>21.7%</td>
<td>37.5%</td>
<td>32.0%</td>
<td>80.0%</td>
<td>21.2%</td>
<td>43.9%</td>
</tr>
<tr>
<td>Day trips to places</td>
<td>14.3%</td>
<td>39.1%</td>
<td>87.5%</td>
<td>40.0%</td>
<td>20.0%</td>
<td>36.4%</td>
<td>40.6%</td>
</tr>
<tr>
<td>Playing snooker/table football</td>
<td>28.6%</td>
<td>26.1%</td>
<td>25.0%</td>
<td>36.0%</td>
<td>60.0%</td>
<td>36.4%</td>
<td>37.9%</td>
</tr>
<tr>
<td>Card games</td>
<td>42.9%</td>
<td>30.4%</td>
<td>25.0%</td>
<td>36.0%</td>
<td>40.0%</td>
<td>18.2%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Men only activities</td>
<td>71.4%</td>
<td>52.2%</td>
<td>12.5%</td>
<td>16.0%</td>
<td>20.0%</td>
<td>18.2%</td>
<td>34.6%</td>
</tr>
<tr>
<td>Fixing things/Do It Yourself</td>
<td>14.3%</td>
<td>39.1%</td>
<td>37.5%</td>
<td>16.0%</td>
<td>40.0%</td>
<td>24.2%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Film club</td>
<td>28.6%</td>
<td>17.4%</td>
<td>12.5%</td>
<td>4.0%</td>
<td>40.0%</td>
<td>9.1%</td>
<td>27.0%</td>
</tr>
<tr>
<td>Darts</td>
<td>28.6%</td>
<td>34.8%</td>
<td>25.0%</td>
<td>32.0%</td>
<td>20.0%</td>
<td>24.2%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Playing dominoes</td>
<td>14.3%</td>
<td>17.4%</td>
<td>12.5%</td>
<td>12.0%</td>
<td>40.0%</td>
<td>15.2%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Visit to the pub</td>
<td>0.0%</td>
<td>26.1%</td>
<td>12.5%</td>
<td>28.0%</td>
<td>20.0%</td>
<td>30.3%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

Other issues and concerns

Not reaching the most isolated?

Despite the successes and the profile of those people who do come and are involved in the project, several people were concerned that it was not necessarily reaching those who are hardest to reach. The LBGT community was mentioned specifically, but so too were other frail elderly people – that there are ‘more out there’.

Lack of awareness

Publicity is always an issue, and the project is not always as well-known as it might or needs to be. Beneficiaries felt that not knowing about activities was one of the main barriers to coming; volunteers were unaware of how it was publicised; staff mentioned a great film but did not know what had become of it; some of the community groups we spoke with / tried to speak with did not know a lot about the project- and had forgotten about HealthLink.

Transport

As already indicated, getting to Patching Lodge / the activities was mentioned as a major issue. Despite good bus services, Patching lodge’s location on a very busy main road, and the rather - relatively - short time allowed to cross the road adds to the worry of getting there.

Security in other facilities

Patching Lodge was seen as a major asset and critical success factor in the project; replicating the activities and the model of the local hub a priority. However, the ‘protected space’ which was designed into Patching Lodge, - the public areas downstairs from which you cannot gain immediate access to the rest of the sheltered accommodation - is not or only rarely available in other sheltered accommodation facilities. Finding ways to provide that security will be needed.

Return on investment

The total budget for the LifeLines project is £191,431 for Year 3, from all sources of income, with staff costs accounting for the vast majority. There are 2 full time staff - the project manager, the project support worker based a lot of the time at Patching Lodge. The other staff are part time, two project development workers and an administrator. The HealthLink development worker works on a consultancy basis. The partner organisations see the project as very cost effective.
‘We looked at the Southwark model and wanted something similar, but felt we had a good basis for developing a similar model across the city for a fraction of the cost and most of the outcomes’.

However, there is not always as much clarity around processes, procedures, roles and responsibilities, as there could be. CSV’s role was not entirely clear to one person, and the size of the overhead in the budget and what was provided for it questioned. (CSV is in fact responsible for line management and training for staff, conducts a full recovery model for costs so that it can fund its own administrative services, and was responsible for bringing in the Lottery funding.)

There are several ways of looking at return on investment, over and above the perceived benefits which both the volunteers and the participants talked about at some length and mentioned again in the questionnaires, both of which are discussed elsewhere.

**Volunteer contribution**

The direct contributions of volunteers and their time and the cost of the hours of activity provided are tangible indicators of return on investment. There are currently 98 active volunteers, and according to the research the average contribution each week is around 3 hours. We can then make several assumptions and calculate the value of contribution achieved.

- If we allow that those volunteers who answered may be the more active, and reduce the overall average to 2.5 hours per week as a way of compensating, that results in a total, weekly contribution of 245 hours.
- If we assume that not all volunteers are active every week of the year, and scale that down to 45 weeks, that results in a total of 11,025 hours per year; at a total cost of £17.36 per hour.
- If volunteers were otherwise to be paid the current minimum wage of £6.19; that would make a cost of £68,244, which can be set against the overall cost of the project, or be seen as a significant additional source of income, enhancing the project budget by over 35%.

**Participants’ and volunteers’ health and wellbeing**

All the groups of stakeholders recognised the health and wellbeing benefits to participants - and indeed volunteers, but quantifying that benefit is well-nigh impossible, and certainly the preventative element. However, again, we can make a few assumptions as indicators of potential benefits and the associated ‘return on investment’.

- There are currently 233 participants, some of whom go to more than one activity, but, for the sake of demonstration, we have assumed that they only receive one hour a week.
- Again, assuming that they do not go every week of the year, but say 45 weeks that makes a total of 10,485 activity hours for this group. That would make a cost of £8.55/ hour of delivered activity - if just the funding from the Lottery and BHCC is used - almost certainly less than such activities would normally cost; £18/ hour if the whole budget were focused on activities. If the average attendance were 1.5 or even 2 hours per week, that hourly cost would of course fall dramatically.
- If, as a result of the perceived benefits of those activities - people feeling better, more cheerful, less isolated etc.- each participant and volunteer were to visit a doctor one time less per annum, and we assume that a doctor's appointment costs in the region of £35, that would result in a saving of £11,585.
- Improved wellbeing and fewer doctors' appointments could also mean reduced numbers of prescriptions. The average number of items on prescription per head of the population increased to 18 in 2011, with a per item cost of £9.16; however, it is probably safe to assume that among this LifeLines user / volunteer population group the number of items would be higher given their ages. Allowing for prescription cost of say two items totalling £18.32 on each prescription not required, if each participant and volunteer required one fewer prescription, that would bring a saving of £6,064. Many of this group would also not pay prescription charges, if we assume that 75% of them (249) would not need to contribute to their prescription costs, those savings would increase by £1900.
- If we assume that among this group, they would need 5% fewer nurse visits in the home at £50 each including travel time, and 5% fewer doctor home visits at £120 including travel time, that would bring savings of £800 + £1920; a total of £2,720.
- HealthLink’s volunteers ensuring 18 appointments not being missed provides an additional saving - i.e costs not wasted, of at least £630. More if specialist appointments are not missed.

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1. [http://www.pharmatimes.com/Article/12-08-02/English_NHS_prescription_numbers_rise_costs_fall.aspx](http://www.pharmatimes.com/Article/12-08-02/English_NHS_prescription_numbers_rise_costs_fall.aspx)
LifeLines Brighton – an evaluation 2013

- If, in the long term, the health benefits accruing from the project were able to delay 10 people, i.e. 3% of those volunteers and participants involved in the project - from needing high levels of dementia care for just one month, that could be a total saving of approximately £3500 per person, or £35,000, if the City Council had to foot the bill.
- On the basis of these assumptions, the direct health care cost savings could be significant:
  - £11,585 for fewer doctor’s appointments
  - £6,064 for fewer prescription items
  - £2,720 for fewer home visits - GP and nurse
  - £35,000 if there were cumulatively 10 months delay in people needing high levels of dementia care.
  - Making a total of £55,999 savings - £20,999 on health and £35,000 on social care.

The costs per visit and prescription are taken from an extract from a report on Unit costs of health and social care 2010, by Manchester University.

Related research

The project aims to improve the wellbeing of older people, in particular frail elderly / isolated older people. The benefits and activities, which the project provides, tie in with recent research projects about laughter, isolation retirement and health.

Laughter

Laughter is one of the things that beneficiaries mention frequently that they enjoy about their activities. There is a growing body of research indicating that laughter can be as good for older people in terms of circulation and potentially protecting the heart as jogging for younger people.

Loneliness

Loneliness is known to cause low mood, but recent research indicated that the health impacts of loneliness and isolation could be far wider and more significant. That people’s immune systems can be affected and that conditions such as diabetes, Alzheimer’s and cancer can be more likely. Also that lonely or isolated people find day to day activities more stressful.

Retirement

A recent report from the Institute of Economic Affairs has concluded that retirement is not necessarily good for you, that dreams of less stress and time to do those things you want to are not necessarily after a while can become anything but. While the report advocates continuing working, active retirement and volunteering can often provide similar benefits in terms of structure, sense of purpose and so forth.

References:

3 Partner and community organisations

Sheila Moorcroft arranged short telephone interviews with representatives from each of the main partner organisations as well as Mears Care - the care provider in Patching Lodge, Age UK, Neighbourhood Community Scheme, the FED - an independent living community group. It was not possible to arrange interviews with BMEC and Carers’, and the LBGT group - despite several attempts.

The people from the partner organisations were involved in the project as commissioners, sitting on the executive board and the Patching Lodge Partner Group. In view of this, there was, perhaps not surprisingly, a contrast between the level of knowledge among partner organisations and those in the wider community; this was one of the reasons for not being able to conduct interviews with 2 of them.

Strengths/ working well

The overall impression is that LifeLines is seen as a great success. The strengths in particular included: partnership working, Patching Lodge, the volunteers and the range of activities they provide, the flexibility and enthusiasm of the team and a key staff member in particular.

Partnership

Partnership working within the core group is seen as a great strength, although not without difficulties in the early stages.

‘LifeLines in many ways punches above its weight, it is well connected and supported among senior people in B&HCC….. and it has been nominated for local public service awards 2 or 3 years…”

‘...LifeLines and Patching Lodge are doing what Churches used to do, but just begun, still really finding their focus and mission .... Need to explore partnerships further... people have always been very easy and collaborate on different things.’

‘the third sector can suffer from NIMBY-ism’

Patching Lodge

Patching Lodge is seen as a major benefit. Its role as a community hub provides a focus, a home, visibility - giving LifeLines the means to develop the range of activities that it has. It is seen as providing a model for development elsewhere. Indeed, CSV and Hanover are exploring the possibility of similar schemes on a national basis. B&HCC see it as a model for day centres in the city. LifeLines has also had an effect on Patching Lodge.

‘We need try to replicate the Patching Lodge model, it adds real value’

‘LifeLines and Patching Lodge are a catalyst for something much bigger in the city.’

‘Patching Lodge has been transformed, the lobby used to be empty, bit like an East European hotel - now it is busy and buzzing with activity’

‘LifeLines became the mechanism to develop the resource (i.e. a community based hub).’

‘Where the project sits has been as important for the residents as it is for the wider community.’

‘Patching Lodge gives the project a concrete focus.’

‘Patching Lodge is such a lovely venue.... In so many sheltered housing schemes residents want to keep people out..... this has really broken down those barriers... achieved that different ethos from the start with the café, the activities... even Christmas day lunch, you can book. LifeLines has been a critical factor in that openness - more proactive in getting people there.’

The team

The people involved in the project and the range of activities that is now on offer were mentioned on several occasions. Alan, the project worker based primarily in Patching Lodge, was seen as a great asset, playing a significant role in the project’s success on the ground.

‘Alan is very, very good, he is a recognisable face, very proactive and hands on. He makes people feel special.’

‘I cannot praise LifeLines enough. The volunteers and the staff - they give so much, the way they work together is the key to its success’
LifeLines Brighton – an evaluation 2013

‘LifeLines is backed up by energy and networking, very professional and credible - they inspire confidence in partners.’

‘What they do well, they do really well.’

‘The computer club is very successful, it gets very booked up’

‘Having the staff there to back up the volunteers is very important, it is not realistic to expect volunteers to do everything without help.’

Events

The different week-long events, themed activities, and open days have been a success in bringing people in and raising the profile of the scheme. These have included a Themed Tea dance, an Art week, a memory week, an open day for health projects. Publicity and awareness remain an issue however.

The age of the volunteers is also a big plus- that they are of an age, similar to the beneficiaries. And their role and contribution received regular praise.

‘Has given an opportunity to work in a different way ...having older people represented on the executive board is very positive, extends involvement.’

‘Older people are acting as change agents.’

Benefits to beneficiaries and volunteers

One of the aims of the project is to prevent/ delay people from becoming ever more dependent on additional services. That reducing isolation will improve mood and thereby also help overall wellbeing. Prevention is however, almost impossible to measure, and certainly not in a one-off short study. That said, people involved in the project have noticed a variety of indicators of benefits to beneficiaries from social interaction to confidence, and these were mentioned universally by partner and community organisations familiar with the project.

Looking after each other

‘There is an 80 year old man who has dementia and is very confused and forgetful. He has been to the music and memory sessions and he has really come out of himself... it is really quite a dramatic change. Now he goes to church with others on Sunday, and if he goes the wrong way they look out for him... there is a sense of camaraderie.’

‘One gentleman who goes to Bingo, they won’t start without him, they go and find him sometimes.’

‘We will sometimes hear things we need to know as a result of the groups, and can intervene. If someone does not seem well, or has not come - it acts as a warning mechanism’

Communities helping themselves

‘LifeLines empowers people to share skills and knowledge so it benefits the volunteers as well as the residents at Patching Lodge.... They (residents) can relate to the wealth of experience they (volunteers)bring... and the volunteers feel valued - everyone benefits.’

‘More and more resources are going to acute cases; it is more and more important to enable self-help.’

‘It is a way of making use of and building community resilience.’

General enjoyment in life

‘They look forward to coming..... it breaks the isolation and brings them out of themselves into the outside world again... am sure it reduces depression, falls, even self neglect.’

‘There would be a large hole in people’s lives without it, and almost certainly more people knocking on the services door’

‘Some of the people we know go there..... and have really enjoyed it’

‘What impresses me is that the volunteers seem to get as much out of the activities as the users - it’s two way and new friendships’

Issues

A number of issues and concerns were mentioned, despite the sense of achievement among the partner organisations; and lack of familiarity among community groups is another factor in the issues raised.

While the partners were all positive about the benefits to those participating in the activities, there is, perhaps inevitably, some concern that the project may not be reaching all those people who could benefit,
that there may be more isolated people in the community who are not involved. Again, within the constraints of this research it is not possible to establish how many others in the community might benefit from the project. Publicity / awareness and transport may both play a role in extending access, and both were mentioned as issues.

"These people are hard to reach, because they are hard to reach. LifeLines may need to find ways to knock on doors - more work through GPs and community nurses, those supplying services into people's homes."

"Those who don't come may have the greatest need...?"

"...no idea how it is managed, but how do they monitor who can or can't get involved?"

"Need to do more to draw more people in.....we do not really have a sense of whether all the people are involved... how many more are there out there?"

"Use volunteers in the café for outreach - go to where people are"

"Need to go to the trusted sources - GPs, health centres."

"Get people to bring a friend".

Even Patching Lodge residents can find it difficult to get to activities, for any number of reasons - forgetting and transport being the most frequently mentioned.

"(the problem is) they say they want to come then forget on the day, or aren't up to it"

"That is why it is so great that Alan is there most days, he is a familiar face... he will say I'll come with you and introduce you."

"Funding for transport is the biggest barrier."

"People forget or can't come on the day...Care packages need adapting so there is more time for staff to bring them down. .....and to recognise issues around isolation and loneliness as health issues."

There was also a lack of knowledge and awareness about what LifeLines now offered among several of the community groups we contacted. This indicates a need for greater networking with key organisations representing specific groups in the community across the city. With plans for expansion into areas adjacent to the Queens Park area, such networking was seen as particularly important so that new activities built on work among existing groups, and people already based in those areas did feel ‘trampled on’. However, there was also some recognition that partnership was not always easy, and concern about duplication. The arrival of a new project manager was seen as an opportunity to reconnect.

"There are still difficulties in engaging with certain groups. This needs more work, good communication, people willing to engage and ask what their communities need..."

"There is quite a lot going on in the Queens Park area... need to engage with the existing community development work......Take the time to talk, to compare, ensure they expand not duplicate"

The success of the project’s partnership working was set against a sometimes competitive voluntary sector environment.

"They need to project more outside and develop other schemes."

"It has had a very high profile and strong project leadership is needed, there are some feisty people in the Third Sector."

"There is a certain amount of NIMBYism in the voluntary sector"

One person was concerned about how well equipped volunteers were for issues that might arise through the reminiscence groups.

"There can be unresolved issues and emotions... it can be a minefield need to know how to handle these."

For those who do not live in Patching Lodge, getting there can prove difficult.

"Transport is an issue .... We are developing ideas to share resources."

"Transport for those outside Patching Lodge"

**HealthLink and Health promotion**

HealthLink is seen as potentially a useful service, but is not as well-known as it might be.

"Sounds fabulous......"
LifeLines Brighton – an evaluation 2013

‘had forgotten…. Will promote it again now.’

It is also seen as quite a challenge in terms of finding volunteers, and for the volunteers once they are recruited because of the nature of the role.

‘A big ask…. Never easy to find volunteers to do everything, and it does not appear that appealing… people don’t necessarily want to be an ancillary to the health services, but be a volunteer…..’

The health promotion scheme also presents challenges mainly in terms of ensuring that the volunteers provide the feedback that is needed, when they engage with people in the community.

**Expanding and engaging new groups**

The challenge of attracting more men, and finding and encouraging isolated elderly people was recognised but no ready-made solutions offered.

‘The hairdresser space - we could use that far more, and the garden and the roof space’

‘Winkling them out is difficult - need peer support.’

‘Men in Queens Park are a pretty frightening health statistic…. But haven’t really got an answer.’

‘More focus on the less able, and clear indication that things like tea dance are also for people in wheelchairs’

‘In order to develop further they need to leverage the scale that is behind them in CSV.’

A couple of activities were suggested: Ping pong trial - going well, Wii games, table football, getting out - pub lunches, trips to bingo, fishing trips, walk round the football stadium.
4 LifeLines Staff

Sheila Moorcroft spoke with each member of staff individually with a focus on their role, the benefits of/ needs the project meets, what issues have arisen/ changes they would make, and a few comments about new developments and options.

The project has 2 full time staff - the project manager - who started in October 2012, and the project support worker based a lot of the time at Patching Lodge. The other staff are part time, two project development workers and an administrator. The HealthLink development worker works on a consultancy basis.

Strengths / working well

Progress towards the targets was seen as a significant achievement, although there was recognition that they had not yet reached them.

The role of the partner organisations and the support that they provide was seen as critical to success. So too were the Executive board and the Patching Lodge Partnership Group - both of which are good communication conduits.

‘LifeLines has had very high level support’

Patching Lodge

Patching Lodge has been a great success and critical to the success of the project as a whole, and there is a sense that the project as a whole is now beginning to be well established. There is however recognition that while the Patching Lodge model is very successful, finding other locations with similar spaces and overcoming resistance is a challenge.

‘Patching Lodge is such a fantastic venue... we are getting the message across that it is a community resource... Beginning to see the rewards in that area.’

‘We get a steady flow of volunteers, people seeking us out - Patching Lodge as a central base makes that very easy.’

‘CSV see it as a flagship project.... They are hoping to roll it out nationally.’

‘Yes, we need to replicate the Patching Lodge model, but finding venues with those facilities is a problem.

‘The 'protected public space at Patching Lodge is pretty much unique... very difficult to find places with similar public spaces we can use’

‘From a standing start, the project has made huge progress. The team has achieved an awful lot in 3 years. We are now a well-known, respected local project.’

The volunteers

The volunteers were, perhaps not surprisingly, seen as a critical success factor - their enthusiasm, interests, skills, energy and self-starting capacity.

‘We are very lucky in the volunteers we get’

Support for volunteers comes in several forms, which, given the potentially demanding nature of some of the roles such as HealthLink, is a crucial component.

- They receive an induction course and additional training for HealthLink and Activity Partners - in particular to ensure that volunteers recognise and adhere to appropriate boundaries - e.g. they are not there to tidy up; what to do in certain situations for safeguarding and support
- Additional / specific training is available and volunteers can request things
- Regular volunteer meetings once a quarter, which are attended on average by about 20 volunteers, are a mix of news and announcements, sharing ideas, discussing specific issues, and socialising.
- On-going access to the development works if need be - volunteers can call or drop in to the office
- Alan Marchbank being based a lot of the time at Patching Lodge provides regular contact and a friendly/ familiar face, practical support as well as an opportunity to raise issues if need be.
- The same also applies to beneficiaries.

‘People enjoy the quarterly meetings... hearing about the project, socialising.... They give useful opportunities for co-counselling, support, problem solving.’
The longevity of the relationships with many of the volunteers was mentioned as a strength, providing stability and continuity for participants, and greater likelihood of achieving the aims of the project. It also enables on-going development and enjoyment for the volunteers themselves as well.

‘Some have been with us for 2 years and more….. it really means that we can provide the activities that will help keep people as well as possible for as long as possible.’

The reminiscence groups are doing well. They are entirely volunteer led, but all the volunteers receive some formal training and then ‘shadow’ one of the existing volunteers for a while to gain confidence. The group has decided that it is important to have 2 volunteers per group.

‘They are aged from 70 to 93 and we get about 18 or 20 people every week. One is closed - the same people each week the other is open so that if you cannot always come you still can.’

‘One participant describes the group as her family’

‘LifeLines is a brilliant project… and we are getting known locally … coming to respect us… recognise that we are not going to disappear.

Benefits for volunteers and participants

The project team have been working on various ‘Theories of change’ to inform their own work and to highlight the way in which the project’s activities and focus can lead to reduced isolation, improved wellbeing and so forth. Please see Appendix 1 for the Theories of change, which also informed some of the research.

There was a general sense of pride in what they are achieving, and a recognition of the huge contribution that the volunteers make, but also the enjoyment that they seem to get from it.

‘LifeLines is great…. You really feel that you are helping people get out when they might not, and could lose interest in life.... And the volunteers seem to have such as sense of purpose…’

‘The Men’s group / cook eat share - they are definitely less lonely, they enjoy it’

‘Cook share, eat.... Were on the One Show recently - they got a real boost from that’

‘... it is about making later life better quality of life…..’

‘The volunteers get so much out of it themselves, they have really stuck with it ... even developed their own training for new volunteers (reminiscence groups)

Health Link - The health service has fewer missed appointments and staff know that there is likely to be more accurate follow up after the appointment. The beneficiary gets reassurance and the health appointment can sometimes almost be like a social outing for them.

‘I’m so glad you’re here, this is when I get really nervous’

‘The volunteers are an impressive bunch.... What they do .... It is so much.’

‘HealthLink is a really valuable project....it is really, really needed ....some specialists are very grateful and the nurses are very positive.....we need to keep it simple’

‘The volunteers get such a sense of achievement..’

‘The health promotion training can really benefit the individuals as well as them helping others.’

The computer activities are important in their own right, but so too is the social interaction around them.

‘Some of them have bought their own computers now...... They enjoy just socialising too.’

Issues arising

Transport

Transport was mentioned by several people, and is seen as an important issue, especially for those who live at any distance, so that despite the success of Patching Lodge itself, getting to activities can present a problem. The location of Patching Lodge on a major road can also be an obstacle - psychologically and literally because the timer on the crossing is not generous.

‘People like what they know, they do not want to go far afield... they want things on the doorstep’

‘Transport is an area we need to develop - we are looking at options such as a volunteer driver scheme... but parking can also be problematic.’
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Local promotion and identity

A local identity and local ‘roots’ are seen as important, while the backing of a national organisation also has benefits.

‘The CSV resources are good, and they see us as a flagship project they want to roll out..... but we need to balance the local and large national, don’t want to lose that local feel.’

‘Expanding the area will be good, there is a bit of a perception of a geographic barrier.’

There was some concern that overall management support has not been consistent, particularly between the first manager leaving; more active support from CSV is now in place.

‘The first manager had a lot of strong local links, it was a big advantage.’

Local promotion and visibility is not always as strong as it could be.

‘We made this great film, but not sure we have done much with it.’

‘We need to formalise what we are already doing, but also more publicity.’

‘Not sure we promote ourselves enough - also it’s easier for people like NCS they have not got the tight constraints (HealthLink/ Activity Partners)’

Recruiting volunteers was seen by some as a challenge, others less so. This was particularly the case with HealthLink and Activity Partners.

‘The demand for volunteers is high... we need to do more ... there is also sometimes a perception that there are restrictions on the area (Queens Park focus).’

A volunteering activity leader leaving / stopping the activity can be a problem - both in terms of finding a replacement who is able to / interested in delivering the same activity, but also for the group members.

‘On one occasion although we found a replacement volunteer to provide the same activity, the group members were not happy and one by one stopped coming - the new volunteer ‘just was not the same’. It took 12 months to rebuild the group.’

The LGBT community are not well represented or catered for, but are also very difficult to reach - their own life experiences have coloured their willingness to engage. There are some local activities in Brighton but some are seen as rather exclusive.

‘This group are very isolated, very hidden... there is a whole history and culture to overcome..... fear of being judged... for example many of them would probably not want to walk through a public space to a clearly advertised gay event.’

‘We need to start with low key activities... we are starting a relaxation group over the summer.’

One 2 One activities

Health Link and Activity partners are both labour intensive activities and seen as challenging to the volunteers, and difficult to recruit volunteers for; and to get referrals for, despite it being seen as a good idea. So far HealthLink has supported 15 beneficiaries to attend 32 medical appontments and has 7 volunteers; Activity partners has supported 22 scheme members with 9 volunteers currently supporting a scheme member, several are long term relationships which have been running for over 18 months.

HealthLink has been running for just over one year. Any individual referred to the HealthLink scheme is registered, then the development worker visits then to assess them, then - if they can be supported via the scheme - sets up the link with the volunteer. It can also be challenging for the volunteer. The person may be reluctant to go, the volunteers do not know fully what to expect, and the time needed may not be clear from the outset - it can take several hours.

‘The volunteers have to be very firm and assertive sometimes, not be intimidated, just to get the person out of the door.... It takes time.' (HealthLink)

‘People may not want to go out... they deteriorate... that is a difficult judgement’ (Activity Partners)

‘Some of the referrals are on the edge of what is possible....needing care... we have had to end some relationships because they have become too frail...’

‘It (HealthLink) is a big ask’ - Community Group

Local recruitment can be difficult, there are other organisations - often better known in the area, that have been around some time and whose activities do not present such ‘a challenge’.
There is a lot of competition for volunteers and Health Link is quite a big ask, in terms of time... we need the pool of volunteers to make it work.

Also, volunteers can get frustrated and disappointed if they express interest then nothing happens because no one registers for help.

It is difficult getting the balance right between recruiting volunteers and someone needing support. We have combined them with Activity Partners.

The volunteers need to be ready to go... CRB checked etc.... I am concerned people could lose interest but so far no one has dropped out.

Achieving referrals to HealthLink presents a problem. They need someone who knows the life circumstances of the individual and neither the GPs nor hospital staff are seen as necessarily being in a position to know that. Managers in sheltered accommodation are better placed, because they have more of a relationship with the individuals in question. Also, there tended to be a very positive response to the scheme and a flurry of referrals after reminders or sending out information, then they drop off again. GP surgeries despite posters and leaflets and attempts to contact them remain unresponsive, and one described the referral form as a burden.

GP surgeries are impenetrable
Public health say the GPs are a closed shop
One GP described the form as arduous... it is name, address telephone number!
We need someone to mention it when people make an appointment or when they have missed one
We need to use the partner organisations more effectively in getting referrals - contacting groups, getting the message to social worker meetings, NHS manager meetings, talk to care teams...

Activity Partners has changed along the way. While the original aim was to bring people to the activities in Patching Lodge, some people just want regular contact and support. People are also sometimes reluctant to recognise that they need help and may say no, even though they cannot do things on their own.

It can be very difficult to get beyond the front door, once they have retreated, to get them out of their isolation and get them involved.... It is their mental wellbeing as well....once they come, they look forward to it.

The HealthLink Project worker has been collecting testimonials from people using/ benefitting from the service, as part of their own work. Because of the difficulties associated with interviewing these people, we have included these quotes.

We have found the Health-link project service to be very helpful in getting vulnerable tenants with no support to hospital appointments. Edward in particular has missed a few appointments because of his memory deficit. It is helpful knowing that the volunteer will turn up on the day to assist them as whilst we can remind them, we can be called away to another workplace for an emergency so we cannot be relied upon.

I have identified at least 9 tenants in the future who are vulnerable that could benefit from using this service. Sheltered Housing Scheme Manager

Thank you for being here Nurse at HealthLink Appointment

It made a huge difference. Without you she probably wouldn’t have gone. Care agency staff

Absolutely marvellous. I was treated like a queen! HealthLink beneficiary.

Health training / promotion

The health promotion scheme ‘was doing very well considering the size of the project’ as one person put it. But it presents challenges on two fronts. First, the courses are only run at certain times a year and are then quite intensive - so even people who are interested may not be able to attend. Secondly, the reporting - the volunteers can be reluctant to provide the feedback that is needed, they find the forms somewhat arduous and when they engage with people in the community, are not necessarily sure what to write.

They don’t really want to report every intervention

They enjoy the training and can see the benefits, but they do not like the big feedback forms, but we need to demonstrate benefits.... the funders need the data. Also, they can’t always remember when they said what to who.
A third barrier may be the brochure which is written in ‘healthcare speak’ in terms of outcomes and in no way ‘sells the benefits’ to the person contemplating the training. See Appendix 2.

**New activities**

A range of activities were suggested. Create links to / activities at football / rugby clubs; set up a bike repair scheme like the one in Coventry; DIY / ‘men in sheds’; games- snooker, football, darts, card games, whist drives, bridge/ mini bridge poker - for pennies/ matches; more computer based activities; outings - fishing, visits to the pub.

*’We need to replicate the Patching Lodge model elsewhere if we can’*
5 LifeLines Volunteers

We consulted volunteers in various ways: when visiting Patching Lodge; two focus groups in Brighton; several telephone calls; a postal questionnaire. The discussions followed a similar pattern to the other stakeholders—their roles, the benefits for beneficiaries and what they get from it, issues and things they would change. The comments that follow are distilled from those various discussions.

Being a LifeLines volunteer

In total 32 questionnaires from volunteers were completed and returned. These respondents have been a volunteer with LifeLines in Brighton for approximately two and a half years on average; ranging from 3 months to up to 5 years. They would typically spend around 3 hours each week volunteering; ranging from 1 hour to up to 10 hours per week.

Other facts about volunteers, where specified, include:

- More volunteers are in their 70s than 60s; 34.4% are aged between 61 to 70 and 35.7% 71 to 80 years
- Nearly three quarters are female (71.9%)
- Nearly 45% are widowed or divorced - 21.9% widowed and 21.9% separate/divorced; just under a third (31.3%) are married/cohabiting
- The majority are White - British (90.6%)
- In terms of location, the main areas are Hove (n=6 volunteers), Portslade (n=5), Kemp Town (n=4), Queens Park (n=4) and Round Hill (n=2). Others lived more centrally or in areas such as Woodingdean, Preston Circus or Newhaven.
- Over a third (37.5%) states that they have a long term difficulty, illness or disability - arthritis, diabetes and high blood pressure being the main ones.

Activities

The main activities volunteer respondents help with are shown in the chart below (see Figure 4). Knitting is the key one, where nearly half (46.9%) help with this activity. Others not included in the list refer to activities such as Yoga.

Figure 4: Volunteer respondent activities

![Bar chart showing volunteer respondent activities]

Impacts and benefits of the project

The discussions with the volunteers indicated a range of benefits and impacts for them and for the participants such as people being more connected to the community; the sheer enjoyment - fun and laughter
LifeLines Brighton – an evaluation 2013
especially; being more confident and enjoying sharing a skill; feeling more connected to the community.
These benefits were born out by the quantitative statements.

Connecting to the community
There was a strong sense among the volunteers of how both they and the beneficiaries were more connected
to the community as a result of the project, that they met people that they would not meet otherwise.

‘They don’t all live in Patching Lodge... and then you see them all chatting at the bus stop afterwards...’
‘You see someone in the street and they give you a big hug.’
‘It is a great leveller...... you meet people you never would, and it builds trust but you don’t know that much about them at first...’
‘The knitting group.... they meet once a month, but now some of them are going to the local Church...... and people drop in to bring us buttons and things.’
‘I find meeting and communicating with people interesting and helping rewarding’

Fun and laughter
The activities are important, but so too is the socialising and the laughter. This was mentioned as important
for beneficiaries and volunteers alike on numerous occasions, and for many volunteers was one of the great
things about being involved in the project.

‘It’s not just the activity.... They all look at each other’s work and talk about it and then chat...’ (art)
‘This kind of service really needs to expand.... So good for health and mental health, socialising....’
‘There is a huge amount of laughter - they find each other very interesting, even if there is not always
a lot of time to talk....’ (Memory)
‘It gets into your heart... and awful lot of satisfaction’
‘You see their enjoyment and it is just so heartening...’
‘It’s the smiles and the laughter’
‘The enjoyment of a shared interest creates real trust.’

A sense of purpose
Several of the volunteers mentioned the importance of having a sense of purpose, the importance of being
part of something that connects them to the community.

‘Lifelines is an important part of my life’
‘I feel useful... I have a full day, I had had a major operation and now I feel validated again.’
‘The community focus.... And feeling part of something that is growing...’
‘You feel very much part of something... and the fact that it is local and I can walk there.’
‘I feel involved needed, heartened....’
‘I wish I’d known about this years ago, I think it’s brilliant’
‘Knitting for the Trevor Mann Baby Unity, and hats for soldiers in Afghanistan. I feel I am doing
something for the community. Also something useful.’

The opportunity to share a skill
The fact that the groups are volunteer led, and that the volunteers are able to choose the focus means that
they are able to put their own skills, interests, hobbies, work experience to good use. Following their own
interests and not just being fitted into a role was an important benefit for them.

‘I love working in clay, and doing this has given me a real opportunity to reconnect, to re-kindle my
own interest.’
‘You get to share something you are passionate about.... And then you see the smiles on their faces,
and I tease them a bit’
‘I think LifeLines is very good and has helped a lot of people, with lots of new skills and new friends.’
‘I am an anorak for family trees.... And I was in computing at work... it is just so satisfying to keep my
hand in...... and help others.... That we are of an age is important I think too.’
LifeLines Brighton – an evaluation 2013

‘It just feels important to use the skills you’ve got to help those with challenges…. And you meet people you would never meet otherwise… some of my group are in their 80s.’

‘I really enjoy the people I meet…. love reading and being able to share and encourage others…. The activities give people a reason to come …then they can have a coffee too.’

‘I don’t like being stuck at home all day… want to get out and do something…. And always liked computers …. I’ve got the skills.

‘The good thing is meeting people where they are at…. Not making them fit in’

Friendship and meeting people was another important aspect for others.

‘We have become friends….. and yes I think it does improve her quality of life I hope so….. she certainly looks forward to it… sometimes she is more gung-ho than I am.’

‘I’m a people person and really enjoy the groups we work with….. we have fun… for me it’s got to be enjoyable… we all celebrated one person’s 93rd birthday… she was delighted.’

The volunteers get a lot of enjoyment out of their activities, in different ways.

‘Gets your brain going… can be a bit challenging’

‘Being beaten at table tennis by a 72 year old .... Isn’t good for your ego!!’

Growing skills and confidence

The computer club operates on a one to one basis and has had some significant successes, with beneficiaries gaining confidence and experience such that they have bought computers for the first time in their lives. They have also researched their family histories - in on instance back to the 18th century, managed to order presents on line, enjoyed listening to music, gone back to winning at competitions.

‘There was one lady who came… at first she was having real difficulties with all the input devices e and the mouse.... But she got better ... then she bought an iPad.... She says it is great, so easy - not messy like the PC. Another one bought a Kindle fire.’

‘One lady used to be really successful at competitions in magazines, but didn’t know how to do them online..... so we looked at it.... And now she is winning again... and she has bought herself a laptop’

‘IT should be available to all...... among the elderly it is often intimidating for them... we can show them what is available... you get huge satisfaction.’

Confidence and achievement elsewhere too.

‘There was one gentleman with learning difficulties, and he really persisted.... To get the different skills, he was so chuffed at what he was capable of... and it was wonderful to see the progress he made... he made a fantastic slab pot... rolled it our, measured it, assembled it... yes with help but...’

Rating specific benefits

When asked to agree with a set of ten statements about potential benefits and impacts of their volunteering for them personally, there was significant agreement with most of the statements. Sharing a skill came out top overall and on Strongly agree.

In terms of the aims of the project to improve health and wellbeing, the statements confirm these benefits to the volunteers, all of whom are over 60 and many of whom are over 70. Four statements related to health, confidence and mental welling: with the exception of being more physically active, all of them receive combined agreement (Strongly agree and Agree) of over 70%.

- I feel better in myself (96%)
- I feel more confident (75%)
- It has improved my mental wellbeing (70%)
- I am physically more active (37%)

In terms of reduced isolation, again there are strong perceived benefits - making new friends and feeling less isolated receive combined agreement of 90% and 70.8% respectively.

On the other hand, although one in five agreed, respondents tend to disagree with the statement (this could be a misreading of the scale - it was a reverse scale but needs investigating :

- I find my volunteering quite stressful at times.
The barriers

The volunteers recognised significant barriers to people attending, even when the activities were nearby / down stairs for those at Patching Lodge. These were physical - especially transport as well as mental / emotional. Even more proactive support might be needed, but as one anecdote indicates, once motivation is there, confidence and willingness can follow. It has to be their choice.

‘When they are so isolated they are very reluctant...... you have to prise them out with a shoe horn.’

‘A lot of it is confidence....’

‘One lady did not want to do anything...hadn’t been out for ages...certainly not on her own.... then we started going to a choir because she enjoyed singing..... suddenly she was off.... Decided to get the taxi on her own.’

‘But it is important that it is their choice - to come or not to come.’

How and who encourages them is another factor. But also, simply forgetting to go is as important as any other barrier.

‘Who is doing the asking is important.... If it is a friend who invites them then that works, if it is a daughter saying you ought to go, that can be nagging....’

‘People forget, it’s not that they don’t want to come... they come on the wrong day or the wrong time... we need someone to remind them.’

Scale could be an issue. The focus on Queens Park is both positive - local identity; and not so good, small catchment area and perceived ‘no go’ area for those living outside the immediate area.

‘LifeLines has quite a small catchment area’

Transport was mentioned on numerous occasions in the discussions, not just public transport, but also the support needed by some of the very frail older people who would have difficulty using a taxi without help to and from buildings.

‘Transport... some are afraid to take the bus... or to walk anywhere in case they fall...’

‘Transport... even if she got a taxi... she needs help to and from the car, and it takes her 5 minutes to lock up...’

In the questionnaires, volunteers were asked what they thought stops more people from coming along - they were asked to select three from ten options. The social / emotional barriers were seen as the strongest barriers - taking the top three places, followed by the need for publicity and transport:
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- Worry about not knowing anyone (68.8%)
- Don’t want to go somewhere alone (53.3%)
- Feel anxious going somewhere new (50.0%)
- Don’t know about them (50.0%)
- Lack of transport (34.4%).

**Overcoming barriers**

In terms of helping more elderly or isolated people to come to activities offered, volunteers, where specified, identify the following as potentially helping a lot:

- Someone familiar to introduce them to other people
- A reminder that it is on/when to go (see Figure 6).

**Figure 6: Overcoming barriers - volunteers**

<table>
<thead>
<tr>
<th>How much do you think each of the following would help more elderly or isolated people to come to activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone familiar to introduce them to other people</td>
</tr>
<tr>
<td>A reminder that it is on/when to go</td>
</tr>
<tr>
<td>A volunteer driver to give them a lift</td>
</tr>
<tr>
<td>Help to use a community minibus service</td>
</tr>
<tr>
<td>Someone to go with from their house to the activity and back</td>
</tr>
<tr>
<td>Someone to accompany them on the bus</td>
</tr>
<tr>
<td>Share a taxi with other people going to the activity</td>
</tr>
<tr>
<td>Percentage indicating 'A lot'</td>
</tr>
<tr>
<td>82.1</td>
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<tr>
<td>77.8</td>
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<td>63.0</td>
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<td>60.9</td>
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<td>60.0</td>
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<tr>
<td>47.8</td>
</tr>
<tr>
<td>35.0</td>
</tr>
</tbody>
</table>

**Need more publicity**

Volunteers were not entirely clear how the project was publicised- most of them had fund leaflets in various places. They did, however, feel that more could and should be done to promote the project.

‘No idea how they publicise it all.’

‘Reaching people is an issue.... Are we reaching the really isolated?’

A variety of options were suggested, some of which are already being tried, and were seen as successful such as taster days and open days at Patching Lodge.

‘We need to move out into the community more.... Into new areas, but also to find the people who are really isolated....’

‘We need to contact anyone and everyone we can think of.... Neighbourhood Watch, Day care centres, Social worker and care workers, Carers Groups, CAB and Age UK, the library, local papers, sports grounds, victim support, meals on wheels, MIND....

‘LifeLines isn’t really known in the community... need publicity, get out there.... the staff seem very pushed for time not sure they even communicate with each other....’

‘Need a big board outside that you can see from the bus.’

‘The open day was good.... got lots of people there... and the taster days.’

Several people felt that volunteers should be encouraged to promote the project more, not just their own activities but all of it; others that the staff at Patching Lodge could do more to encourage residents to participate.
Although I am local I had not heard of LifeLines... publicity is always difficult... it needs to be more targeted... need to use the volunteers better .... Get them taking leaflets.’

‘Volunteers need to talk more too.... Go to events, knock on doors.’

‘Think the Patching Lodge management are too laid back they could do more to engage with residents....’

The innovative nature of the project was seen as a very positive message, especially the use of activities and social contact as a way to promote health and wellbeing; especially the mental health benefits.

‘We are in the vanguard..... Doctors are prescribing activities instead of drugs... we need to be promoting it heavily as a way to prevent mental health problems....’

‘We need to expand the numbers... there are so many people with mental health problems, about one in four.... This opens up their world again.... It is very stimulating.’

Local identity is another positive message, but the changes ahead are causing concern.

‘The local identity was very important for me and I think for participants too .... They are meeting neighbours..... with this new commissioning am worried we might lose that’

New target groups and activities

LifeLines is hoping to develop its work by attracting new groups, in particular more men. In the discussions, we asked about options for expanding to engage with new groups more effectively - especially older men and people from the lesbian and gay communities. There were no ready-made solutions, but volunteers recognised the need to engage, build trust, find specific interests.

‘You have to find the hook, the interest, the motivation...’

‘Build trust with something, like the cooking, then expand it.’

‘That generation of lesbian and gays have been in the closet all their lives.... They might feel safer if they knew it was just for LBGT...... Need to find safe, trusted routes to them... go in 'under the radar'... find a spokesperson.’

In the questionnaires, volunteers were asked what new activities they thought might attract more men to take part, the key ones overall include:

- Men only activities (53.1%)
- Fixing things/DIY (37.5%)
- Gardening (34.4%)
- Day trips to places (34.4%)
- Card games (31.3%)
- Learning a skill e.g. model making (28.1%)
- Playing snooker/table football (25.0%).

When breaking down these activities down by what men and women think, there are some notable variations (see Table 6).

Table 6: Suggested activities for men - volunteers

<table>
<thead>
<tr>
<th>Activities</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men only activities</td>
<td>71.4%</td>
<td>52.2%</td>
</tr>
<tr>
<td>Learning a skill (e.g. model making)</td>
<td>71.4%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Gardening</td>
<td>42.9%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Card games</td>
<td>42.9%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Darts</td>
<td>28.6%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Playing snooker/table football</td>
<td>28.6%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Film club</td>
<td>28.6%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Fixing things/DIY</td>
<td>14.3%</td>
<td>39.1%</td>
</tr>
<tr>
<td>Watching football</td>
<td>14.3%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Playing dominos</td>
<td>14.3%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Day trips to places</td>
<td>14.3%</td>
<td>39.1%</td>
</tr>
<tr>
<td>Visit to the pub</td>
<td>0.0%</td>
<td>26.1%</td>
</tr>
</tbody>
</table>
LifeLines Brighton – an evaluation 2013
For example, men are more likely to be interested in learning a skill (71.4%) or men only activities (71.4%). Whilst there is general agreement amongst women with regard to the latter, women generally think that men are likely to be more interested in fixing things/DIY and visits to the pub than they actually are.

Contact with and support from the LifeLines project
Most of the volunteers we spoke with felt that the LifeLines team were very supportive in variety of ways. And this was born out by the questionnaire responses as well.

Training
Although not all of them were aware of the full range of training that had been on offer at some stage, they felt that the training / induction they received was enough. Between them they mentioned a range of training options: mentor course, 1st aid, wheelchair pushing, computer e.g. Skype, genealogy - plus the induction and different specific training.

‘I had had some reminiscence training before, but this was good... more like shadowing... then we also got a specific course here, she was very good, ideas to use, how to bring people back on focus...’

‘The NCS training they offered was really good.... Hearing loss, dementia... LifeLines is well connected, ... great to have.’

‘They will arrange training for you if you ask.’

In the questionnaires, the key training and support that volunteers state they had attended include:
- Volunteer meetings
- Induction day (see Figure 7).

Others, where stated, include: focus groups, on the job training, reminiscence, first aid.

Figure 7: Training and support

<table>
<thead>
<tr>
<th>Training and support opportunities</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer meetings</td>
<td>56.3</td>
</tr>
<tr>
<td>Induction day</td>
<td>50.0</td>
</tr>
<tr>
<td>Promoting health and wellbeing</td>
<td>25.0</td>
</tr>
<tr>
<td>Specific courses (e.g. dementia awareness, dyslexia, wheelchair use)</td>
<td>12.5</td>
</tr>
<tr>
<td>HealthLink training</td>
<td>9.4</td>
</tr>
<tr>
<td>Activity Partner training</td>
<td>3.1</td>
</tr>
<tr>
<td>Other</td>
<td>15.6</td>
</tr>
</tbody>
</table>

All who attended such training and support opportunities found them to be very (in the majority of cases) or somewhat helpful.

In the majority of cases (59.4%) volunteers indicate that they feel that they receive enough training and support, although one in four respondents did not provide an answer (see Figure 8). Some feel that they ‘learn on the job’, and among the memory groups mentoring is a specific approach:

‘There can always be more training but I think it is about right. There is training on the job too.’

‘Did not receive any training when I started so I don't know if the 'induction training' would have helped. Some guidance on dealing with the elderly and disabled could have helped at the time. I feel I have learnt on the job!’
Other comments include:

‘The opportunities are there available for volunteers. How much they avail themselves would depend on the role they are taking, their previous training and experience and the time they wish to devote to voluntary work. I appreciate not having pressure put on me to do unnecessary things. One thing I especially like is that LifeLines do not patronise their volunteers. It’s not a ‘one size fits all’ approach. Individuals are treated as such.’

‘Running a Reminiscence group requires certain skills and I would like more training. I also feel that those members of the LifeLines team who are employed should undertake more duties (i.e. minute taking and preparing rotas). The Reminiscence project is more complex than some of the other activities involving a team of volunteers working together, therefore the ethos of volunteer becomes more difficult. I would like more input from paid staff as I often think that alongside delivering sessions there is a degree of administrative work as well’.

‘They are always supportive and give us all the help we need.’

Where there was uncertainty:

‘I don’t know exactly what training is available so cannot comment.’

‘Unsure - apart from those listed, I’m mostly self-trained when it comes to computing.’

**Further training support**

Volunteers think there is scope for further training and support opportunities, particularly with regard to:

- Dementia and stroke awareness
- Using a computer, and
- Safeguarding older people (see Figure 9 below).

The least helpful are:

- Volunteer recruitment
- Managing finance, and
- Health and safety.

Other areas of positive support identified by volunteers include:

- Lead and support roles, and
- One-to-one supervision from paid members of LifeLines.
Project team and Patching Lodge
The support at Patching Lodge was mentioned by several volunteers, with Alan singled out as a major strength and focus of the support there. But the rest of the team also got recognition with overall positive impressions of the team and the organisation.

‘Patching Lodge is a really nice place…. With all the staff and support etc.’ (bit intimidating)

‘Alan is great…..his support is really crucial ….. really on the ball, organises all the ladies!’

‘Alan is very good….I see him regularly… he shepherds people round… sorts stuff… he is very active.’

‘It’s a small team - am amazed at what they achieve.’

‘LifeLines feels like a very steady organisation, a sense of substance…”

Patching Lodge was also seen as important in its own right, a great location, a home for the project. Volunteers would like to see more, similar project based elsewhere. However, they also recognised the unique nature of Patching Lodge and that finding similar locations might not be easy.

‘You need a really nice place, a home… Patching Lodge is so important.’

‘Some places are too shut off, they do not want it… and they are so rude and obstreperous…”

Regular meetings
Several series of regular meetings were mentioned - a quarterly volunteer meeting open to all volunteers organisers; a memory group monthly meeting, a HealthLink / Activity Partners meeting - all of which were seen as important opportunities to meet, socialise, be part of something, get help and discuss problems - if there were any.

‘The monthly meetings - for the memory groups - are very good, we can talk in 2s … very positive’

‘The quarterly meetings….. they are very good, we can share ideas and make suggestions… you also know you are not on your own - e.g. if you have a problem.’

‘…we are more isolated and don’t go to Patching Lodge so we don’t bump into other people really.’ (HealthLink)

The contact and support from LifeLines is generally viewed positively where specified, certainly with respect to ‘I feel I can always contact the team if I need help’ (see Figure 10). However, one in five indicated ‘LifeLines do not do enough to help their volunteers’; given the positive statements elsewhere, this may be a misreading of the reverse scoring; but merits investigation.

While there were some comments about problems with communication and support, these were within a context of general recognition that they were always able to contact LifeLines if there were problems.
LifeLines Brighton – an evaluation 2013

‘So many are part time it can be difficult to contact them, communication can be very slow just to get things sorted.’

‘LifeLines feels a bit piecemeal sometimes... they don’t all seem to know about it all, just their bit.’

‘Would be nice to get a call sometimes... used to get more....’

‘They were definitely there when I had a bit of a crisis...’

Figure 10: Contact with LifeLines team

Volunteer driving scheme

Volunteers were asked in the questionnaire about their level of interest if LifeLines were to set up a volunteer driving scheme. Unfortunately none of the respondents expressed an interest in such a scheme. The main reason being that they have:

- Not got a car/don’t drive (46.9%).

Other reasons/worries include:

- Insurance problems (12.5%).
- Parking is difficult (12.5%).
- Cost of fuel/wear and tear (6.3%).
- Too old (3.1%).
- No more time to give (3.1%).
- Don’t feel confident driving vulnerable people (3.1%).

One 2 One support

The Activity Partners, HealthLink and computer club all operate on a one2one basis, while most of the other activities operate in groups. Recruiting for Activity Partners and HealthLink is sometimes difficult, but the volunteers seem to enjoy it nonetheless.

Activity Partners

The Activity Partner programme does not always work as it was designed to do - i.e. take people to specific activities. The volunteers have instead adapted to the needs of their link person. It is still an important and beneficial activity.

‘We talk about Strictly Come Dancing together.... She used to dance and is a real authority.... Explains it all... and I have got a new interest.’

‘I go to see here and take her out somewhere.... It is often the only time in the week that she goes out... except if her daughter takes her somewhere. I try to get her to activities but she prefers just to go out to parks or the garden centre and have a cup of tea.....I still work, so weekly is a lot’
It is important to help the volunteers see that they are there for the older person, and following their lead is important.

'It can be a little frustrating (computer) if all they want to do is talk about their ailments and I spend an hour listening, there is so much more we could do.'

'Another lady just wants to listen to Al Jolson... and that is fine'

In the majority of cases (n=23) volunteers are currently not involved in the Activity Partners, but of these 8.7% (n=2) indicate that might be interested in doing so in the future. For the remainder, reasons cited as not being able to do so mainly relate to distance, lack of transport or lack of time:

'We live in Portslade, it is a long way to get people to travel to Patching Lodge.'

'It would take a lot longer and I don't have much time.'

'No transport, time constraints, difficulty in getting around myself.'

'I'm busy rest of week and don't live in the area.'

'I have enough to do already.'

Health Link

For some the ad hoc, flexible nature of the HealthLink programme is an important aspect.

'HealthLink appealed because it is flexible and I can fit it in with other things.... And I like the one to one aspect.'

But it can be a challenge, time consuming, and in some ways quite sad, the fact that someone is so alone, that they rely on a stranger for something so important. Please see the portraits of beneficiaries below.

The Patching Lodge Partner Group (PLPG)

The Patching Lodge Partner Group is seen as useful group, but the volunteers who were asked to be representatives did not find it very welcoming at first; were not really clear about either its role or focus; nor it seems was the group clear about their role.

'I was asked by Finola the previous manager (to be on the PLPG) then she left so it was all a bit unclear.... at first the topics were really of little relevance.....not about LifeLines.... now we have had a good conversation and it feels better. They seem to think we area there as volunteers but we are there as a voice from the outside world.'

'They did not draw us in at the beginning'

Rating the LifeLines project

The project is rated highly by volunteers, with an average score of 8.9 on a 10 point scale - 96.0% rate it 8 or above. The key reasons for enjoyment relate to:

'A brilliant concept which needs more publicity in the general public areas.'

'I believe the LifeLines project greatly enhances the lives of older people living in the area.'

'Offers a wide variety of interesting programmes, and individual support.'

'The pleasure of teaching a skill and seeing students blossom.'

'Helps less fortunate people around the world.'

'Lifelines is a project to look forward to each month.'

Benefits to the community

Where specified, all respondents agree that the project benefits the community for each aspect (see Figure 11). The strongest agreements are for:

- Older people feel less lonely.
- Older people are more active than they would be otherwise.
- The community gets things they wouldn't otherwise.
Life without volunteering

Volunteers were asked what life would be like without volunteering. Typical responses are that life would be ‘boring’, ‘not so interesting’, ‘less busy’, ‘lacking interaction with others’ and specifically:

‘It plays an important part in my life and keeps me active in mind and body. I thoroughly enjoy my role facilitating in the Memories group.’

‘It is a great pleasure to see the participants enjoying it too. Therefore life would be a bit less pleasurable.’

‘I would feel less useful.’

Message to funders

The volunteers in the discussion groups had very clear messages for funders, over and above the other benefits that they saw for the beneficiaries and themselves. Namely: invest and expand, not cut.

‘We give our time, you can give the money!’

‘Would be a huge impact if it stopped, even the people who are really busy elsewhere too…. It keeps them alive.’

‘You’ll be old too one day, then you’ll think twice about cuts!’

‘This is the sort of service you need to expand.’
6 Beneficiaries

We contacted beneficiaries in three ways – during a visit to Patching Lodge where we talked with individuals briefly while they were waiting for / watching / participating in activities - 14 altogether; extended telephone interviews - 6 people; and a postal questionnaire, which was also distributed through the groups - and if need be people were supported to fill them in.

Who are the beneficiaries

The project is targeted at the isolated, elderly, and certainly most of the participants we spoke with fit that category. Among those we spoke with:

- About two thirds lived alone and had few visitors
- Several had difficulty getting out - e.g. they were afraid of falling, unable to go out alone or to walk far, could not lift their legs into a car
- Most had more than one health problem, including osteoarthritis, macular degeneration, heart problems, hearing loss
- They were aged between 62 and 91

This profile was confirmed among the 35 participants who returned questionnaires, their profile includes:

- The majority are aged between 61 and 70; (31.4%) and 71 to 80 years (34.3%). A further 22.1% are aged 81 to 90.
- A large proportion is female (71.4%)
- Nearly a quarter (22.9%) are married/cohabiting but a further 25.7% widowed and 25.7% separate/divorced
- The majority are White - British (87.8%)
- In terms of location, the main areas are Queens Park (n=9 participants), Kemp Town (n=7), Eastern Road (n=3), East Brighton (n=2) and Woodingdean (n=2). Others lived more centrally or in areas such as Preston Circus, Rottingdean, Hanover, Hollingbury.
- Nearly two-thirds (65.7%) state that they have a long term difficulty, illness or disability - arthritis, osteoporosis, diabetes and high blood pressure being the key ones.
- A large majority (62.9%) indicate that they live alone, just over half of whom (n=10) have lived on their own for over 20 years.

What are their circumstances?

Number of visitors each week

While the majority are in regular contact with people, 14.3% of respondents have no regular visitors. - across the over 65s population in Brighton that would be 5000 people. Around two-thirds (62.9%) state that they have between and four visitors each week (see Figure 12). A further 11.4% have more than four visitors.

Figure 12: Number of visitors - beneficiaries

![Number of visitors each week chart](chart.png)
Getting out for other reasons

Participants were asked how often they get out each week - excluding the LifeLines activity that they attend. The majority (80.0%) are able to get out most days in a week, and a further 14.3% get out at least once/twice a week (see Figure 13).

Figure 13: Getting out - beneficiaries

![Graph showing the frequency of getting out each week.]

Respondents were asked where they mainly go to when they go out. These other activities include:

- Shopping (n=21 participants)
- Visiting friends (n=13)
- Walks (n=9)
- Eating/dining out (n=7)
- Cinema (n=6)
- Visiting family (n=5)
- Church (n=4)
- Swimming pool/sports club (n=3)
- Local groups/clubs (n=2).

Ease of getting to places

The majority indicate that it is either very easy (20.0%) or easy (62.9%) for them to get out to places. However, that leaves 17% for whom the key difficulties are:

- Not being able to walk very far (n=5 participants)
- Worrying about falling (n=3)
- Needing help with transport (n=2).

LifeLines activities they go to

The number of activities participants take advantage of is shown in the chart below (see Figure 14). Tea dance/Dance lessons, Memory groups and Games are the key ones.
What they enjoy about them

In the questionnaires, respondents referred to many things that they specifically enjoyed about going to the activity, which can be summarised as including:

- Meeting friends/socialising
- Getting out/meeting new people
- Keeping active/keeping fit
- Enjoyment/fun
- Learning a new skill/interest
- Occupying the mind/having a sense of purpose
- Relaxing/therapeutic.

Benefits and impacts of the activities

Having friends and feeling less low

Isolated people lack friendship and companionship; for most of the people we spoke with friendship was a major factor in whatever activity they were undertaking; and far better than the alternative of sitting alone doing very little.

‘I came to Brighton…. then my husband died very young, … now my friends are all dying … there’s only 2 or 3 of us left. Don’t know what I’d do without it….. If it wasn’t for that group I wouldn’t be like this… the people who run it are really marvellous, really feel you’ve got friends. They are like family.’ 91

‘I’ve made new friends…. I go into the café … it is so much nicer to sit down here…. ’ 76

‘It is a really great group…. The friendliness is so important…. None of us knew each other now we feel we do, a core group of us come every week.’ Reading

‘With the groups you meet new friends… it introduced me to others…. The situation makes it easier to meet others.’ Reading

‘If there was no LifeLines… you’d lose all that camaraderie… we would all spend more time at home… it’s meeting the people that is so important.’ Reading

The reliance on family, as friends or spouses die and people are less able to do things for themselves, was often mentioned - with the result that they had few visitors and were often lonely and got low. In addition, the need to keep busy was well recognised, but not always easy to achieve.
Research for Tomorrow, Today

Feeling better
Laughter was mentioned on several occasions, and is an excellent tonic; recent research also indicates that its health benefits are almost as beneficial to older people as physical exercise in terms of increased heart rate etc.

‘I like the humour… we have a laugh’ Reading

But they also enjoyed other aspects including a reason to dress up a little.

‘The variety of things we look at…. And the venue is great… warm and accessible’ Reading

‘The main thing is the conversation…’ Reading

‘You spruce yourself up a bit… and that feels good.’ Reading

‘….I was a bit depressed…. I enjoy just watching, I play mostly on Mondays…. ’ Boccia

Feeling fitter or being able to move more easily were mentioned by two interviewees.

‘The people are very pleasant and interesting… sometimes I prepare and think about what we are going to talk about…. If you’d seen me a few months ago… I feel very sprightly now, …. I’m much better now.’ 86

‘After the chair yoga I feel rejuvenated…. I’ve told my GP… my breathing is better, I feel better. 2 years ago I was on a walking frame’ Yoga attendee

‘I couldn’t hit it when I started… now I am running after the ball.’ Table Tennis 62

People opening up
It is not just benefits to themselves they notice, several commented on how other members of their various groups had ‘opened up’ over time.

‘One old lady who comes… at first she said nothing… but it has really opened her up…. Now she talks.’ 84 Memory group

‘One old man he’s had a stroke… he can communicate a bit now, he couldn’t talk much …’ Memory group

Moving on to other things
We only spoke with one active member of the men’s cooking group, but the things he had to say indicate the underlying benefits for all those involved. And, perhaps more importantly, his progress from the cooking group to the men’s group indicates the way in which one activity can lead on to other things once a few barriers have been overcome through shared activity.

‘My wife had died and I was living off takeaways and instant meals’

‘Let’s meet once a fortnight for a cup of coffee…. Sometimes we go for a meal.’

‘The great thing is we can ask each other about the little things… like ‘I’ve got this ugly spot..’ and we can share things and talk about them.’

Counteracting boredom: looking forward to something
Boredom, a lack of structure, nothing to do - all came up as problems for many of the people we spoke with. The LifeLines activities were an important antidote - even if people were only watching and not participating - it gave them something to do and something to anticipate. They felt that it benefitted them in many ways - something to do, something to think about, something to look forward to, company and a reason to get out.

‘It’s been a big improvement in my life…. I’ve got things to do and think about, things that I have never done before…. Oh yes, life is much better.’ 62
‘It’s not doing anything... I’m never going to get another job (I’ve got osteoporosis, have heart problems, fits, blood pressure, am on antidepressants). It all goes a bit over my head.... So the one to one is good ..... It has really opened my eyes... but I need to have one to practise on... ’(Computer club)

‘It’s very good in here.... We need more like this in our place (Leach Court next door), you get bored.... You can come in here and just do your knitting if you want.’

‘I like watching the Boccia, keeps your mind occupied.....’

‘It helps people get out, instead of sitting indoors alone.’

‘It helps me get out... so often there is nothing specific... a lack of structure so you don’t venture out.’

‘I’ve been coming for about a year now.... Otherwise I’d be doing a lot of nothing.... I feel much better.’

‘The memory group is one among many activities .... Board games, and Wii... at Patching Lodge it is going like a bomb.’

‘It’s the human company.... I’d not been for a couple of weeks.... And they said they missed me because I’m the one who makes them laugh.... Everyone has opinions on things... and you come way smiling.’

‘I’d tried quite a few... and I like this one.... I like the people... I look forward to going’

Skills and confidence growing

Several of the people we interviewed spoke with a sense of pride and achievement about things they had done, as a result of being part of the project, which they had never done before or would have thought of doing before.

‘I was invited to do a talk on having a colostomy..... the rest of the time we compare and share ideas.....’

‘Not done the computer for a while... but I have researched my family back to the 1700s... who they married... never done that before.... not used a computer before either.... I would be afraid of showing myself up in a class.... This way you can put your name down and see how it goes.’

‘It’s really nice... you learn something every week.... like the eyes are half way down your head.... She corrects you a bit but gives you lots of praise.’

‘It’s opened the door to poetry...... I’d never written poetry before.... Sometimes a phrase comes, then I build on that.... ’

With the computer club in particular, two people mentioned the importance of one to one support because they ‘did not want to show themselves up’ or worried they might not understand in a class.

Specific benefits and impacts

Participants, where specified, were very positive about the effect of the activities that they participated in, with all possible statements achieving 75% or more support (Strongly agree and Agree combined). Top of the list were:

- It makes me feel more cheerful
- It gives me something to look forward to (see Figure 15).

Looking at the statements with a view to the aims of the project, the positive impacts are again clear, and quantify the benefits which emerged from our discussions. Highlighting Strongly agree scores only, there are clear indications of direct perceived benefits in terms of improved health and wellbeing, reduced isolation, and skill development.
In terms of improved health and wellbeing Feeling more cheerful receives over 53% support, Feeling healthier nearly a quarter strongly agree and over one fifth strongly agree they are more physically active; nearly two fifths having something to look forward to and 20% feeling more confident further reinforce these statements about health related benefits.

In terms of reduced isolation nearly two fifths have made new friends and well over one third strongly agree they feel less isolated, and nearly 14% get out more. A further 10% feel more involved in their communities.

Other comments about participation include:

**Specific health benefits**

'It has helped me get over a broken leg, it has helped a lot.'

'Stops anyone staying alone at home and becoming depressed and stressed.'

'These activities help to keep me from suffering more from my mental illness.'

'Being in the building trade all my life I have always been pretty active to maintain my activity level, but have had to ease back.'

**Making friends**

'Being new to Brighton it has given me a good way of meeting people. Also help me to deal with stress and keep active.'

'It's good to get out and about and meet new people.'

'Meeting new people and it is very sociable.'

**Staying involved**

'Had experience of meditation previously and am much part of the community.'

'I moved further away last year, I wish there were activities nearer for me as it's more effort to get to Patching Lodge.'

**Barriers to people coming**

The people we spoke to were all able to get to the groups but recognised that it was getting more difficult for them, and for others was much more difficult. Growing infirmity was the main obstacle, but some of them had also experienced groups which were not nearly so welcoming as they all felt that the groups in Patching Lodge were.
**Growing infirmity**

Growing isolation as a result of increasing infirmity and loss of confidence restricts even their access to LifeLines.

"I like being with people....I used to be very active but I fell and broke my hip... now I am afraid to go out on my own.... I always walked everywhere..... now I’m frightened to cross the road I can’t see well - (macular degeneration) and I’m losing my sense of hearing...."

"I live on my own.... I’ve just got a TV.... I was afraid to go out near the woods and the paths are slippery.... since my fall I am afraid of having an accident...... the good thing is I saw them last week.... So I could go up to them...... what would help is someone to introduce you to people.... that would make a difference.’ Man 62 major health problems

"I used to walk through the park.... I had to give up my bus pass.... can’t walk any distance.... Haven’t got the confidence and the kerbs are so uneven.... now I get a taxi....it’s the only one I can get to.... my mobility is very limited.’ 85

"The trouble is not enough people want to get involved they want to stay themselves to themselves.’ 84

"So many people need door to door transport’ PA

"We are of an age when we do need help.... and it makes a huge difference.’ 84

**Not always welcoming, elsewhere**

Non LifeLines activities have not always been experienced as welcoming or successful. There are also practical problems such as security. Patching Lodge, with its secure space, design and the help of LifeLines’ volunteers, appears to have overcome some of the problems encountered elsewhere such as clique-iness or lack of commitment.

"Went to one place and it was all in little groups... not welcoming.... Then I saw this advert and thought well it’s something to do..... and they made us ever so welcome.... made you feel at home.... if someone new comes, we welcome them.... it is genuine.’ 85

"There’s no reason you couldn’t’ run one here.... (Leach Court) they’ve got the space... and we did do it for a while.... But it went down to 2 people.... One couple didn’t want to come every week, people don’t want to be tied down.... But security is an issue for all the tenants and visitors and carers.’ 84

"There can be a bit of a clash of personalities.... they don’t want to know and will talk against things.... There were some films and they said don’t want that.... Now that group are showing films on the big TV screen.’ 84

"Many at Patching Lodge and Leach Court - they don’t want to come down, they don’t want to join in in that sort of atmosphere.’ 84

"People can get confused.... One lady made accusations - where’s my purse. It was not very nice.’ 84

‘Asked if I could come to one group.... We pay for it you can’t come’

The focus on Queen’s Park was mentioned.

‘The problem is it’s only for people in this area’ PA

**The soft barriers also critical**

In the questionnaire, participants were asked to choose three things which they thought stops more people from coming along (see Figure 16). The soft barriers of worrying, not knowing people or going alone accounted for 3 of the top 4. In rank order the main reasons are:

- Don’t want to go somewhere alone (48.6%)
- Don’t know about them (48.6%)
- Worry about not knowing anyone (42.9%)
- Feel anxious going somewhere new (42.9%).
Helping other older people get to the activities

Help from Activity Partners

Activity Partners is designed to enable people to get out more, to activities in Patching Lodge, or indeed elsewhere, by providing one to one support. In the questionnaires we asked participants if they got help from a volunteer to get to the LifeLines activities. Of the 35 respondents, only 3 indicated that they get help from a volunteer. Furthermore, two of these three could come alone if they wanted to, so the help was not that important to them. Only one individual felt that the help was very important as they would not be able to go otherwise.

We also spoke with one person who benefits from Activity Partner support. She only had praise for the support, the company, and outings it provides - the volunteer takes her to places like the garden centre for a cup of tea and a wander to look at plants, (she used to enjoy her own garden) or to the seafront. She otherwise rarely gets out and has few visitors or friends locally.

‘Oh yes, I look forward to it….. he is very kind, he must have a very big heart… he is very reliable…. I do get lonely sometimes…. You have to keep busy, but I do wish there was a person my age to have a cup of tea with…. Someone who lived life at my speed.’ 90 on Activity Partner support

What else will help

In terms of helping more elderly or isolated people to come to the activities offered, participants, where specified, identify the following as potentially helping ‘a lot’:

- A reminder that it is on/when to go
- Someone familiar to introduce them to other people (see Figure 17).
Encouraging someone else to go to an activity

In terms of what they would say to encourage someone else to go to this or another activity, participants felt that the best options were:

- To ask them to come along and see what’s going on/give it a try
- To promote the fun/friendly element
- Emphasise the enrichment of lives/the opportunity to make new friends
- Discover if they have similar interests
- The opportunity to get out and learn a new skill.

Proactive promotion needed

Participants we spoke with were keen to see the scheme promoted more widely, often feeling that it was not as well-known as it should be. They also recognised the need to be proactive if people were going to be persuaded to go out. It was unclear what they were basing their opinions on, but nonetheless they were concerned.

‘I don’t think they are reaching out enough...’
‘People have given up.... you need to have someone knocking on their door... someone they know.’
‘It’s been open 4 years, but I don’t think it is very well known...’

Patching Lodge – a great success

Patching Lodge as a location was seen as friendly, clean, welcoming, comfortable, well placed in terms of transport. One member of the Pensioners’ Association was convinced that without access to the free facilities at Patching Lodge they would no longer have been able to meet.

‘It’s good to have it all in one place’
‘Patching Lodge is wonderful... you can just meet in the lounge’
‘It’s a friendly place’
‘It’s very comforting and I have met a few new people.’
‘... it is great location... the buses are good, it is warm and clean and free.... ’PA
‘The people are very friendly ... it is a friendly place...’
LifeLines Brighton – an evaluation 2013

'I like Patching Lodge... it's clean and friendly, there's good transport and the restaurant and coffee bar.'

'Oh it’s beautiful.... When I first went to the games.... The whole look of the place... it gives you a lift and everyone is so pleasant.' 86

'This group would have folded without the LifeLines room here....' PA

Benefits to the community

Where specified, most respondents agreed that the project benefits the community in each aspect (see Figure 18). The strongest agreements are for:

- The older people get out more.
- Older people feel less lonely.
- Older people are more active than they would be otherwise.
- The community gets things they wouldn’t otherwise.

Figure 18: Community benefits - beneficiaries

Of the volunteers / the project as a whole

The extent to which the participants always differentiate between LifeLines staff and volunteers was not entirely clear; what was clear was their thanks and admiration for what they do.

Of the organisation, its staff and volunteers in general, they had only praise.

'I can only speak well of LifeLines... it is a very caring organisation'

'Alan knows the answers to everything... we see him most weeks.'

'She is great.... Really good, she encourages us without forcing us - she is very positive and encouraging...' Reading

'The LifeLines people make all the difference... they keep in touch and let us know things..... we had a tea party the other week for X's 90th birthday... even the lady who never spoke brought a bottle of wine down for the group..... The volunteers do a very good job... there are always two of them ... they wait on us hand and foot, make tea.... it is really very, very good, makes it special. ' 84 Memory group

'Quite satisfied with LifeLines and the volunteers who are so very kind and cheerful.' 81 to 90, Knitting, Games and Memory group

'I think the LifeLines projects are very good for older people because there is very little in Brighton & Hove.' 81 to 90, Computer Club and Memory Group

Some appreciated the fact that the volunteers were proactive and were able to follow their own interests and ways of doing things.
LifeLines Brighton – an evaluation 2013

‘LifeLines is so good because it really encourages the volunteers to do things on their own.’ PA

‘It’s great ... they took the activities to the people in the sheltered housing... the knitting especially.’ PA

Rating the LifeLines project

As a very easy way to gauge support for projects, we ask respondents to rate it out of ten. The project is rated highly by participants, with an average score of 9.0 on a 10 point scale - 93.5% rate it 8 or above. The key reasons for this perception relate to many of the things that people had already mentioned, but reaffirmed here - enjoyment, friends, learning, fun:

‘Because of teachers, makes friends, helps make you a more experienced person.’
‘Excellent teaching - would cost a fortune to have private lessons like this.’
‘I appreciate being welcomed at Patching Lodge.’
‘I get an opportunity to acquire knowledge and skills relating to cooking. It gives me a chance to socialise also.’
‘I thoroughly enjoy the activity I have joined so far.’
‘It helps people to socialise more.’
‘It’s fun to talk with like-minded people.’
‘Life is much more interesting.’

Attracting more men

Participants were asked what activities they thought might attract more men to take part. The key ones include:

- Day to trips to places (51.4%)
- Gardening (40.0%)
- Watching football (31.4%)
- Playing snooker/table football (31.4%)
- Card games (31.4%)
- Darts (28.6%).

When breaking down these activities down by what men and women think, there are some notable variations (see Table 7). For example men are more likely to be interested in day trips to places (87.5%). Women, however, generally think that men are likely to be more interested in visits to the pub, playing snooker/table football and card games than they actually are.

Table 7: Suggested activities for men - beneficiaries

<table>
<thead>
<tr>
<th>Activities</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day trips to places</td>
<td>87.5%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Gardening</td>
<td>37.5%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Watching football</td>
<td>37.5%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Fixing things/ DIY</td>
<td>37.5%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Learning a skill (e.g. model making)</td>
<td>37.5%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Card games</td>
<td>25.0%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Playing snooker/table football</td>
<td>25.0%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Darts</td>
<td>25.0%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Visit to the pub</td>
<td>12.5%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Men only activities</td>
<td>12.5%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Playing dominoes</td>
<td>12.5%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Film club</td>
<td>12.5%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

Participants also suggested:

‘U3A do some wonderful things.... Not too academic.... Be good to get some speakers from there and set up some sessions in Patching Lodge’ PA

‘It would be nice to get some speakers from the university perhaps’ 86
Further comments about activities

Reminders and better notification of changes

‘Communication about changes of events could be better.’ [Female, aged 61 to 70, takes part in Yoga, Games, Painting with iron/encaustic wax and Art classes.]

‘Communication to let people know when the groups are running. I feel LifeLines is an excellent scheme and I can’t thank you enough for running it. The yoga teacher is excellent and adapts the yoga for people’s needs.’ [Female, aged to 60, takes part in Yoga.]

Minor amendments

‘It is a free dance and a row of experienced dancers sit on one side of the room. They should be coaxed into dancing with the residents. This would be a help to some.’ [Female, aged 71 to 80, takes part in Tea dance/Dance lessons and Listen, read and laugh]

‘It is organised well and worthwhile going and we have a good team. Involve a little more baking, but this may be difficult which I understand.’ [Male, aged 81 to 90, takes part in Men’s social group and Men’s cook share and eat.]

A portrait of beneficiaries

**Activities - Never too old to learn: a first time poet at 85**

(Some of May’s comments also appear in the main beneficiaries’ section - name changed)

May is now 85 and lives in a one-bedroom flat on the 2nd floor. It is very quiet with little to see outside except trees, and although she wanted a pet dog or cat for company, discovered she was only allowed birds.

She first came to Brighton when her husband died, to be near her family and focused very much on her Grandchildren, and did not make many friends of her own. Gradually, she realised she was very much on her own, with few local connections.

She got involved in LifeLines when she saw and advert for an open day at Patching Lodge, and felt that she must do something. She looked at various activities, but the one that appealed was the Listen, read and laugh.

The volunteer was welcoming and made May and the others feel very at home. The volunteer encourages everyone to bring items to share and enjoy. The sessions introduced May to poetry and she began to get ideas for her own poems - which she describes as mainly doggerel, but they are also humorous, rye looks at the challenges and experiences of growing old. She shares them with the group.

May finds that she will sometimes just get an idea - a line or phrase and be able to build on that quite quickly, and then carry on tweaking it for a while. So far her topics include the wonders of her electric bed, her ailments, a valentine, her medication, and her pet birds.

But, not only has she started writing poetry at 85, she has also invested in a tablet computer and, with help from her grandson, is starting to use that too. She is quite convinced that none of this would have happened without the Listen, read and laugh sessions at Patching Lodge.

But, while she says she is never too old to learn, she recognises that her physical world is shrinking. She used to walk over to Patching Lodge, but now, not only can she not do that, she has had to give up her bus pass because she cannot walk far and has to get a taxi to the reading group which is about her only activity. But even that is difficult; she cannot easily lift her foot into the car.

**Activities - The memory group- like a family - 91**

(Some of Freda’s comments also appear in the main beneficiaries’ section - name changed)

Freda is 91 and has lived in Patching Lodge for 3 years. She originally came to Brighton 30 years ago, after she and a friend ‘put a pin in the map’; the friend moved on, but Freda stayed. Although Freda made lots of
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Friends in Brighton, her husband died young and has no other relatives; and now her friends are all dying too - only 2 or 3 are left.

She used to be very active, walking everywhere all over Brighton but had a fall 2 years ago when she was moving books in a trolley, and broke her hip. She is now afraid to go out on her own, and would not try to cross a road because she can also not see well - she has macular degeneration, and is losing her hearing. The last few months have 'been horrible'.

She used to be very involved with local Church activities, as well as going every Sunday, and misses the contact and the people. Some of them do come and visit her but cannot / do not stay long, in part because of the lack of parking nearby. No-one takes her out anywhere.

She started going to one of the memory groups when they first started, and this has become very important to her. Her doctor recently called her amazing (because of her good dementia test count) and she is convinced that without the group she would not be as she is today. She finds it hard work coping on her own and feels that if the group stopped she’d have nothing. For her, they have all become friends and for her are like a family.

HealthLink - Dermatology clinic
(Based on volunteer and staff experience)

A 93 year old lady had an appointment at the Dermatology Clinic at Brighton General Hospital, was referred to HealthLink by a Care Agency. She had already missed several appointments, and professionals were very doubtful whether she would attend this one. The HealthLink Development Worker made an initial visit to the woman’s home. She was very depressed, said she hadn’t been out for over a year and had no family or close friends living nearby. After the visit the LifeLines coordinator contacted the hospital transport, which had been booked for the woman, to arrange that the volunteer travelled in the transport with her to the appointment.

On the day of the appointment the volunteer arrived an hour early, but the woman was very reluctant to go, so the volunteer had to encourage and persuade her; then not only was the transport very late, and didn’t arrive until just before the appointment time, it broke down en route. The volunteer managed to keep the beneficiary positive and despite the transport difficulties and delays, the woman did attend the appointment.

The woman asked the volunteer to go in to the appointment with her, and appeared totally dependent on the volunteer, which the volunteer in turn found very sad. The patient was distressed and kept telling staff how she hated the NHS and it was useless. The doctor originally wanted the patient to return on another occasion to have a biopsy, but the volunteer and nursing staff recognised the difficulties and arranged for it to be done there and then. In total the volunteer was with her for over four hours. Towards the end, the woman turned to the volunteer and asked who she was and where she was from, again indicating a significant level of confusion as well as isolation.

The beneficiary, medical staff and the care staff were very positive about the contribution of HealthLink.

'Thank you for being there'

'It made a huge difference' 'Without a HealthLink volunteer,

'She probably wouldn’t have gone.'

HealthLink - other experiences

Osteoporosis clinic
(Based on volunteer reports)

A volunteer accompanied a woman to the Osteoporosis Clinic. As this volunteer herself suffers from osteoporosis, she was familiar with the clinic and knew the staff, so was able to make the appointment much less stressful for the beneficiary.

Eye hospital
(Based on volunteer reports)
A woman who is hard of hearing has been accompanied to the Eye Hospital and the Low Vision Clinic by HealthLink volunteers. The volunteers have been able to provide informal notes of the main points of each appointment as it was hard for the beneficiary to hear what had been said. These notes could be seen by her care staff, who were then aware of what had happened and any follow-up necessary.
7 Non-users of LifeLines activities

We contacted non-users to gauge interest in and need for extending the project, and to explore what other people felt might encourage more people, who were not yet going to the activities, to go.

The questionnaires were distributed in various ways e.g. by post or by hand through other local organisation such as NCSs and the Pensioners’ Association; directly to participants at a number of local activities outside the LifeLines scheme, but within the extended catchment area if LifeLines is able to expand as planned. These included:

- A coffee morning attended by 5 people at Rose Hill Court a sheltered care scheme run by Brighton and Hove City Council (BHCC) in central Brighton, with 26 flats in a block with controlled access,
- A coffee morning with 4 attendees at Stonehurst Court a BHCC sheltered care scheme located in the Hanover area of Brighton, not far from Patching Lodge.
- A weekly bingo session at Walter May House a BHCC sheltered scheme consisting of 30 flats in the Whitehawk area of Brighton, attended by around 30 people just over 1 mile from Patching Lodge
- The Over 50s Tai Chi classes at Evelyn Glennie Court attended by between 10 to 20 people, mainly ‘younger older people’ (50-60) with a couple of exceptions, in Queen’s Park ward
- Golden Oldies exercise group in Hanover and Elm Grove ward attended by 15 - 20 people

The LifeLines staff encouraged participants to fill in the questionnaires and to pass them on to others. In total, 39 questionnaires from non-users were completed and returned. Facts about these respondents, where specified, include:

- The majority of non-users are aged between 61 and 70 (43.6%) or 71 and 80 years (28.2%).
- A large proportion are female (84.6%)
- Over a quarter (25.6%) are married/cohabiting, but 28.2% widowed and 20.5% separate/divorced
- The majority are White - British (71.8%).
- In terms of where responses came from: BMECP The Black and Ethnic Minority Parternship (n=9 responses), Evelyn Glennie Tai Chi (n=8), Walter May House (n=7) the Golden Oldies Group (n=6), NCS (n=3), the Pensioners Association (n=3), Rose Hill Court (n=2) and Stonehurst Court (n=1).
- Over half (53.8%) state that they have a long term difficulty, illness or disability - arthritis, heart problems, allergies/asthma and blood pressure being the main ones.
- A large majority (64.1%) indicate that they live alone, just under two-thirds of whom (n=16) have lived on their own for at least 10 years.

Level of contact or isolation

The following section explores the general routine of respondents in terms of their connection with the outside world with regard to visitors, chatting with people, getting out of the house and linking up with the family.

Visitors

Over half (53.8%) state that on average they have visitors on between one and four occasions each week (see Figure 19) A further 15.4% have visitors on more than four occasions. A significant group, 14.3%, indicates they have no visitors at all. Translated city wide, that would indicate about 5000 people in Brighton aged over 65 who might not have visitors most weeks.
Communicating with others
Over two-thirds (69.2%) state that they have a ‘good chat’ with someone for more than a couple of minutes on most days (see Figure 20). Three individuals - 7% - indicated that they chatted rarely (once a month or less). Such chats would usually be with:
- Friends (64.1%)
- Family (61.5%)
- Neighbours (43.6%).

Getting out of the house
An overwhelming majority (94.9%) get out of the house most days, and when they do go out they mainly:
- Go shopping (n=26 non-users)
- Visit friends (n=16)
- Attend local activities/clubs/groups (n=10)
- Go for walks (n=8)
LifeLines Brighton – an evaluation 2013

- Visit family (n=5)
- Eat/dine out (n=3)
- Go to the cinema/theatre (n=3)
- Go to listen to music/concerts (n=3)
- Volunteer (n=2).

Ease of getting to places
The majority indicate that it is either very easy (38.5%) or easy (43.6%) for them to get out to places. For the remainder, the main difficulty identified is not being able to walk very far (n=2).

Connecting with the family
The majority of non-users (87.1%) state that they have family. Respondents were asked how far away the closest family member lived, of which:

- 38.2% live close by
- 29.4% live not close by,
- 32.4% live some distance away.

Almost two-thirds (64.7%) of those who have family speak to them on most days (see Figure 21). A further 23.5% speak with them once/twice a week. A small proportion never speak with family/ may not have family.

Figure 21: Contact with family - non-users

LifeLines activities
The activities that LifeLines runs were listed out for non-users to identify which ones they may enjoy doing/taking part in. There was a lot of interest (see Figure 22), and the key activities that could attract non-users include:

- Exercise - with over two-thirds expressing an interest
- Getting out somewhere green
- Learning a new skill/activity
- Just socialising, and
- Arts and crafts.

Others, where specified, include: singing, baking and film.
A large majority (79.5\%) state that they would like to attend free activities at Patching Lodge in the future. Furthermore most would find it either very easy (32.3\%) or easy (45.2\%) to get there in order to attend an activity.

Those expressing potential difficulties getting there (n=6) cited transport issues or bad health/not easy to physically get around as obstacles.

In terms of getting to Patching Lodge or other activities 10 respondents overall identified potential areas that would help them 'a lot' or even 'a little' to get there. The key areas of assistance are:

- A reminder that it is on/when to go (n=10)
- A volunteer driver to give them a lift (n=7)
- Help to use a community minibus service (n=6).

A few non-users (n=7) expressed that they would not like to attend free activities at Patching Lodge. The main reasons for this are:

- They don’t want to go alone (n=3)
- They already go to enough activities (n=3)
- It’s too far away (n=1).

**Activities to attract more men to take part**

Respondents were asked what new activities they thought might attract more men to take part. From a given list the key ones identified, in rank order, include (see Figure 23):

- Playing snooker/table football
- Card games
- Gardening
- Day trips to places
- Watching football
- Learning a skill (e.g. model making).
When breaking down these activities down by what men and women think, there are some notable variations (see Table 8) - although there were only 7 men among the sample, so numbers are indicative. For example men are more likely to be interested in day trips to places (80.0%) and card games (80.0%). Women, however, generally think that men are likely to be more interested in gardening and watching football.

### Table 8: Suggested activities for men - non-users

<table>
<thead>
<tr>
<th>Activities</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card games</td>
<td>80.0%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Day trips to places</td>
<td>80.0%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Playing snooker/table football</td>
<td>60.0%</td>
<td>36.4%</td>
</tr>
<tr>
<td>Learning a skill (e.g. model making)</td>
<td>40.0%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Darts</td>
<td>40.0%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Playing dominoes</td>
<td>40.0%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Fixing things/DIY</td>
<td>40.0%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Film club</td>
<td>40.0%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Gardening</td>
<td>20.0%</td>
<td>36.4%</td>
</tr>
<tr>
<td>Watching football</td>
<td>20.0%</td>
<td>30.3%</td>
</tr>
<tr>
<td>Visit to the pub</td>
<td>20.0%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Men only activities</td>
<td>20.0%</td>
<td>18.2%</td>
</tr>
</tbody>
</table>

### Getting to medical/healthcare appointments

Only two respondents expressed difficulty in getting to medical/healthcare appointments. The following would help these individuals get to these appointments.

- Help to get there on public transport
- Help with community/hospital transport
- Someone with them while they wait.

However, around 1 in 5 (20.5%) indicate that they know of someone else who has difficulty getting to medical/healthcare appointments who might benefit from support if it were available.
**Interest in volunteering**

Nearly half (46.2%) of non-users indicate that they have been a volunteer or someone who has helped in their local community.

Respondents were also asked what would help them to volunteer or volunteer more often. Nothing really stands out (see Figure 24), but the main reasons in rank order are:

- Something local
- Knowing what is available
- Not having to give too much time
- Finding something that interests them.

**Figure 24: Helping people volunteer**

The following outlines are based on the notes and comments by the project worker who was able to visit the various activities in the local area to distribute questionnaires.

**Rose Hill Court**

Rose Hill Court is a sheltered care scheme run by Brighton and Hove City Council (BHCC) situated just off London Road, a busy thoroughfare and shopping street in central Brighton. It comprises 26 flats in a block with controlled access, but there have been recent incidents of trespassers on the premises, and the scheme manager has been issued with panic alarms. This sense of threat must have an impact on residents' feeling of security. There is also a sense that Rose Hill Court is cut off from the rest of Brighton, despite its proximity to the city centre.

5 residents were present at the coffee morning. The scheme manager said that more used to attend social gatherings, but due to on-going problems with a new resident who was causing ill-feeling amongst the residents numbers have declined.

**Future opportunities**

General feedback from the residents who were present was that they would welcome more activities in the local area. There currently aren’t many organised activities for them to join, and the opportunities for them to organise their own social events are currently being restricted by the problem resident. Before this resident moved in they held regular well-attended Wii sessions.

Rose Hill Court has a good sized lounge which could potentially be used for activities, although there could be issues around security if we were to open these activities up to non-residents.

**Stonehurst Court**

Stonehurst Court is a BHCC sheltered care scheme located in the Hanover area of Brighton. It lies just off Freshfield Road, not far from Patching Lodge. However, Freshfield Road is a long and fairly steep hill which
LifeLines Brighton – an evaluation 2013 could put some residents off visiting Patching Lodge. There are 25 flats at Stonehurst Court. There is a small communal lounge, where coffee afternoons are held.

4 residents were present at the coffee morning.

One woman in her 60s stated she was too busy to attend any activities at Patching Lodge, though she did show an interest in some of the current activities. She also said she intended to visit the coffee shop and restaurant.

The scheme manager mentioned that some residents at the scheme often complained about a lack of things to do, but that the same residents then often never came along to social gatherings to find out what was on offer to them. There are also, apparently, some difficulties with one individual being outspoken and unwelcoming and that this reduces other residents’ willingness to attend social events in Stonehurst Court.

**Future opportunities**

There is potential for residents at Stonehurst Court to become more involved in LifeLines activities at Patching Lodge or at other venues in the local area, and from comments made by those residents present there is a desire amongst residents to join activities.

The lounge at Stonehurst Court is quite small but does have a computer desk with a communal computer available for all to use. However, there is no broadband connection as that was deemed too expensive, so the computer currently does not get used. There may be an opportunity to run outreach computer classes at Stonehurst Court in future, which could engage residents and persuade them to join other activities.

**Walter May House**

Walter May House is a BHCC sheltered scheme consisting of 30 flats in the Whitehawk area of Brighton - one of the areas LifeLines is hoping to move into. It is situated just over 1 mile from Patching Lodge, but there are bus stops for the number 1 bus, which also serves Patching Lodge, nearby.

A weekly bingo session was attended by around 30 people. From very brief comments received there seemed a fair level of interest in LifeLines activities at Patching Lodge, but more interest on having activities a little closer to Walter May House.

**Future opportunities**

One attendee had come from the Preston Park area of Brighton because there are no activities in her own local area. Preston Park is relatively close to Rose Hill Court, which suggests that running activities either at Rose Hill Court or close to it might reach a fair number of older people who are currently not catered for.

**Southease**

The Southease scheme manager showed great interest in all the activities at Patching Lodge, and in particular in the Activity Partner and HealthLink schemes. It is hoped that some Southease residents might become LifeLines participants.

**Tai Chi Group at Evelyn Glennie Court**

These Over 50s Tai Chi classes have run at various venues around eastern Brighton including Walter May House, The Vale Community Centre in Craven Vale (discontinued due to lack of interest), and the group explored using Patching Lodge for a session, but no space could be found for them at the time.

This session at Evelyn Glennie Court is usually attended by between 10 to 20 people, mainly ‘younger older people’ (50-60) with a couple of exceptions (one attendee was previously a LifeLines volunteer and is in her 80s). All were very keen to hear about LifeLines’ activities at Patching Lodge, and a couple of people were already, or had in the past, attended LifeLines activities.

All present were mobile and active and as such were happy to go to Patching Lodge, and as such the need for activities in other venues and other parts of the City were not immediately obvious.
Appendix 1  Theories of change

LifeLines activity beneficiaries

LifeLines volunteers and organisers

LifeLines volunteers and organisers – theory of change
HealthLink

Older volunteers support older people to attend medical appointments

- Older people attend more medical appointments
- Less stress at medical appointments

Scheme members get improved individualised support

- Scheme members have improved health care
- Fewer missed appointments result in cost and time savings for NHS

Activity Partners

One to One support provided by older volunteers to isolated older people

- Older people engage in more activities
- Older people gain new skills
- Older people maintain and improve social networks
- Older people have improved confidence and self-esteem

- Older people are more physically active
- Older people gain change of environment
- Older people gain more fresh air

- Scheme members have improved health and well-being
- Reduced use of services results in cost savings for statutory services

Older people have improved physical health

- Scheme members have improved health
- Fewer missed appointments result in cost and time savings for NHS

Older people are less isolated

- Older people have improved mental health
- Scheme members have improved health
- Fewer missed appointments result in cost and time savings for NHS

Older people have improved physical health

- Scheme members have improved health
- Fewer missed appointments result in cost and time savings for NHS

Older people are less isolated

- Older people have improved mental health
- Scheme members have improved health
- Fewer missed appointments result in cost and time savings for NHS
Appendix 2  Health promotion training brochure

Promoting Community Health & Wellbeing

Training for volunteers in Brighton & Hove

2012

Do you want to enhance your current volunteer role by developing your knowledge about health and wellbeing? Free training opportunities for volunteers in Brighton & Hove are now available.

This training programme is designed to enable volunteers to support and encourage others to access local health and wellbeing services. Volunteers will also develop communication ‘tools’ that can be used to support effective discussions with people about their health and about making healthy lifestyle changes.

There are currently two levels of training being offered (further details can be found over page):

• Level 1, Introductory course – one day or equivalent
• Level 2, Certificated* course - 4 days or equivalent

*this course includes an opportunity to obtain the RSPH Level 2 award in ‘Understanding Health Improvement’

When are the courses running?

Level 1 Introductory Course

<table>
<thead>
<tr>
<th>Length:</th>
<th>Date:</th>
<th>Time:</th>
<th>Venue:</th>
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</thead>
<tbody>
<tr>
<td>2 half days</td>
<td>Thursday 7th June 2012</td>
<td>9.30 to 1pm</td>
<td>Brighton Town Hall</td>
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<tr>
<td></td>
<td>Thursday 14th June 2012</td>
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Level 2 Certificated Course

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<tr>
<th>Length:</th>
<th>Date:</th>
<th>Time:</th>
<th>Venue:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 x full days</td>
<td>Monday 9th July 2012</td>
<td>9.30 to 4.30pm</td>
<td>Brighton Town Hall &amp; Friends Meeting House</td>
</tr>
<tr>
<td></td>
<td>Tuesday 10th July 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monday 16th July 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tuesday 17th July 2012</td>
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</tbody>
</table>

This training programme is funded by NHS Sussex (Brighton & Hove) and delivered by Brighton & Hove City Council’s Health Trainer Service.
Level 1 Details

Aims: To equip volunteers with a basic level of awareness, knowledge and skills to enable them to encourage and support others to take steps and seek support in making healthy lifestyle changes.

Who is it for: Volunteers, working in Brighton & Hove, who as part of their role engage with adults who may benefit from information, encouragement and support in relation to improving their health and wellbeing.

Learning outcomes:
By the end of the course participants will have:
1) Gained awareness of the impact of lifestyle on health and the value in supporting others to make healthy changes.
2) Explored the wider influences on health choices and the impact of personal experiences in facilitating behaviour change.
3) Be able to identify the scope and potential of their role in encouraging and supporting others.
4) Basic awareness of government guidelines for key lifestyle areas and local support services and initiatives, including referring to the Health Trainer service.
5) Have been introduced to (and have had the opportunity to practise) some communication tools they can employ to support them in having effective conversations about health and wellbeing.

Level 2 Details

Aims: To enhance volunteers’ ability to and effectiveness in encouraging and supporting people to take steps and make changes in relation to their health and wellbeing (including through accessing local services). To gain the Royal Society of Public Health’s “Understanding Health Improvement Level 2” certificate.

Who is it for: Volunteers linked to specific health promoting projects, whose role provides opportunity for more in-depth or ongoing support for people in relation to health improvement.

Volunteers with a particular interest in health & wellbeing.

Volunteers wishing to gain a related qualification.

Learning outcomes:
By the end of the course participants will have:
1) Explored concepts of health, health inequalities and the wider influences on health choices, including the impact of personal experiences in facilitating behaviour change.
2) Be able to identify the value and potential in supporting others to make healthy changes, recognising the scope of their own role in this.
3) Developed their understanding and awareness of approaches to health promotion and principles of behaviour change.
4) Knowledge of government guidelines for key lifestyle areas and local support initiatives/services for signposting and referral, including referring to the Health Trainer service.
5) Developed and demonstrated application of a range of communication tools to support effective conversations about health and wellbeing.
6) Awareness of the policy and legal framework relating to the handling of sensitive/confidential information and equality and diversity.

Who is this training for?
This training programme is open to those currently volunteering for an organisation in Brighton & Hove subject to availability and to the following criteria:
• Support from the host organisation for the volunteer to attend
• Agreement from the host organisation to provide monitoring information following the training
• Volunteer working within Brighton & Hove

Please contact the Health Trainer Coordinator on (01273) 299877 for further information and to discuss eligibility.

What will I gain from attending this course?
• By attending this course you will develop your knowledge about local health and wellbeing services and gain some practical communication tools to support people in taking steps to improve their health.
• The opportunity to gain a recognised qualification from the Royal Society for Public Health: Level 2 Understanding Health Improvement (Level 2 course).
• Further information, networking and support available at quarterly ‘volunteer health & wellbeing network’ events.

NB: Attendees completing the course will receive a certificate – this certificate remains valid through completion of refresher training after two years or attendance at top-up sessions.

How will this help the people I support as a volunteer?
Health is important to everyone’s quality of life but making changes isn’t always easy – getting the right support to make healthy lifestyle changes can make the difference. You will have knowledge and skills to support people in achieving the changes they wish to make by helping to put them in touch with local services and by encouraging them as they take steps to improve their health and wellbeing.

How to Book
Call or email the Health Trainer Team to book your place:
• Tel: (01273) 299877
• Email: healthtrainers@brighton-hove.gov.uk

Spaces are limited so please book early to avoid disappointment.
Appendix 3  Questionnaires

Activity Group Participants Questionnaire

Thank you for completing this questionnaire. Your feedback will help us to develop LifeLines over the coming years, and it will be invaluable in helping us to apply for further funding. We are very interested in your thoughts and experiences of LifeLines.

All information you give us will be treated in the strictest confidence. Please return this questionnaire in the Freepost envelope provided (no stamp required) or hand it to the person who gave it to you.

1. Which LifeLines activities are you involved in?  (please tick all that you go to)
   - Yoga
   - Knitting
   - Computer club
   - Listen, read and laugh
   - Meditation
   - Games
   - Painting with an iron/encaustic wax
   - Men’s social group
   - Art class
   - Memory group
   - Creating writing
   - Short mat bowls
   - Tea dance/Dance lessons
   - Strollers and rollers
   - Men’s cook, share and eat
   - Other (please say what)

2. How would you describe what going to this activity does for you?
   ...........................................................................................................

3. Do you get help from a volunteer to get to the LifeLines activities?
   Yes □  No □  -> If ‘No’ please go to Question 5

4. Which statement describes how important you feel this help is  (please tick one)
   - Very - I would not be able to go otherwise □
   - Somewhat - It is reassuring (e.g. crossing main roads) □
   - Not very - I could come alone if I had to □

5. What do you think stops other people from coming to LifeLines activities?  
   (please tick up to 3 reasons from the list below)
   - Lack of transport □
   - Don’t want to go somewhere alone □
   - Worry about falling □
   - Don’t know about them □
   - Can’t be bothered □
   - Worry about not knowing anyone □
   - Feel anxious going somewhere new □
   - Too frail □
   - Not local enough □
   - Wrong activities □
   - Other (please specify) □
6. How much do you think each of the following would help other older people to come to activities? (please circle one answer for each statement)

<table>
<thead>
<tr>
<th>Statement</th>
<th>How much it helps</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Someone to go with them from their house to the activity and back</td>
<td>A lot</td>
</tr>
<tr>
<td>b. Someone to accompany them on the bus</td>
<td>A lot</td>
</tr>
<tr>
<td>c. A volunteer driver to give them a lift</td>
<td>A lot</td>
</tr>
<tr>
<td>d. A reminder that it is on/when to go</td>
<td>A lot</td>
</tr>
<tr>
<td>e. Someone familiar to introduce them to other people</td>
<td>A lot</td>
</tr>
<tr>
<td>f. Share a taxi with other people going to the activity</td>
<td>A lot</td>
</tr>
<tr>
<td>g. Help to use a community minibus service</td>
<td>A lot</td>
</tr>
<tr>
<td>h. Other (please specify)</td>
<td>A lot</td>
</tr>
</tbody>
</table>

7. What would you say to encourage someone else to go to this or another activity (e.g. thinking about how it makes you feel)?

8. Which of these statements would you agree/disagree with about what the activity does for you? (Please circle one answer for each statement - Strongly agree, Agree, Disagree, Strongly disagree)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly agree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It makes me feel more cheerful</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>b. I feel healthier</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>c. I have made new friends</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>d. I feel less isolated</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>e. It gives me something to look forward to</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>f. I feel more involved in the community</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>g. I have learnt a new skill/improved a skill</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>h. I get out more</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>i. I feel more confident</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>j. I am more physically active</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

Please explain any of your answers to Question 8, if you wish

9. How do you feel the community benefits from the project? (this can mean older people, organisations, volunteers, services) (please circle one answer for each statement - Strongly agree, Agree, Disagree, Strongly disagree)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly agree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The community gets things they wouldn’t otherwise</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>b. Older people are more active than they would be otherwise</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>c. Older people feel less lonely</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>d. It keeps older people healthier longer</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>e. Older people can learn new skills</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>f. Older people make new friends</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>g. Older people get out more</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>h. Older people are more involved in the community</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>i. Other important benefits (please state)</td>
<td>Strongly</td>
<td></td>
<td>Agree</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

68
10. **Thinking about your experience of the activity/the LifeLines project and what it does, what score out of ten would you give it? And why?**

    .... / 10

11. **What new activities do you think might attract more men to take part?** (please tick up to 4 from the list below)

    a. Gardening  
    b. Watching football  
    c. Playing snooker/table football  
    d. Fixing things/DIY  
    e. Card games  
    f. Learning a skill (e.g. model making)  
    g. Playing dominoes  
    h. Film club  
    i. Day trips to places  
    j. Visits to the pub  
    k. Darts  
    l. Men only activities  
    m. Other (please say what)

12. **Would you like to make any other comments about or suggest any changes to the activity you go to/the LifeLines project as a whole?**

    ........................................................................................................

Help with healthcare appointments

13. **Do you find going to medical appointments difficult in any way?**

    Yes  □  
    No  □  -> If ‘No’, please go to Question 15

14. **Which of the following might help you get to medical/healthcare appointments?** (please circle one answer for each statement to reflect how much)

    a. A reminder to go  
    b. Help to get there on public transport  
    c. Help to find your way in the hospital/building  
    d. Someone with you while you wait  
    e. Someone to take notes during the appointment  
    f. A reminder of what you need to do after the appointment  
    g. Help to get home again  
    h. Help with community/hospital transport  
    i. Other (what else might help?)

    How helpful

    a. A lot  A little  Don’t need  
    b. A lot  A little  Don’t need  
    c. A lot  A little  Don’t need  
    d. A lot  A little  Don’t need  
    e. A lot  A little  Don’t need  
    f. A lot  A little  Don’t need  
    g. A lot  A little  Don’t need  
    h. A lot  A little  Don’t need  
    i. A lot  A little  Don’t need

15. **About how often on average do you have visitors each week?** (tick one)

    None  □  Twice  □  Four times  □  
    Once  □  Three times  □  More than four  □

Some facts about you and your life
16. How old are you? (tick one)
   50 to 60  □  71 to 80  □  91 or over  □
   61 to 70  □  81 to 90  □

17. Your gender? (tick one)  Male  □  Female  □  Other  □

18. Your marital status? (tick one)
   Single  □  Married/cohabiting  □  Widowed  □
   Separated/divorced  □  Other  □

19. Which part of the city do you live in? (e.g. Queens Park, East Brighton)

20. Which of these ethnic groups best describes you? (tick one)
   a. White - British  □
   b. White - Irish  □
   c. White - Other  □
   d. Mixed race - white & black □
   e. Mixed race - white & black African □
   f. Mixed race - white & Asian □
   g. Mixed race - other □
   h. Asian or Asian British - Indian  □
   i. Asian or Asian British - Pakistani □
   j. Asian or Asian British - Bangladeshi □
   k. Asian or Asian British - Other □
   l. Black or black British - Caribbean □
   m. Black or black British - African □
   n. Black or black British - Other □
   o. Chinese □
   p. Other ethnic group □
21. Do you have any long term difficulties, illness or disability? (e.g. arthritis, heart trouble)

Yes □ No □

If ‘Yes’, please describe ........................................................................................................

22. Do you live alone? (please tick)

Yes □ No □

If ‘Yes’, how long have lived alone for (in years)? ........................................................................................................

23. How often on average do you get out each week (NOT including the LifeLines activity you attend)? (please tick one)

Most days □ Once a month □
Once a week □ Hardly ever □

24. When you go out, where do you mainly go? (e.g. shopping, visiting friends)

........................................................................................................

25. How easy is it for you to get out to go to places? (please tick one)

Very easy □ Easy □ Difficult □ Very difficult □

If you answered ‘Difficult’ or ‘Very difficult’ why is this?

a. I worry about falling □
b. I do not like to go out alone □
c. I can’t walk very far □
d. It can be too much for me □
e. I need help with transport □
f. I get confused □
g. I feel frightened □
h. Other (please state) □

........................................................................................................

And finally

26. Brighton & Hove would like to become an Age Friendly City. What would an Age Friendly City mean to you?

........................................................................................................

........................................................................................................

........................................................................................................

Thank you for completing this questionnaire. Your answers will help us to develop the project in future and be invaluable in applying for further funding. All information you give us will be treated in the strictest confidence.
Volunteer Questionnaire

Thank you for completing this questionnaire. Your feedback will help us to develop LifeLines over the coming years, and it will be invaluable in helping us to apply for further funding. We are very interested in your thoughts and experiences of LifeLines.

All information you give us will be treated in the strictest confidence. Please return this questionnaire in the Freepost envelope provided (no stamp required) or hand it to the person who gave it to you.

1. What LifeLines activities do you help with? (please tick all which apply)
   - Activities □
   - Knitting □
   - Computer club □
   - Activity Partners □
   - HealthLink □
   - Promoting health and wellbeing □
   - Other (please say what) □

2. About how long have you been a volunteer with LifeLines in Brighton? (OR when did you join?)
   How long: ...................... (years)   OR   Year: ............

3. About how much time do you spend volunteering with LifeLines each week on average?
   ......................... hours

4. Which of these statements would you agree/disagree with about volunteering with the LifeLines project? (please circle one answer for each statement - Strongly agree, Agree, Disagree, Strongly disagree)
   - I enjoy using a skill/talent of mine
   - I feel better in myself
   - I have made new friends
   - I feel less isolated
   - I am busier since I started volunteering
   - I find my volunteering quite stressful sometimes
   - I feel more confident
   - It has improved mental well-being
   - I have learnt new skills
   - I am more physically active
LifeLines Brighton

Please explain any of your answers to Question 4, if you wish.

........................................................................................................
........................................................................................................
........................................................................................................

5. LifeLines provides various training and support opportunities - which of the following have you attended? (please tick all that apply)

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<tbody>
<tr>
<td>a.</td>
<td>Induction day</td>
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<td></td>
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<tr>
<td>b.</td>
<td>Promoting health and wellbeing</td>
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<td></td>
<td></td>
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<tr>
<td>c.</td>
<td>Health Link training</td>
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<td></td>
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<tr>
<td>d.</td>
<td>Activity partner training</td>
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<tr>
<td>e.</td>
<td>Specific courses (e.g. dementia awareness, dyslexia, wheelchair use)</td>
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<tr>
<td>f.</td>
<td>Volunteer meetings</td>
<td></td>
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<td></td>
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<tr>
<td>g.</td>
<td>Other (please explain)</td>
<td></td>
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</table>

How helpful was this training? (please circle one answer for each opportunity)

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</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Induction day</td>
<td>Very</td>
<td>Somewhat</td>
<td>Not very</td>
<td>Not at all</td>
</tr>
<tr>
<td>b.</td>
<td>Promoting health and wellbeing</td>
<td>Very</td>
<td>Somewhat</td>
<td>Not very</td>
<td>Not at all</td>
</tr>
<tr>
<td>c.</td>
<td>Health Link training</td>
<td>Very</td>
<td>Somewhat</td>
<td>Not very</td>
<td>Not at all</td>
</tr>
<tr>
<td>d.</td>
<td>Activity partner training</td>
<td>Very</td>
<td>Somewhat</td>
<td>Not very</td>
<td>Not at all</td>
</tr>
<tr>
<td>e.</td>
<td>Specific courses</td>
<td>Very</td>
<td>Somewhat</td>
<td>Not very</td>
<td>Not at all</td>
</tr>
<tr>
<td>f.</td>
<td>Volunteer meetings</td>
<td>Very</td>
<td>Somewhat</td>
<td>Not very</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

6. Do you feel volunteers receive enough training and support?

Yes   □
No    □

Please explain

........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................

7. What other training or support do you think would help volunteers? (please tick any you feel are important)

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>Fundraising</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Using a computer</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Running a group</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Volunteer recruitment</td>
<td></td>
</tr>
</tbody>
</table>
LifeLines Brighton

8. Would you agree or disagree with the following statements with respect to your contact with and support from the LifeLines team? (Please circle one answer for each statement - Strongly agree, Agree, Disagree, Strongly disagree)

   a. I feel I can always contact the team if I need help
   b. The volunteer meetings give me lots of ideas
   c. Having the project worker at Patching Lodge makes me feel supported
   d. LifeLines do not do enough to help their volunteers
   e. They encourage me to do new things
   f. Talking with other volunteers is the best support

9. Thinking about the people who come to LifeLines activities, what do you think stops more people coming along? (please tick up to 3 reasons from the list below)

   l. Lack of transport
   m. Don’t want to go somewhere alone
   n. Worry about falling
   o. Don’t know about them
   p. Can’t be bothered
   q. Worry about not knowing anyone
   r. Feel anxious going somewhere new
   s. Too frail
   t. Not local enough
   u. Wrong activities
   v. Other (please specify)

10. How much do you think each of the following would help more elderly or isolated people to come to activities? (please circle one answer for each statement)

   i. Someone to go with them from their house to the activity and back
   j. Someone to accompany them on the bus
   k. A volunteer driver to give them a lift
   l. A reminder that it is on/when to go
   m. Someone familiar to introduce them to other people
   n. Share a taxi with other people going to the activity
   o. Help to use a community minibus service
   p. Other (please specify)

11. If you are not currently helping someone to come to Patching Lodge, might you be interested in doing so?

   Yes □ -> If ‘Yes’ please give your name and contact details

   No □ -> If ‘No’ please explain your reason
12. If LifeLines were to set up a volunteer driving scheme, might you be interested?

Yes □ -> If ‘Yes’ please give your name and contact details

No □

Which of the following might worry you about being a volunteer driver OR be a reason for not becoming a volunteer driver? (please tick)

- a. Insurance problems □
- b. Cost of fuel/wear and tear etc □
- c. Not got a car/don’t drive □
- d. Parking is difficult □
- e. Other (please explain) □

13. LifeLines is hoping to get more funding to work in new areas and attract new people. What new activities do you think might attract more men to take part? (please tick up to 4 from the list below)

- n. Gardening □
- o. Watching football □
- p. Playing snooker/table football □
- q. Fixing things/DIY □
- r. Card games □
- s. Learning a skill (e.g. model making) □
- t. Playing dominoes □
- u. Film club □
- v. Day trips to places □
- w. Visits to the pub □
- x. Darts □
- y. Men only activities □
- z. Other (please say what) □
14. **How do you feel the community benefits from the project? (this can mean older people, organisations, volunteers, services)** (please circle one answer for each statement - Strongly agree, Agree, Disagree, Strongly disagree)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The community gets things they wouldn’t otherwise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Older people are more active than they would be otherwise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Older people feel less lonely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. It keeps older people healthier longer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Older people can learn new skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Older people make new friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Older people get out more</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Older people are more involved in the community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Other important benefits (please state)</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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15. **Thinking about your experience of the LifeLines project and what it does, what score out of ten would you give it? And why?**  

........................................................................................................

16. **What would life be like without your LifeLines volunteering?**  

........................................................................................................

**Some facts about you and your life**

17. **How old are you? (tick one)**

<table>
<thead>
<tr>
<th>Age</th>
<th>50 to 60</th>
<th>61 to 70</th>
<th>71 to 80</th>
<th>81 to 90</th>
<th>91 or over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

18. **Your gender? (tick one)**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

19. **Your marital status? (tick one)**

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Single</th>
<th>Married/cohabiting</th>
<th>Widowed</th>
<th>Separated/divorced</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

20. **Which part of the city do you live in? (e.g. Queens Park, East Brighton)**

........................................................................................................
21. Which of these ethnic groups best describes you? (tick one)

q. White - British □

r. White - Irish □

s. White - Other □

t. Mixed race - white & black Caribbean □

u. Mixed race - white & black African □

v. Mixed race - white & Asian □

w. Mixed race - other □

x. Asian or Asian British - Indian □

y. Asian or Asian British - Pakistani □

z. Asian or Asian British - Bangladeshi □

aa. Asian or Asian British - Other □

bb. Black or black British - Caribbean □

c. Black or black British - African □

d. Black or black British - Other □

e. Chinese □

ff. Other ethnic group
22. Do you have any long term difficulties, illness or disability? (e.g. arthritis, heart trouble)

Yes □ No □

If ‘Yes’, please describe
..................................................................................................................................................................

And finally

23. Brighton & Hove would like to become an Age Friendly City. What would an Age Friendly City mean to you?
..................................................................................................................................................................
..................................................................................................................................................................

Thank you for completing this questionnaire. Your answers will help us to develop the project in future and be invaluable in applying for further funding. All information you give us will be treated in the strictest confidence.

Please return this questionnaire in the FREEPOST envelope provided (no stamp required) or hand it to the person who gave it to you.
Getting to Activities (Non-user)

Thank you for completing this questionnaire. LifeLines, part of the national charity CSV, is a project in Queens Park that supports older volunteers to run free activities and one to one support for older people locally.

Your feedback will help us to develop LifeLines and ensure our activities and projects respond to older people’s interests and needs. We are very interested in your thoughts and experiences.

All information you give us will be treated in the strictest confidence. Please return this questionnaire in the Freepost envelope provided (no stamp required) or hand it to the person who gave it to you.

About your current circumstances

1. Do you live alone? (please tick)

   Yes □ No □

   If ‘Yes’, how long have lived alone for (in years)?

   ........................................................................................................

2. About how often on average do you have visitors each week? (please tick one)

   None □ Twice □ Four times □
   Once □ Three times □ More than four □

3. How often do you have a good chat with someone - for more than a couple of minutes? (please tick one)

   Most days □ Once a month □
   Once a week □ Hardly ever □

   Who would this usually be with?

   x. Friends □
   y. Family □
   z. Neighbours □
   aa. Carers □
   bb. Volunteers □

   cc. Others (please state who) □
4. How often do you get out of the house? (please tick one)

Most days □  Less than once a week □
Once a week □  Hardly ever □

5. When you go out, where do you mainly go? (e.g. shopping, visiting friends)

6. How easy is it for you to get out of the house to go to places? (please tick one)

Very easy □  Easy □  Difficult □  Very difficult □

If you answered ‘Difficult’ or ‘Very difficult’ why is this?

i. I worry about falling □

j. I do not like to go out alone □

k. I can’t walk very far □

l. It can be too much for me □

m. I need help with transport □

n. I get confused □

o. I feel frightened □

p. Other (please state) □

7. Do you have family? (please tick)

Yes □

No □  -> If ‘No’, please go to Question 10.

8. How close by do your family live? (please tick one)

Close by □  Some distance away □

Not close by □  Live overseas □

9. About how often do you see or speak to someone from your family? (please tick one)

Most days □  Once a month □

Once a week □  Hardly ever □
LifeLines Brighton

LifeLines activities

10. **LifeLines runs many free activities for anyone aged over 50. These take place in Patching Lodge on Eastern Road in Queens Park.** Which of these activities might you enjoy doing? (please tick as appropriate from the list below)

<table>
<thead>
<tr>
<th>aa.</th>
<th>Arts and crafts</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>bb.</td>
<td>Knitting</td>
<td>□</td>
</tr>
<tr>
<td>cc.</td>
<td>Exercising</td>
<td>□</td>
</tr>
<tr>
<td>dd.</td>
<td>Learning a new skill/activity</td>
<td>□</td>
</tr>
<tr>
<td>ee.</td>
<td>Just socialising</td>
<td>□</td>
</tr>
<tr>
<td>ff.</td>
<td>Sharing memories</td>
<td>□</td>
</tr>
<tr>
<td>gg.</td>
<td>Dancing</td>
<td>□</td>
</tr>
<tr>
<td>hh.</td>
<td>Learning to use a computer</td>
<td>□</td>
</tr>
<tr>
<td>ii.</td>
<td>Getting out somewhere green</td>
<td>□</td>
</tr>
<tr>
<td>jj.</td>
<td>Going along the seafront</td>
<td>□</td>
</tr>
<tr>
<td>kk.</td>
<td>Playing cards/games</td>
<td>□</td>
</tr>
<tr>
<td>ll.</td>
<td>Watching sports</td>
<td>□</td>
</tr>
<tr>
<td>mm.</td>
<td>Other (please say what)</td>
<td>□</td>
</tr>
<tr>
<td>nn.</td>
<td>Not interested in any of these</td>
<td>□</td>
</tr>
</tbody>
</table>

If you would have difficulty getting there, why is this?

........................................................................................................

11. **Would you like to attend free activities in Patching Lodge in the future?** (please tick)

Yes □ -> If ‘Yes’ please enter phone number/email ........................................

No □ -> If ‘No’, please go to Question 14.

12. **How easy would it be for you to get to Patching Lodge?** (please tick one)

Very easy □ Easy □ Difficult □ Very difficult □

If you would have difficulty getting there, why is this?

........................................................................................................

13. **What would help you get to Patching Lodge or other activities in other places?** (please circle one answer for each statement)

<table>
<thead>
<tr>
<th>How much it helps</th>
</tr>
</thead>
<tbody>
<tr>
<td>q. Someone to go with from the house to the activity and back</td>
</tr>
<tr>
<td>r. Someone to accompany me on the bus</td>
</tr>
<tr>
<td>s. A volunteer driver to give me a lift</td>
</tr>
<tr>
<td>t. A reminder that it is on/when to go</td>
</tr>
<tr>
<td>u. Someone familiar to introduce me to other people</td>
</tr>
<tr>
<td>v. Share a taxi with other people going to the activity</td>
</tr>
<tr>
<td>w. Help to use a community minibus service</td>
</tr>
<tr>
<td>x. Other (please specify)</td>
</tr>
</tbody>
</table>

........................................................................................................
14. If you would not like to attend free activities at Patching Lodge why is this? (please tick all that apply)

- I don’t like group activities □
- Too far away □
- No activities I am interested in □
- I need help with transport □
- I don’t want to go alone □
- Would prefer men only activities □
- Would prefer women only activities □
- Other (please say what) □

15. What new activities do you think might attract more men to take part? (please tick up to 4 from the list below)

- Gardening □
- Watching football □
- Playing snooker/table football □
- Fixing things/DIY □
- Card games □
- Learning a skill (e.g. model making) □
- Playing dominoes □
- Film club □
- Day trips to places □
- Visits to the pub □
- Darts □
- Men only activities □
- Other (please say what) □

16. Do you find going to medical appointments difficult in any way?

- Yes □
- No □ -> If ‘No’ please go to Question 18

17. Which of the following might help you get to medical/healthcare appointments? (please circle one answer for each statement to reflect how much)

- How helpful

<table>
<thead>
<tr>
<th>j. A reminder to go</th>
<th>A lot</th>
<th>A little</th>
<th>Don’t need</th>
</tr>
</thead>
<tbody>
<tr>
<td>k. Help to get there on public transport</td>
<td>A lot</td>
<td>A little</td>
<td>Don’t need</td>
</tr>
<tr>
<td>l. Help to find your way in the hospital/building</td>
<td>A lot</td>
<td>A little</td>
<td>Don’t need</td>
</tr>
<tr>
<td>m. Someone with you while you wait</td>
<td>A lot</td>
<td>A little</td>
<td>Don’t need</td>
</tr>
<tr>
<td>n. Someone to take notes during the appointment</td>
<td>A lot</td>
<td>A little</td>
<td>Don’t need</td>
</tr>
<tr>
<td>o. A reminder of what you need to do after the appointment</td>
<td>A lot</td>
<td>A little</td>
<td>Don’t need</td>
</tr>
<tr>
<td>p. Help to get home again</td>
<td>A lot</td>
<td>A little</td>
<td>Don’t need</td>
</tr>
<tr>
<td>q. Help with community/hospital transport</td>
<td>A lot</td>
<td>A little</td>
<td>Don’t need</td>
</tr>
<tr>
<td>r. Other (what else might help?)</td>
<td>A lot</td>
<td>A little</td>
<td>Don’t need</td>
</tr>
</tbody>
</table>

.............................................................
18. Do you know someone else who has difficulty getting to healthcare appointments who might benefit from this type of support? (please tick)
Yes □ No □

Interest in volunteering

19. Have you ever been a volunteer/helped in your local community?
Yes □ No □

20. What would help you to volunteer or to volunteer more often? (please tick all that apply)
   a. Knowing what is available □
   b. Finding something that interests me □
   c. Something local □
   d. Training with people my own age □
   e. Support from people so I know what to do □
   f. Being able to decide what I want to do □
   g. Being told what to do □
   h. Not having to give too much time □

Some facts about you and your life

21. How old are you? (tick one)
   50 to 60 □ 71 to 80 □ 91 or over □
   61 to 70 □ 81 to 90 □

22. Your gender? (tick one)  Male □ Female □ Other □

23. Your marital status? (tick one)
   Single □ Married/cohabiting □ Widowed □
   Separated/divorced □ Other □

24. Which part of the city do you live in? (e.g. Queens Park, East Brighton)
   ........................................................................................................................................
25. Which of these ethnic groups best describes you? (tick one)

| gg. | White - British |   |
| hh. | White - Irish   |   |
| ii. | White - Other   |   |
| jj. | Mixed race - white & black Caribbean |   |
| kk. | Mixed race - white & black African |   |
| ll. | Mixed race - white & Asian   |   |
| mm. | Mixed race - other |   |
| nn. | Asian or Asian British - Indian |   |
| oo. | Asian or Asian British - Pakistani |   |
| pp. | Asian or Asian British - Bangladeshi |   |
| qq. | Asian or Asian British - Other |   |
| rr. | Black or black British - Caribbean |   |
| ss. | Black or black British - African |   |
| tt. | Black or black British - Other |   |
| uu. | Chinese |   |
| vv. | Other ethnic group |   |
26. **Do you have any long term difficulties, illness or disability?** (e.g. arthritis, heart trouble)

<table>
<thead>
<tr>
<th></th>
<th>□</th>
<th></th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

If ‘Yes’, please describe

........................................................................................................................................................................

**And finally**

27. **Brighton & Hove would like to become an Age Friendly City. What would an Age Friendly City mean to you?**

........................................................................................................................................................................

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Thank you for completing this questionnaire. Your answers will help us to develop the project in future and be invaluable in applying for further funding. All information you give us will be treated in the strictest confidence.

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