

LifeLines: An Evaluation of a Prevention Programme with Older People

- The LifeLines programme for older people (defined as people over 50 years of age), was developed in the context of social policies emphasising prevention, active ageing, the promotion of independence and well-being and minimising the demand on health and social care services made by an ageing population.
- LifeLines was a partnership involving Adult Social Care (Brighton and Hove City Council), the PCT, the Business Community Partnership, local BME and LGBT community groups, Impact Initiatives and the Retired Senior Volunteer Programme (RSVP), with Age Concern Brighton Hove and Portslade responsible for management and delivery. The partnership faced challenges in agreeing details about objectives and how they should best be achieved.
- Findings indicated that initiatives that focussed on social objectives rather than reducing demand on health and social care services were most successful in the context of a programme based on older people

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

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

Learning from project work

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

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

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

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

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

Evidence also points to the limitations of a project such as this in addressing structural disadvantage and specialist health needs. It has highlighted a need to respond to participants' individual needs with effective links with specialist services (e.g. statutory and

Conclusion