

# Evaluation of Live Well Community Referral

Final Report for Glasgow Life



 *Social Research*

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 *Service Design & Innovation*

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 *Strategy & Collaboration*

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 *Evaluation Support*

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 *Social Impact Measurement*

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November 2023



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# 1: Introduction

This document presents the findings of an evaluation of the Live Well Community Referral pilot programme.

## Introduction

Glasgow Life (GL) is a charity that delivers cultural, sporting and learning activities on behalf of Glasgow City Council. This includes a wide variety of programmes promoting inclusion, health and quality of life.

GL is currently delivering a Live Well Community Referral (LWCR) pilot programme. They require an evaluation of the programme to capture learning from this initial phase and develop understanding of the outcomes for participants. Glasgow City Health and Social Care Partnership are providing funding and support for this evaluation, which covers the period from June 2022 to September 2023.

## About the programme

Live Well Community Referral is a free service targeted principally (but not exclusively) at people living in and around the Calton Ward in Glasgow's East End. It can provide support to people with different issues and challenges such as:

- Low mood and poor mental health
- Social isolation or loneliness
- A need to connect with the wider community
- Low levels of physical activity
- Poor physical health or long-term health conditions
- Life skills or learning needs

People can apply direct or be referred to the service by different local organisations including health services, core service providers and community-based or third sector organisations.

Participants are linked with a Health and Wellbeing Adviser to support them in line

with their assessed level of need. They are either informed about local activities they might enjoy or are provided with more intensive support to facilitate participation and engagement over a 12-week period. This can include:

- Listening to what matters most and finding relevant activities
- Introductions to activity and club leaders
- Assisting with information and bookings
- Accompanying people to start of activities
- Connecting people with volunteers at activities to help with getting started and meeting other participants
- Helping to find other sources of wellbeing or lifestyle support
- Regular catch-ups

The programme helps people to access a range of activities, including those run directly by Glasgow Life and others run by local organisations. This includes:

- Art & creative activities
- Creative writing
- Museum activities
- Walking groups
- Low impact exercise classes & sporting activities
- Family activities
- Computer basics
- Learning & skills classes
- Volunteering opportunities
- Welfare and benefits advice

## Evaluation questions

The following are key questions for the evaluation:

1. To what extent have participants achieved their personal wellbeing goals?
2. What were the original reasons for referral and have these been achieved?
3. Are participants being supported to try (and continue with) activities they would not be doing otherwise?
4. What impact is the support from Health and Wellbeing Advisers having (finding relevant activities, encouraging / maintaining participation, other information and support)?
5. How many participants report each of the targeted outcomes (new skills and abilities, improved mood/mental health, increased activity, improved connections, reduced isolation/loneliness)?
6. What other benefits and impacts is the programme helping to support? Does this include any unanticipated effects?
7. What are the main factors behind Live Well's ability to help people improve their health, wellbeing and quality of life?
8. Are improvements likely to be sustained over the longer-term?
9. Are there any clear differences in the impact of different types of activity or intervention?
10. To what extent does the programme support the work of stakeholders (e.g. main referrers, NHS partners)?
11. Does the evidence highlight any gaps or potential improvements?
12. Are there any lessons from this pilot phase that can help to inform the implementation of a more permanent or scaled-up programme?

## Research tasks

The evaluation is informed by analysis of programme monitoring and reporting data, supplemented by additional fieldwork with participants, delivery staff and programme partners.

The following research and analytical tasks have been carried out:

- Analysis of programme documentation and participation data (Upshot)
- Group discussion with Health and Wellbeing Advisers and LWCR management team (5)
- Interviews with activity leaders from Glasgow Sport (2), Arts and Music (2) and Museums (1)
- Interviews with NHS Health Improvement and Community Link Workers (4)
- Interviews with community sector stakeholders (4)
- Online survey of participants (44 responses)
- Face-to-face and telephone Interviews with participants (12)

## Evaluation context

This programme is designed to support people with different challenges and barriers to improving their health and wellbeing. This includes many people who have less interaction with others and less engagement in the community. The audience for the evaluation includes older people and others less likely to take part in online research (for example those lacking digital skills or access to devices).

Our approach was therefore to gather and analyse information that has been collected about participants and their interactions with the LWCR team, while filling gaps in key areas through discussion with community intermediaries, a simple online survey focussing on the impacts of participation and more-detailed discussions with a sample of participants. The online survey was completed by 44 participants, a response rate of 20%.

We are grateful to Glasgow Life for providing incentives for participation in the form of shopping vouchers.

## Contents

The report contains the following chapters:

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1. Introduction

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  2. About LWCR

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  3. Health and wellbeing support

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  4. About the activities

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  5. Findings

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  6. Annex: Participant Case Studies

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## 2: About LWCR

This chapter provides information on the context for this programme and how support and activities are delivered in practice.

### Need

This programme focusses on the area in and around Calton ward in east Glasgow which remains an area of high deprivation. The area is home to communities and people that experience poor health and wellbeing, evidenced by continuing health inequalities and health outcomes that are significantly worse than more affluent communities.

Many of these health and wellbeing issues have been exacerbated by the Covid-19 pandemic and the cost of living crisis. Communities are experiencing high levels of social isolation and poor mental health, exacerbated by lower levels of physical activity, social interaction and community engagement.

There will be different reasons for this; stakeholders talk about people still being fearful about attending public activities or losing track of what is still available in the community (due partly to changes in provision).

This is putting strain on healthcare and community services, combined with a shortage of accessible, entry level activities in the local area that could help people to improve their general health and wellbeing.

LWCR provides free individual support and facilitates access to different kinds of activities in the community. It is perhaps best-suited to helping people with less severe health and wellbeing issues who might lack the resources, confidence or networks needed to access these opportunities.

### Scale of activity

237 people have received some support from the Health and Wellbeing Advisers and

Assistant up to the end of September 2023<sup>1</sup>. Not all participants are residents of the target area, as people who live outside Calton ward are also able to access support and information.

This includes 128 people counted as self-referrals, or those not directly referred by a partner organisation. This includes people:

- Engaged at outreach events at community venues (e.g. Bridgeton Community Learning Campus)
- Reached via social media posts, newsletters or adverts
- People attending other community activities or courses (e.g. recovery café or ESOL course)
- Informed by family and friends

Another 112 have been referred in by others, including Glasgow Life colleagues and external organisations (beginning with the most frequent referrers):

- NHS Community Link Workers embedded in GP practices<sup>2</sup>
- Community and third sector organisations (e.g. organisations and staff supporting people with disabilities, addiction issues or asylum seekers)
- Other health professionals including GPs, hospital teams and physiotherapists
- Glasgow Sport staff
- Employability support and housing providers
- Police Scotland
- Social work

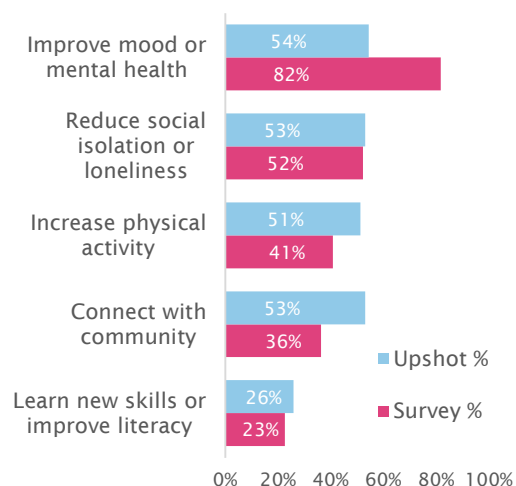
<sup>1</sup> A total of 240 referrals and self-referrals were received including three participants who have been re-referred.

<sup>2</sup> Around one third of referrals have come from CLW teams in GP practices.

## Motivations and goals

The following chart shows the main reasons people have engaged with LWCR, based on programme and survey data. People may identify more than one reason.

**FIGURE 2.1 REASONS FOR ENGAGEMENT**



Source: Upshot data (224) and participant survey (44)

Most (particularly the survey respondents) cite a general wish to improve their mood or mental health. Other motivating factors are reducing social isolation, connecting with the community or increasing their physical activity.

Participants report a wide variety of personal issues and problems, and many are facing multiple challenges. This includes mental health issues such as anxiety, loneliness, addictions, family problems and trauma. Others have physical health problems and disabilities, ranging from ongoing conditions and impairments to mobility issues, lack of general fitness and weight gain.

The programme has supported lots of people with experience of unemployment and poverty, as well as refugees and recent migrants needing support with integration.

## Provision of Support

Based on initial discussions with participants, the team produce an individualised 'Activity Plan' listing types of activity, locations and times. Analysis of a sample of these plans shows that accessible physical exercise and social meet up opportunities are the most sought after

kinds of activity. This is consistent with the motivations listed in Figure 2.1.

Participants are organised into one of three categories, depending on their needs and support requirements:

1. Navigate (high) – intensive support and ongoing follow up
2. Connect (medium) - advice and referral
3. Direct (low) - information and signposting

**TABLE 2.1 LEVEL OF SUPPORT**

| Level of support | Participants | %   |
|------------------|--------------|-----|
| Navigate (high)  | 69           | 29% |
| Connect (medium) | 22           | 9%  |
| Direct (low)     | 146          | 62% |

Source: Upshot 'People' data to 30/09/23 (237)

Table 2.2 shows the range and type of support recorded by LWCR advisers.

**TABLE 2.2 TYPES OF SUPPORT**

| Type of support                   | Instances | Individuals |
|-----------------------------------|-----------|-------------|
| Support call                      | 758       | 149         |
| Connect call (to another service) | 28        | 19          |
| Support email                     | 282       | 118         |
| Support meeting                   | 77        | 45          |
| Support text message              | 498       | 126         |

Source: Upshot data (199)

## Profile

The following tables and charts show the demographic profile of participants, comparing survey results with programme data from Upshot<sup>3</sup>. We have also included available population data for the Calton ward to give a wider comparison.

From this, it is clear that the programme is reaching significant numbers of women and people aged between 35 and 64.

**TABLE 2.3 GENDER**

| Gender | Survey | Prog. | Calton Ward |
|--------|--------|-------|-------------|
| Female | 75%    | 72%   | 49%         |
| Male   | 25%    | 28%   | 51%         |

Source: Participant survey (44), Upshot data (234), 2021 Estimate for Calton Ward<sup>4</sup>

**TABLE 2.4 AGE GROUP**

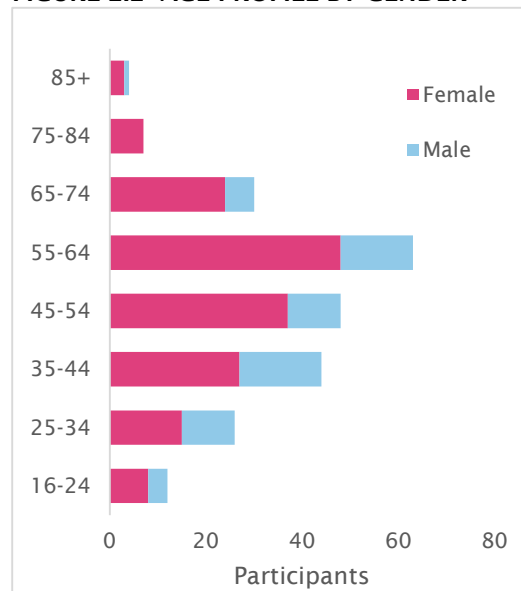
| Age   | Survey | Prog. | Calton Ward |
|-------|--------|-------|-------------|
| 0-15  | -      | -     | 16%         |
| 16-24 | 7%     | 5%    | 16%         |
| 25-34 | 11%    | 11%   | 24%         |
| 35-44 | 20%    | 19%   | 15%         |
| 45-54 | 32%    | 21%   | 10%         |
| 55-64 | 23%    | 27%   | 9%          |
| 65-74 | 7%     | 13%   | 6%          |
| 75+   | 0%     | 5%    | 4%          |

Source: Participant survey (44), Upshot data (237), 2021 Estimate for Calton Ward<sup>5</sup>

The following chart shows the age profile for female and male participants.

Younger age bands (up to 44) have a relatively equal split between female and male participants, but the majority of older participants (45 and above) are female.

**FIGURE 2.2 AGE PROFILE BY GENDER**



Source: Upshot data (237)

This means that female participants (average age 52) tend to be older than males (average age 47).

The programme has engaged significant numbers of people with disabilities and long-term health conditions, while the proportion of BME participants is broadly in line with the profile of Calton ward.

**TABLE 2.5 DISABILITIES**

| Disability | Survey | Prog. | Calton Ward |
|------------|--------|-------|-------------|
| Yes        | 57%    | 25%   | 38%         |
| No         | 43%    | 75%   | 61%         |

Source: Participant survey (42) Upshot data (142), 2014-17 data for Calton Ward (disability or long-term health condition)<sup>6</sup>

<sup>3</sup> Most participants provided data for equalities monitoring (100% age, 99% gender, 78% ethnicity, and 60% disability status)

<sup>4</sup> <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/2011-based-special-area-population-estimates/electoral-ward-population-estimates>

<sup>5</sup> <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/2011-based-special-area-population-estimates/electoral-ward-population-estimates>

<sup>6</sup> <https://statistics.gov.scot/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Fdisability-sscc>



TABLE 2.6 ETHNICITY

| Ethnicity                              | Survey | Prog | Calton Ward |
|--|--------|------|-------------|
| African, Caribbean or Black            | 2%     | 3%   | 4%          |
| Asian, Asian Scottish or Asian British | 7%     | 7%   | 5%          |
| Mixed or multiple ethnic group         | -      | -    | 0.3%        |
| Other ethnic group                     | -      | 4%   | 0.7%        |
| Other white                            | 10%    | 3%   | 7%          |
| White Scottish, British or Irish       | 80%    | 83%  | 83%         |

Source: Participant survey (41), Upshot data (185), 2011 Census data for Calton Ward (2007 boundaries)<sup>7</sup>

The next table shows the Glasgow wards where recipients of Live Well support live. 74% of participants come from three wards in East Glasgow (Calton, Shettleston and East Centre).

TABLE 2.7 WARD BREAKDOWN

| Ward                  | Participants | %   |
|-----------------------|--------------|-----|
| Calton                | 91           | 38% |
| Shettleston           | 51           | 22% |
| East Centre           | 34           | 14% |
| North East            | 12           | 5%  |
| Canal                 | 9            | 4%  |
| Dennistoun            | 8            | 3%  |
| Springburn/Robroyston | 6            | 3%  |
| Others (14)           | 24           | 10% |

Source: Upshot data (237)

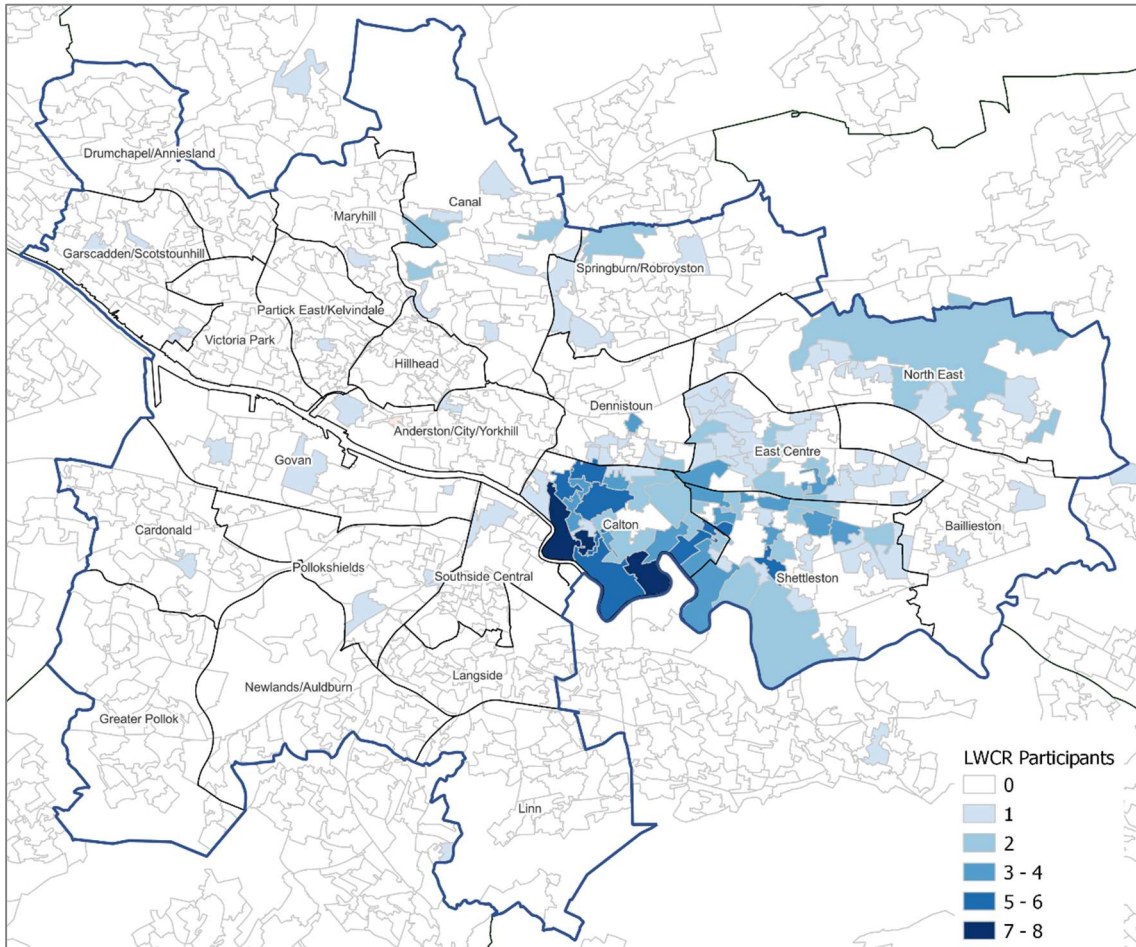
In addition to the Glasgow wards listed above, 10 others have up to three participants, while some individuals from neighbouring local authorities have received information or support.

52% of all participants providing address postcode details live in the most deprived 10% of data zones according to the Scottish Index of Multiple Deprivation. This increases to 70% of participants for the most deprived 20% of data zones.

The following map shows where most LWCR participants live, with large numbers in Bridgeton, Calton and Dalmarnock as well as adjacent parts of Shettleston and East Centre wards.

<sup>7</sup> <https://www.scotlandscensus.gov.uk/>

**FIGURE 2.3 PARTICIPANT MAP**



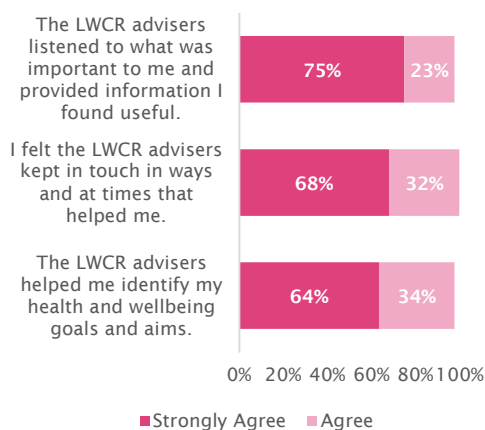
Source: Upshot data (235) Contains OS data © Crown copyright [2023]

# 3: Health and Wellbeing Support

This chapter looks at how participants and partners view the support from LWCR Health and Wellbeing Advisers.

## Quality of support

FIGURE 3.1 QUALITY OF SUPPORT



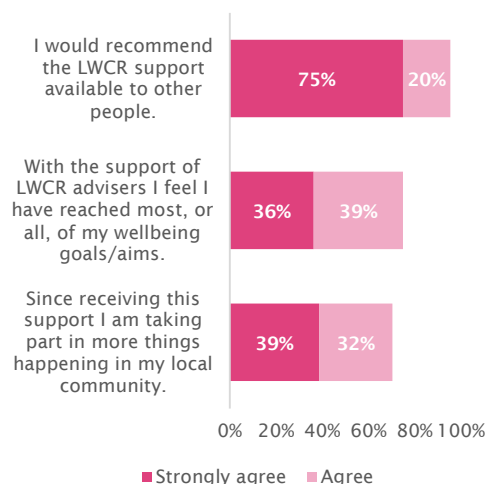
Source: Participant survey (44)

Survey respondents were extremely positive about the quality of support provided by the Health and Wellbeing Advisers. No respondents disagreed with any of the statements above (one selected ‘not relevant’), while 75% strongly agreed that they listened and provided useful information.

*“They were very compassionate and listened attentively. They focused on what was available in my area that met my likes and capabilities. They created an activities calendar around this and sent me a digital copy.”*

## Impact of support

FIGURE 3.2 IMPACT OF SUPPORT



Source: Participant survey (44)

Most had achieved the wellbeing goals they set out at the start of their support provision (75%) and many were now taking part in more community activities as a direct result of the LWCR support (70%)<sup>8</sup>.

*“After Covid, it has broadened my horizons and helped me to get my confidence back.”*

*“It’s made it easier for me to settle in because this is a new country [for us] so it can be difficult to know what to do.”*

Almost all (95%) survey respondents indicated that, on the basis of their own experience with LWCR, they would recommend the support to others.

<sup>8</sup> This is higher than the proportion of participants attending suggested activities. The potential reasons for participants not

engaging with support or attending activities are discussed in more detail in Chapter 4.

## Success factors

Participants and partners tended to be very positive about the support provided by the Health and Wellbeing Advisers. Many people talked about how friendly and welcoming the team were, and how they worked hard to build trusting relationships with people.

A key factor in the programme's success is listening effectively to people, understanding their concerns and providing personalised support and activity recommendations tailored to individual needs.

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*"She knows my level of fitness and what I can and can't do."*

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Several participants talked about how encouraging the Health and Wellbeing Advisers were, that they kept in touch and followed up to find out how people were getting on (sometimes multiple times).

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*"They kept in touch with messages and calls to let me know I'm not alone. I'm finding life very difficult at the moment. I find it hard to reach out and don't reply but they still show they're there."*

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*"[The adviser] is a very supportive person. She keeps in touch and wishes me well and has even been along to my women's recovery group."*

*"A lot of them have so much on, so it's more than just the initial referral. There has to be follow-ups and check-ins and touch points."*

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Local knowledge and community presence were also key factors. The Health and Wellbeing Advisers and many activity leaders had worked (and lived in many cases) in East Glasgow and know how to work with local people.

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*"They know the mentality of the people who work here, they're really approachable and you never feel awkward or anything."*

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*"They make it so nurturing and comfortable for people."*

---

They have worked hard to build networks and update knowledge of other kinds of activity available in the community (delivered by other Glasgow Life service areas as well as external providers). This is helping to break down traditional organisational barriers that have made it hard for people to understand who is delivering activities and how to find out about them.

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*"They're always willing to share stuff - recommendations, resources. It's all for the bigger picture, there's no political nonsense."*

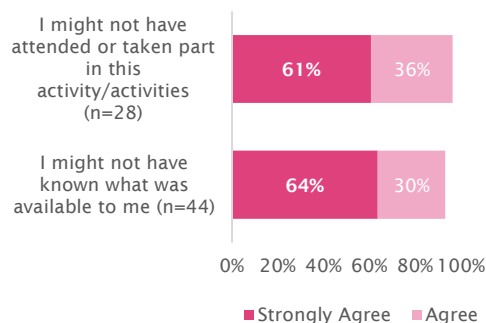
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## Making the difference

Participants indicated that the support from Health and Wellbeing Advisers was a key factor in finding out what was available to them (93%).

The majority of those that went on to do an activity agreed that they would not have taken part without this support (96%).

FIGURE 3.3 WITHOUT THIS SUPPORT...



Source: Participant survey (44)

Being encouraged, supported or accompanied by the Health and Wellbeing Advisers meant that participants were more likely to try things they would not have had the confidence to do otherwise.

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*"I didn't know what was out there for me to do, if it wasn't for [LWCR adviser], I would still be stuck in a rut ... with [their] help, I'm getting back out there."*

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*"I am unable to go out much due to my mental health problems, but I really look forward to the chats ... we have built up a wee friendship and it is helping me regain some of my confidence."*

---

Many of those who have not (yet) taken part in an activity suggested by the advisers still feel that the support has been helpful. For a small number of people, contact with the Health and Wellbeing Advisers was their only regular source of advice and support.

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*“A lot of people feel like they’re listened to if they have one person, one point of contact.”*

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*“It cheers me up, I don’t have anyone [else] to talk to and it’s hard enough going to the doctors.”*

---

Nevertheless many participants felt that the support had given them much better awareness or knowledge of opportunities, from activities to education, training and volunteering.

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*“The support was really appreciated, I’m happy I came along and I’ll be able to call back.”*

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## 4: About the activities

**This chapter describes the impact of activities that participants have done as a direct result of information and support from LWCR Health and Wellbeing Advisers.**

### Activities

Individuals have been signposted or referred on to a wide variety of activities run by Glasgow Life or external organisations. The most significant Glasgow Life activities are:

- 
- Glasgow Sport – Live Active, Healthy Body; Healthy Mind, walking groups, Mindful Movement, Strength and Balance, disability sport and gym sessions
- 
- Communities and Libraries – Library book groups, computer and digital skills classes
- 
- Arts and Music – Singing for Fun, Arty Chats
- 
- Museums – Museum Tours, Coffee and Culture sessions
- 

The main activities in partner venues include:

- 
- Bridgeton Community Learning Campus – Chair Yoga, walking groups, computer and digital classes
- 
- Calton Heritage and Learning Centre - Heat, Scran and Blether
- 
- Barrowfield Community Centre – Women’s Chat and Activity, Blether groups
- 
- Parkhead Schoolhouse – Sewing, Knitting, Blether and Yoga groups
- 
- Helenslea Community Hall
- 

In addition to this the Health and Wellbeing Advisers have recommended a diverse range of activities in East Glasgow and further afield.

As highlighted above, participants are most interested in accessible physical activity and

social meetups. Most of the activities put forward are free of charge.

We do not currently have definitive data on overall engagement with support or subsequent attendance at activities. The following information is recorded in Upshot:

- 
- 56 individuals signposted or referred on to Glasgow Life activities (40 physical activity, 4 social, 3 volunteering and 2 financial inclusion, plus other events and activities)
- 
- 56 individuals signposted or referred on to external providers (21 physical activity, 18 social, 7 creative, 6 learning, 3 mental health support, 3 volunteering and 2 financial inclusion, plus others)
- 
- 14 individuals referred on to other forms of support (e.g. crisis and financial and lifestyle support, Glasgow Helps, plus others)
- 

Almost two-thirds (64%) of survey respondents reported that they went on to do (at least) one of the activities suggested. It is doubtful that this is accurate across all those referred (or self-referred) to the service, as people who have not engaged with support or activities are also less likely to take part in research.

Those who have not (yet) gone on to do any activities give different reasons. This includes changes in family circumstances (i.e. a new baby), distance or transport problems, illness or a feeling that they weren’t ready to take part in group activities. There is no evidence to suggest that the activities were not relevant to people or that they were looking for different kinds of activity.

*"I have received info from LWCR unfortunately most of the [activity] seems to be on the other side of the city which is unfortunate."*

*"As I was unwell last week, I wasn't able to make use of the information provided or take part in classes but aim to do so this week."*

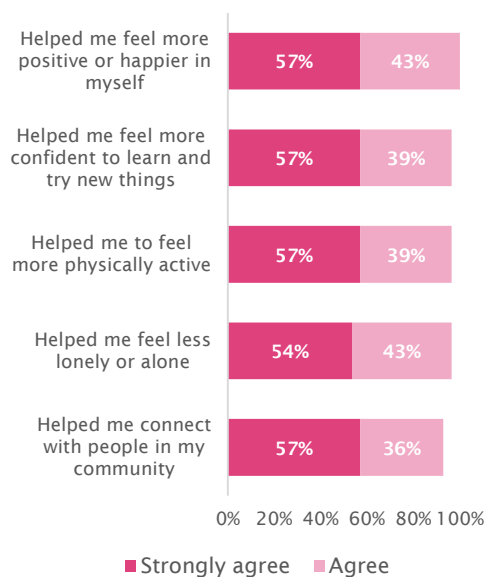
*"I am unable to go out much due to my mental health problems."*

Even people who have not gone on to do activities value they support they have received. Some see the support as part of a gradual process of reducing their anxiety or building their confidence, hopefully leading to greater engagement in future. There are also examples of people who have gone on to do other activities in their community (e.g. sport closer to their home, one-to-one tuition) rather than the activities put forward to them by the Health and Wellbeing Adviser.

### Participation outcomes

The survey respondents who went on to do an activity recommended by the advisers were very positive about its impact. The following chart shows the outcomes they reported.

**FIGURE 4.1 OUTCOMES OF ACTIVITY**



Source: Participant survey (28)

Most significantly, all survey respondents indicated that their general happiness had improved as a result of participation. The vast majority agreed with all outcome statements. One or two of the people who had attended computer and other classes (understandably) felt that the class had little impact on their physical activity or immediate connection to the wider community.

*"It made me confident with art again and I love it."*

*"I lost two of my best friends two weeks apart and was severely depressed. The groups helped me get out & bring myself out of the state of mind I was in."*

*"If you've had a hard time, your general chat is quite 'doom and gloom', but this gives you something to talk about - 'Oh I had a nice time doing that.'"*

### Success factors

Staff and participants talked about some of the reasons that activities were successful for this group of participants.

The fact that suggestions are tailored to the interests and capabilities of participants is clearly important. Some of the activity leaders talked about flexibility, while the content of sessions was planned in advance they were still able to amend activities based on who was in attendance and how people were reacting.

The social dimension was generally seen as being as (or even more) important than the activity itself, with lots of examples of people making new contacts and friends at the groups.

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*“I have met some wonderful people, had fun and improved my health.”*

*“I attended an over 50s event at Tollcross Leisure Centre. It was wonderful. Met new people and attended all the activities.”*

*“These activities have allowed me to find my confidence again and to try and improve my social interactions with people through different groups and interests ...which previously I would have been unaware of.”*

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When activities are free some people may be less committed to attending every session. The advisers often follow up with anyone who is not attending to check for problems and encourage them to get involved. This is helped by the fact that people are still able to contact their adviser even after their formal package of support has ended.

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*“People always come back, it’s not a tick-box exercise.”*

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### Longer-term impacts

The activities are clearly able to improve people’s lives in the short term, but it was also stated that comparatively small changes in outlook and routines can lead to longer-term impacts.

There are many examples of people continuing to attend activities and classes or doing new things since their involvement (i.e. attending the gym regularly).

In some cases participants did not enjoy aspects of the activity or were not ready to take part in group activities. This is not necessarily a negative outcome as people

were encouraged to try new things and find out what they might enjoy (and rule out things they enjoyed less).

The programme gives people information and support, but it is up to individuals how they take advantage of this. It is important to remember that many of the people referred into the programme are interested in and motivated by the opportunity to make changes to their life. This could be improving their wellbeing, meeting people, learning skills, establishing better routines, or even finding a new purpose.

Some of the most powerful examples of impact are those where people had a clear motivation for taking part in the first place and the support has helped them to seek out more opportunities and get more involved. Several mentioned specific future plans including further education and volunteering.

Some of the people who have been referred in to the programme had extensive support needs and did not take part in many activities despite frequent contact with the Health and Wellbeing Advisers.

### Partnership and local networks

Community partners gave examples of how the programme supported their work in the community. This could be through increasing the number of activities they were able to offer people and driving footfall in community venues (where people would be able to access other activities and support).

There are other local organisations and service providers (for example NHS Community Link Workers) delivering health and wellbeing support to people across East Glasgow. The additional support and activities provided by LWCR were welcomed by partner organisations, with Health and Wellbeing Advisers seen as providing a reliable and good quality service.

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*“I never have to worry when promoting LWCR, I know it’s going to be beneficial.”*

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Community partners also reflected that the Health and Wellbeing Advisers had excellent knowledge of the local area, adding to their understanding of the opportunities available to local people.



*“One example is, when we asked them if they knew of a walking group in [our service user’s area], rather than just saying ‘OK, here’s the nearest one,’ they sent us a big list of all the walking groups in Glasgow – which we still use every day.”*

It is also clear that the Live Well programme benefits from links to community partners, for example the ability to be available on site in community venues. Several people talked about venue staff in the same way as the Health and Wellbeing Advisers, seeing them as part of a wider team providing advice and support.



Scotland's Public Health Minister, Jenni Minto (back row, centre) alongside Glasgow Life's Leadership Team and Live Well Community Referral participants at Bridgeton Library.

## 5: Findings

This chapter presents key findings against the main evaluation questions, alongside more general reflections on the programme's achievements to date.

***What impact is the support from Health and Wellbeing Advisers having (finding relevant activities, encouraging / maintaining participation, other information and support)?***

***Are participants being supported to try (and continue with) activities they would not be doing otherwise?***

The survey results show that participants are finding out about activities they were unaware of, but also that the support they have received is a major factor in their subsequent attendance. 93% agreed that they might not have known what was available without the support.

Individuals are supported in different ways according to their need, this ranges from general encouragement to being accompanied and introduced to people at the first session. 96% of those who have gone on to do an activity agreed that they might not have taken part without the support from the team.

The following table lists the main outcomes of support, for example 75% of survey respondents agreed that the support has helped them to reach their health and wellbeing goals. If this proportion is applied to all participants, LWCR support has helped an estimated 205 individuals to reach their goals<sup>9</sup>.

**TABLE 5.1 OUTCOMES OF SUPPORT**

| Outcome                                       | %   | Individuals |
|---|-----|-------------|
| Has reached wellbeing goals/ aims             | 75% | 205         |
| Taking part in more things in local community | 70% | 192         |
| Took part in at least one of the activities   | 64% | 174         |

Source: Participant Survey (44) and Upshot data (237)

***To what extent have participants achieved their personal wellbeing goals?***

***How many participants report each of the targeted outcomes (new skills and abilities, improved mood/mental health, increased activity, improved connections, reduced isolation/loneliness)?***

***What were the original reasons for referral and have these been achieved?***

Participants experience different challenges and barriers to improving their health and wellbeing. The programme is perhaps best-suited to helping people with less severe health and wellbeing issues. Most are interested in accessible physical exercise and social opportunities but just need up-to-date information and some encouragement or support.

The survey respondents and interviewees report that participation has created significant benefits in terms of confidence, improved mood, increased levels of physical activity and more social interaction or involvement in the community. This is corroborated by advisers and activity leaders who report that many participants seem happier, calmer and more confident in themselves.

<sup>9</sup> This information could potentially be used to estimate the social value of LWCR interventions, particularly individual wellbeing impacts.

The next table looks at the outcomes of participation in suggested activities. All those who went on to take part in at least one of the activities suggested felt more positive or happier in themselves as a result. This equates to 174 individuals.

**TABLE 5.2 OUTCOMES OF ACTIVITY**

| Outcome                                    | %    | Individuals |
|--|------|-------------|
| More positive or happier in self           | 100% | 174         |
| Less lonely or alone                       | 96%  | 168         |
| More physically active                     | 96%  | 168         |
| More confident to learn and try new things | 96%  | 168         |
| Connect with more people in community      | 93%  | 161         |

Source: Participant Survey (28) and Upshot data (237)

***What are the main factors behind Live Well's ability to help people improve their health, wellbeing and quality of life?***

The main reasons that LWCR is able to help people improve their health and wellbeing are to do with personalised support and the accessibility of activities.

The advisers provide individual support, supported by an approach that focuses on listening and understanding, informed by detailed knowledge of local organisations and opportunities.

While the availability of suitable (and free) activities in the local area is important, staff and partners talked about the value of activities provided in a flexible way, with effective engagement.

***What other benefits and impacts is the programme helping to support? Does this include any unanticipated effects?***

***Are there any clear differences in the impact of different types of activity or intervention?***

***Are improvements likely to be sustained over the longer-term?***

Every participant has their own reasons for taking part and their own challenges, so it is

difficult to develop an aggregate picture of the additional benefits generated.

As well as the targeted outcomes listed above, many participants talk about being better informed about activities and opportunities or feeling better prepared to get more involved in future. Others were just happy to feel listened to and supported.

This is also true for many individuals who have not (yet) gone on to do any activities, all of whom were positive about the support received.

They give different reasons for this, mainly relating to personal circumstances (changes at home, illness, or not feeling ready for group activities). Nobody was unhappy with the support provided or the types of activities proposed, though distance and travel costs may have been an issue in a small number of cases.

There is no evidence that certain types of activity or intervention are more beneficial than others. The social dimension of participation, new supportive connections made, and feelings of personal pride with progress are arguably more important than the content of sessions. Any increase in social or community-based activity is likely to be beneficial for most people.

The extent to which the support is leading to longer-term engagement is more difficult to assess. While 64% of all those receiving support have taken part in at least one of the suggested activities, 70% of all programme participants are now taking part in more activities in their community. Some went on to look for and find activities they felt were more convenient or relevant to their needs.

There are many examples of participants doing more in the community as a result of the support, some of whom are exploring longer-term changes (for example via volunteering and further education).

Other people clearly need more extensive support. A relatively light-touch intervention such as LWCR is unlikely to make a substantive difference to a person with severe physical and mental health conditions on its own.

However, the interviews and case study examples show that the programme can help people who want to make changes and improve their quality of life, but lack information about how to achieve this, or just need encouragement and support along the way.

***To what extent does the programme support the work of stakeholders (e.g. main referrers, NHS partners)?***

The programme has engaged lots of people in deprived communities, 52% are from Scotland's most deprived 10% of postcodes.

There is extensive demand for health and wellbeing support in these communities and LWCR provides additional support and activities for people with lower-level health and wellbeing issues. The LWCR programme is able to complement existing health and wellbeing support available from service providers such as NHS Community Link Workers and third sector organisations.

This has a clear preventative dimension, in that support and activities can help to improve physical and mental health, potentially reducing the burden on healthcare and social care services.

LWCR advisers are ideally placed to share information on suitable cultural, sporting and learning activities. Glasgow Life teams can design and deliver entry-level, accessible activities for people, such as Healthy Body; Healthy Mind, Singing for Fun or Coffee and Culture.

***Does the evidence highlight any gaps or potential improvements?***

***Are there any lessons from this pilot phase that can help to inform the implementation of a more permanent or scaled-up programme?***

There is no evidence that specific kinds of activities are missing from the programme, though the team should continue to explore ways of engaging more men and people outside the core 35-54 age groups.

Some of the partners felt that there was scope to increase awareness of the LWCR programme, but as this is a new service it may take some time to develop

understanding amongst community members and external organisations. The evidence supports plans to build awareness and increase participation across the East End of Glasgow before the LWCR approach is rolled out more widely.

The value of the LWCR approach lies in advisers having an overview of wellbeing-related activities provided by different GL service areas (sport, arts and music, museums etc) and external organisations.

Participants are perhaps less interested in specific types of activity but rather in finding different kinds of opportunities in their local area. Therefore it is important to maintain a place-based approach, where advisers can build local knowledge as well as develop contacts and partnerships with community organisations and venues.

It is likely that people referred by community organisations would already have some level of community interaction. People who are very isolated would benefit greatly from this support, though they would be more likely to be reached via core service providers (for example healthcare and social work, housing providers and police).

A key benefit of the service is the way that support is provided in a personalised way, in line with an individual's needs. Grouping participants into one of three support categories (see Table 2.1) might be useful for internal planning but seems to contradict this approach.

The team have made extensive records of individual contacts with participants. It may be useful to refocus attention on the targeted outcomes for the programme. This could include simple ways of recording and coding (positive and negative) comments, observations and examples of individual progress against the programme's main outcomes.

While fewer participants are motivated by a desire to develop specific skills for life or work, it may be worth including this as a defined outcome for the programme.

The online (post-participation) survey provides useful feedback and information on impacts, though it may be useful to gather more data on non-engagement. Where participants have not gone on to take part in activities or get more involved in their community it would be helpful to identify any common reasons for this mentioned by recipients of support.



## Annex: Participant Case Studies

The following case studies are real examples of people who have received support from LWCR health and wellbeing advisers, informed by case notes and face-to-face interviews. Names have been changed to protect their anonymity.

### Angela

#### Background and motivation

Angela is recovering from alcohol addiction and has mental health issues including anxiety. She says that she felt isolated and disconnected from the wider community.

She met the health and wellbeing adviser at the Renew recovery café and talked about her wish to find activities in the community to improve her mental health and feel less isolated. She also wanted to get fitter, having gained weight as a result of the medication she was taking.

#### Support and activities

The health and wellbeing adviser suggested activities for Angela and accompanied her to her first sessions. She really appreciated the support, and the ability to reach out to her adviser with any personal issues and concerns.

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*“She knows my level of fitness and what I can and can’t do.”*

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Angela has attended the Healthy Body, Health Mind classes in Helenslea and Singing for Fun in Calton. She has also signed up for health walks and the adviser obtained a pass for the Glasgow Club gym near her home which has been using several teams each week. The team have also helped her get a travelcard.

#### Impacts and looking forward

Her awareness of and involvement in local groups has really increased and she is taking part in lots of activities, sometimes several in a single day. Angela said this has had a significant impact on her daily routine and she is now much more active and spending more time out of the house than before. She plans to continue with her

activities and feels more confident doing community activities and meeting new people. She was particularly grateful for the friendships she had made, remarking that she had:

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*“[made] friends for life now.”*

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*“[met] the people I was lacking in my life.”*

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She talked about the non-judgmental space these activities provide, where group members can just come along and have fun. While she felt it was not easy getting to know people at the start, she has connected with others who have gone through similar experiences, including addiction.

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*“These groups have been a support network for me. For my recovery this has been invaluable.”*

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The support has helped in other simple ways, there was a time she would avoid phone calls and contact when she felt anxious or under pressure but the health and wellbeing adviser has helped to change that.

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*“These activities have made me less lonely and isolated, I have met new people and am hearing about other activities I might try in the future. I am enjoying mixing with other women and I feel safer.”*

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*“It’s really changed my life.”*

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### Isha

#### Background and motivation

Isha recently moved to Glasgow from India, she has two young children at the local primary school and was looking for activities for herself and her children. She visited Bridgeton Community Learning Campus where she saw a poster for the Live Well Community Referral service and met

with BCLC staff and the Health and Wellbeing Adviser.

### Support and activities

The team helped Isha to get started with ESOL classes and computer classes (introducing her to the tutor), she is also attending the yoga group. She described the centre as:

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*'amazing, very warm and welcoming, you never feel new!'*

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She says that the programme has been great as providing support and guidance.

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*'they tell you exactly what to do and how to do it' [with] 'lots of encouragement'*

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She was also able to find out about the Baltic Street adventure playground, family friendly activities and other support for children such as the Young Scot card. She felt this has been really useful in the school holidays, when she can attend weekly classes with her children. She is also looking into sports her children are interested in doing such as swimming and badminton.

### Impacts

Involvement in the yoga group has helped Isha achieve her goal of getting more physically active. She says the support has helped her knowledge of what is available locally but has also motivated her to try new things and establish good daily routines. Although she sometimes brings friends along, attending sessions has given her a chance to meet new people in the community.

### Looking forward

While recognising that the lessons were really accessible for beginners, Isha felt that the adviser had helped her get more from the ESOL classes, by speaking to the teacher and getting her moved up a level. The course tutor recommended that she explore further education courses and she is looking at course options for the New Year. She is also considering volunteering opportunities as a way of gaining experience for employment.

## James and Fiona

### Background and motivation

James has been out of work and on benefits for a long time and also has an infectious medical condition affecting his hands. He was interested in gaining skills and confidence to enhance his prospects but also to find out about health and wellbeing activities that could reduce feelings of isolation and improve his mental health.

His partner Fiona was hoping to change jobs, looking for something less stressful, more flexible and suitable for a young mother. They found out about the Live Well Community Referral programme via Wheatley Homes.

### Support and activities

The health and wellbeing adviser talked to James about his needs and his interest in boosting digital skills. The team have liaised with several agencies on his behalf including GL digital learning and libraries teams, as well as Family Finances and FARE to obtain a laptop for him and an employability coach at a local supermarket.

James was really complimentary about the support and stated it was very different to his experiences with the job centre as the team are focussed on the best outcomes for him and his partner. The adviser kept in touch, provided information about local activities, and offered ongoing encouragement and support.

### Impacts

James has received lots of information about activities and opportunities he was unaware of. They have not been able to attend any so far because of their new baby. However, the laptop has allowed him to find out more about his medical condition, receive remote support and do online courses. Fiona has also received useful information about learning and employment opportunities. She is currently considering Open University courses.

### Looking forward

James and Fiona felt that the support had opened doors to new possibilities, from new career paths to the possibility of studying or working from home. It will help with their

life choices and give them the confidence to explore opportunities in future.

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*"These are things we wouldn't even have considered; we would just be with the Job Centre ... not living to our full potential."*

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James and Fiona both expressed their gratitude for the support and opportunities provided. They are hopeful for more progress in future and look forward to attending more activities in the community once they have adjusted to life with a young child.

## Mary

### Background and motivation

Mary has recently had a long period of sick leave from work and after trying some yoga and mindfulness was looking for opportunities to help her recovery, boost her mental health and do more social activities in the community. She was also receiving support from an alcohol counsellor.

### Support

She found out about the Live Well Community Referral (LWCR) programme through a family friend and met the health and wellbeing adviser at Helenslea. She was provided with information on local activities and the team looked into getting a gym access card for her.

Mary has other health and addiction problems which meant she did not start activities right away, but she was really grateful for the support. The adviser maintained contact, providing emotional support even when she was in hospital and a rehabilitation centre. She accompanied her to a weekly support group, which Mary felt demonstrated a commitment to her wellbeing.

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*"[She] is a very supportive person. She still keeps in touch, wishes me well, and comes along to the women's recovery group"*

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### Activities

Mary attended chair yoga classes with a friend, which she found enjoyable and easy for a relative beginner like her. After

finishing the block of sessions, the adviser suggested other activities such as circuit training and provided her with a gym and swimming pass, giving her opportunity to improve her physical health as well. She also visited the cycling track and took part in local cookery lessons which were mentioned at one of the classes she was attending.

### Impacts and looking forward

Participating in the LWCR programme has increased her awareness of local activities. As well as commenting on the easy and accessible nature of the yoga classes, she appreciated the friendly atmosphere which has helped to boost her confidence.

Mary still has issues around mobility and the cost of travelling to activities as she is on a low income, but felt her experience has been really positive. The programme has helped her physical and mental wellbeing and introduced her to a supportive community.

## Priya

### Background and motivation

Priya was diagnosed with cancer seven years ago, she has had lots of treatment and different drugs while her mental health has been very up and down. While her family look after her they work full-time, so apart from carer visits she was spending lot of time on her own in the house.

### Support and activities

Her daughter found out about Live Well support and she met the health and wellbeing adviser at Calton Heritage Centre. She feels the team have been really helpful, giving her information and newsletters. While some of the activities are further away and difficult for her to get to, she tries to walk as much as possible (assisted by her 'pram' or walking aid).

Even when she was slightly unsure about activities, the adviser was really encouraging saying "why don't you try this", as well as introducing her to the people there and following up to check how they are all getting on. She now attends the Women's Library every two weeks, participates in the Singing for Fun sessions every week, and enjoys outings to places



like the park and museums, including the Transport Museum.

#### **Impacts and looking forward**

She found the activities enjoyable and they have helped with the stress of her illness and given her greater peace of mind.

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*“I enjoy singing and dancing is good for my health.”*

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She is out of the house much more nowadays and feels more confident about trying new things. She was feeling lonely before but these activities have helped her to meet people. She also feels that socialising with other people has made her less focussed on her own health issues:

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*“I am less worried about my health and living more in the moment.”*

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The support has helped her to meet a bigger range of people (not just her family or other people from the Asian community!) and feels much more involved in the wider community nowadays.

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*“I was lonely before, my children are busy at work so it's been great to get out and meet new people”*

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She is also helping some of the quieter members of groups to get more involved – she was a care worker by profession and knows how to communicate to different kinds of people. Priya wants to maintain her busier lifestyle and is looking into other activities such as ESOL classes.

Find out more  
[www.socialvaluelab.org.uk](http://www.socialvaluelab.org.uk)

[info@socialvaluelab.org.uk](mailto:info@socialvaluelab.org.uk)

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Call us on **0141 530 1479**

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Studio 222, South Block,  
60 Osborne Street, Glasgow, G1 5QH.

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