



## Age UK's Cascade Training Programme

### Evaluation Report

July 2015

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*fit as a fiddle* is a programme run by Age UK and funded by the Big Lottery Fund as part of the Wellbeing programme

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## **Acknowledgements**

The authors of this report would like to thank: Vinal K Karania, David Terrace, Rebecca Barnham and Suzanne Huggett of Age UK National who liaised with the research team throughout the project, and provided appropriate data and information. The authors are also grateful to all those involved in the Cascade Training programme who generously gave their time to participate in the research, including the National Partners, Delivery Organisations, Activity Coordinator staff, and volunteers.

## **Executive Summary**

### ***Overview***

The Cascade Training (CT) programme provides resources to organisations to help them train volunteers (new or existing), as well as staff, to work with specified hard to engage groups of older people in social and physical activities. This includes: those who are socially isolated or housebound; in sheltered or residential care; men; and those in BME groups. Delivery Organisations are provided with: training booklets; a USB stick, £500 and 14 hours of consultancy support. CT follows the overall objectives of Age UK's wider **fit as a fiddle** portfolio which aims to promote the benefits of healthy eating, physical activity, and mental well-being. It consists of six unique training programmes: Building Better Buddies; Moving Moments; Come to Tea; Life & Soul; Talking Tonics; and EngAge. Overall, the programme has been a success, exceeding the set targets for number of volunteers and older people engaged, and resulting in effective partnership working at the local level.

### ***Delivery of the programme***

- Delivery Organisations applied the programme to help meet the aims of a number of other funded projects, such as those with a focus on reducing social isolation and improving health, nutrition and well-being.
- The consultancy support provided by the programme was valued by Delivery Organisations, though the level and type required was dependent on a number of factors, relating to the knowledge, experience, and confidence of the trainer.
- The main benefit of the programme was its adaptability, with reports by Delivery Organisations of it being applied to a wide range of products and services.
- The findings show that CT may help Delivery Organisations more effectively deliver resources due to the use of volunteers, or in the case of care home settings, staffing and entertainment budgets.
- The programme may benefit from more support to Delivery Organisations to adapt the training and packs to suit local level needs.
- Individual training packages face different sets of challenges, based on the setting or older person targeted.

### ***Community engagement and partnerships***

- Many Delivery Organisations promoted CT to a range of local stakeholders to help recruit volunteers and older people, and to help stakeholders apply its principles within their own settings.
- A positive working relationship was reported by National Partners, who actively promoted the other projects when carrying out their own training.
- Developing effective partnerships can be time consuming as the needs of different organisations need to be met.

- Some local stakeholders may not wish to engage if they cannot see the potential value to the older people they work with.
- The number of local Age UKs who participated in the programme was low, this was reportedly due to a number of factors related to capacity, resources and internal mechanisms.

### ***Volunteers and volunteering***

- Delivery Organisations used the programme to train and improve the well-being of volunteers; and survey data showed that nearly all volunteers reported an increase in confidence, alongside a number of other positive benefits, as a result of being involved in the programme.
- Volunteers successfully recruited older people.
- As volunteers are central to the programme's success, it was felt important to ensure they are supported and valued.
- Some organisations reported challenges around recruiting and retaining volunteers; and the level of commitment and responsibility placed on volunteers may be too much for some.

### ***Older people***

- The programme is meeting the broad **fit as a fiddle** aims of engaging older people in activities to improve their health and well-being.
- The programme has resulted in the creation and improvement of services and activities for new and existing service users.
- Delivery Organisations working in particular settings, such as care homes, need to pay particular attention to getting staff and/relatives on board.
- Older people may be harder to engage if volunteers do not share their cultural interests.

### ***The wider health and social care system***

- Research evidence indicates that programmes such as CT, which focus on promoting physical exercise, healthy eating and mental well-being, are associated with reduction in the risks of issues that can increase the demand for health and social care, therefore potentially contributing to efficiency and/or savings in health and social care services.
- CT may contribute to efficiencies and/or savings through increasing social interaction, which research has shown may lead to reduced demand on health and social care services.

### ***Suggestions for future evaluations***

- Based on the findings, some of the potential benefits of CT for older people may take time to be fully realised, as the length of the evaluation period may not have captured all the relevant changes.
- Whilst the evidence supports the assertion that the programme is likely to contribute to reduction in health and social care use, the evaluation study was unable to estimate the extent to which any reduction is due to this programme because of the nature of the programme and available information.
- If Cascade Training or a similar project is run in the future it is suggested that the monitoring procedures are reviewed to better understand the returns on the CT programme.

### ***Conclusion and recommendations***

Due to its flexibility, Cascade Training was used in a variety of ways, which increases the likelihood of the programme leaving a legacy within Delivery Organisations. Nevertheless some key challenges to various elements of the programme and individual packages are identified and five broad recommendations are provided.

#### ***Recommendation 1: Branding and marketing Cascade Training***

Moving forward it may be worth re-branding CT, this could involve changes around the ways the packs work together, or perhaps a review of the individual packages that are included. It may also be beneficial to look at how individual programmes can be combined, re-packaged, re-branded, or mixed together.

#### ***Recommendation 2: Adapting Cascade Training to local settings***

It is suggested that National Partners should explore ways to tailor the training and packs to suit local organisations, and thus offer a more 'bespoke' service. This can help to ensure that organisations fully understand its principles and how these fit in with their own local contexts. This can also help ensure the success of the cascading element of the programme, and contribute to its sustainability.

#### ***Recommendation 3: Encouraging community level partnerships with GPs***

Whilst a few Delivery Organisations worked with health care professionals, moving forward more organisations should be encouraged to persuade GPs or other health professionals to refer older people to their services. This may help to engage some (though not all) hard-to-reach groups.

#### ***Recommendation 4: Demonstrating how Cascade Training can benefit local organisations***

Moving forward it may be worth ensuring all organisations (including local Age UKs) are aware of how CT can benefit their organisation, which may in turn generate more interest.

*Recommendation 5: Attracting and retaining volunteers and service users*

Following feedback from volunteers it is suggested that the packs and training take into account the needs and abilities of different types of volunteers and perhaps look to reduce the current commitment required. It was felt that it would be useful to advertise Cascade Training to older people directly, as opposed to relying on organisations or volunteers to 'find' people. This would be especially useful for very isolated older people, who may not be reached by volunteers.

## **1. Introduction**

CIRCLE (Centre for International Research on Care, Labour and Equalities), University of Leeds was commissioned by Age UK to evaluate its **fit as a fiddle** portfolio 2013-15 (including the **fit for the future**, Dementia Friendly and Cascade Training programmes), which was funded by the Big Lottery Well-being Fund.

The purpose of this report is to provide a process and outcome evaluation of the Cascade Training (CT hereafter) Programme. The current CT programme was built on the legacy of a similar initiative run as part of the original **fit as a fiddle** portfolio, 2007-2012, and readers may wish to refer to earlier evaluations produced for each individual project (of which a brief outline and accompanying links can be found in Appendix 1).

### ***Structure of the report***

The remainder of the report is divided into eleven main sections: Section 2 provides an overview of the CT programme; Section 3 presents a summary of the main methods used; and Section Four provides information around the main targets. Section 5 considers how the CT programme has been delivered, focusing on the training sessions and resources provided. This is followed by section 6, 7, 8 and 9, which focus on the main impact of the programme in four key areas: community engagement and partnerships; volunteers and volunteering; older people; and the wider health and social care systems. Section 10 considers the limitations of this evaluation and the final section presents some conclusions and recommendations based on the report findings.



## 2. Programme Overview

### *Aim and objectives*

The stated aims and objectives of the CT programme, as included in Age UK's original proposal to the Big Lottery Well-being Fund, focused on reaching specified hard to engage older people to help them achieve a healthier lifestyle and improved mental wellbeing, consistent with the overall aims of the **fit as a fiddle** portfolio and through promoting its overall aims of improving physical fitness, nutrition and social interaction. This follows the Big Lottery Well-being Fund objectives and the current direction of national policy, such as the physical activity guidelines for later life<sup>1</sup> and the 2014 Care Act<sup>2</sup> in which local authorities are required to ensure wellbeing is promoted in service provision. The programme further recognises the importance of involving community level stakeholders and volunteers. The six individual CT packages that have been developed have a particular emphasis on reducing social isolation, with a more direct focus on specific hard-to-reach groups.

### *Description of the Cascade Training Programme*

The CT programme provides resources to organisations to help them train both volunteers (new or existing) and staff to work with specified, hard to engage older people in social and physical activities. It consists of six unique training packages (Building Better Buddies; Moving Moments; Come to Tea; Life & Soul; Talking Tonics; and EngAge), developed in partnership with Age UK National and five expert organisations<sup>3</sup> (National Partners). These National Partners include:

- Sporting Equals: which works to engage the black and minority ethnic population in sport and physical activity (further information can be found on the website <http://www.sportingequals.org.uk/projects/fit-as-a-fiddle.html>).
- The National Activity Providers Association (NAPA), which works primarily with the residential and sheltered housing sector to promote the well-being of older people (<http://www.napa-activities.com/>).
- Community Networks: which work to promote well-being by combatting social isolation and loneliness, bringing people together on the telephone and online (<http://communitynetworkprojects.org/>).
- Age Concern Central Lancashire (<http://www.fiftyfiveplus.org.uk/ageconcern/>), in partnership with the Older Men's network (Oldermenswellbeing.co.uk), help older men live more healthy, active and fulfilling lives.
- Age UK West Cumbria (<http://www.ageuk.org.uk/westcumbria/>), works to reduce social isolation among older groups.

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<sup>1</sup> <http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-older-adults.aspx>

<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>3</sup> Age Concern Central Lancashire and the Older Men's Network are classed as a single expert organisation, as the latter provides support to the former.

Organisations which work with older people across England were invited to become Delivery Organisations and request one or more training packages of their choice. A brief description of each individual training package/project is provided in Table 1. Each is aimed at different groups of older people, or those in specific settings, namely: those who are socially isolated or housebound; in sheltered or residential care; men; and those in BME groups. Due to the different target groups involved, each project experienced unique challenges (which are discussed throughout this report). Nevertheless, the overall aims and objectives relating to increased participation and addressing social isolation of hard-to-reach groups is shared by all.

**Table 1: Description of Cascade Training Packages**

<b>Building better buddies (BBB)</b>	Developed by Age Concern Central Lancashire, and supported by the 'Older Men's Network this project provides training for older men to become peer buddies and mentors to motivate and encourage vulnerable older men to take part in new activities.
<b>The Moving Moments (MM)</b>	This training programme developed by Sporting Equals focuses on the importance of understanding faith and culture when engaging older people from black and minority ethnic communities into opportunities for meaningful physical activity and wellbeing.
<b>Come to Tea (CtT)</b>	Developed by the National Activity Providers Association (NAPA) and aimed at residential care homes, Come to Tea aims to train volunteers, supported by care home staff, in roles to support greater independence, mobility and social interaction using the concept of the Tea Party. The cascading element is expected to come from carers, viewed as being in a unique position to promote the aims of the project and introduce volunteers to residents.
<b>Life &amp; Soul (L&amp;S)</b>	Developed by the National Activity Providers Association (NAPA) this package is aimed at training older sheltered housing residents to become volunteers and support activities for other residents.
<b>Talking Tonics (TT)</b>	Developed by the community network this package trains volunteers so they can facilitate teleconferencing sessions with socially isolated older people who may struggle to leave home, aiming to promote independence, mental health and well-being.
<b>EngAge</b>	Run by Age UK West Cumbria, this package trains volunteers to visit and provide peer support to socially isolated older people who struggle to leave their home, the aim being to increase health and well-being and improve nutrition.

Once Delivery Organisations were accepted onto the programme, they were provided with a number of resources, including three information booklets (referred to as 'packs' and listed in Table 2), a USB stick containing information and resources to help run the training session (such as training slides and videos), and £500 per session booked. The National Partners also supplied organisations with 14 hours of consultancy support. The

role of the consultant was to support staff based in Delivery Organisations to deliver the chosen training package(s) to volunteers, who could then in turn apply what they have learnt to engage specific groups of older people in their communities.

The training packs aim to provide Delivery Organisations with all they need to be able to run training sessions for volunteers (and staff<sup>4</sup>) around how to engage specific groups of older people. This may relate to a broad range of activities but each follows the principles of the main Big Lottery outcomes of: healthy eating; physical activity; and social interaction. More specifically, the ‘cascade’ element of the programme aims to ensure that what volunteers learn is cascaded to older people in their communities, with a target being set of around 4-6 older people reached per volunteer (see below). The Delivery Organisation could run the training sessions themselves (which did occur), or choose to initially observe the consultant running the session. A number of interviewees chose this latter option, with nearly all Building Better Buddy sessions being initially run by the consultant.

**Table 2: Information Booklets provided with Cascade Training packs**

<b>The ‘host’ pack</b>	This was provided to the organisation (‘the host’), giving background information and outlining the steps that need to be taken to develop the project.
<b>The trainer guide</b>	The second booklet is aimed at the trainer employed by the Delivery Organisation to run the sessions (with support from the consultant) and contains information to assist with delivering the training session. It encourages the trainers to adopt a combination of methods during the sessions, such as using a PowerPoint to discuss the slides provided on the USB stick with more interactive methods (such as quizzes or role play).
<b>The volunteer handbook</b>	This booklet provides information to help volunteers understand their role, and offers advice and resources on how to engage the target group.

The training packs were designed to be ‘standalone’ so that Delivery Organisations could continue running training sessions and applying the principles of CT independently following initial support.

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<sup>4</sup> The original aim of CT was that volunteers would be the beneficiaries of the training sessions, but once it became apparent that staff, particularly in care home settings, would need to play a role in engaging older people, this focus changed as the programme developed

A total of 75 organisations participated in the programme, which included 12 local Age UKs (a full list of organisations which took part can be found in Appendix 2). Of the 11 Delivery Organisations which were interviewed (four of which included local Age UKs), eight requested Building Better Buddies packs, three Come to Tea, three Moving Moments, two EngAge, two Talking Tonics, and one requested the Life & Soul training pack. Of the 11 organisations interviewed, four had worked with more than one training pack.

### ***Summary of the Cascade Training programme***

- The programme was developed in partnership with Age UK and five National Partners.
- The programme aims are to equip Delivery Organisations to train volunteers, who then apply what they have learnt to engage hard-to-reach older people in the community.
- The programme consists of six individual training packs (projects), each is aimed at engaging a specific group of hard-to-reach older people in activities to improve diet, physical health and mental well-being.
- Resources provided to Delivery Organisations include: training booklets; a USB stick; and 14 hours of consultancy support, provided by the National Partners.
- The consultancy support is flexible and may be used for the purpose of having the first training sessions run by the expert, or for more general advice and support.
- Projections indicate that the initial targets set in terms of training sessions run, and number of volunteers and older people engaged, have been exceeded.

### 3. Methods

#### *Focus of the evaluation*

This evaluative report pays particular attention to the extent to which the overall aims of CT have been achieved and more specifically considers:

- The effectiveness of the consultancy support, training, and training packs at supporting and facilitating the CT projects across England.
- The benefit of the programme for: community and partnership working; Delivery Organisations; engagement of volunteers; and engagement of older people. Here there is a specific emphasis on the training itself and experiences of whether and how the packages were used.
- How the design and delivery of the programme contributes toward ensuring its long term sustainability, with a particular emphasis on volunteering and community led partnerships.
- The effectiveness of monitoring systems put in place to measure the impact and outcomes of CT.

#### *Research methods used*

The following research methods were deployed by the research team for the evaluation:

- Interviews with representatives of 11 Delivery Organisations (10 by telephone and one face-to-face).
- A telephone interview with the Programme Manager (Age UK National).
- Contact by email, telephone and face-to-face meetings with the Project Team (Age UK National).
- A focus group with the National Partners.
- Three focus groups with staff and volunteers at Delivery Organisations who participated in CT (two with volunteers, and one with care home activity coordinators).
- Analysis of monitoring data collected by the Project Team for all 75 participating organisations.
- Analysis of 128 volunteer<sup>5</sup> surveys and analysis of a separate set of 35 surveys completed by Delivery Organisations through Survey Monkey.
- Documentary analysis (including the individual evaluations of each CT programme in the **fit as a fiddle** portfolio, which was carried out between January and April 2015).

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<sup>5</sup> 16 are discussed separately due to being completed in a different format (this includes 11 Life & Soul and five additional Building Better Buddies volunteers).

#### 4. Proposed targets and objectives

The original proposal to the BIG Lottery fund specified targets relating to: the number of Delivery Organisations requesting the packs; volunteers recruited; and older people engaged. Though the actual outputs per organisation were still being collated at the time of writing, as some CT programmes were ongoing, preliminary reports suggest the numbers proposed in the original bid are likely to be exceeded. Table 3 provides a breakdown of the target and actual numbers reached to date.

**Table 3: Cascade Training Targets - projected and actual figures\***

	Target	Actual to date
<b>Delivery Organisations reached</b>	80	75
<b>Number of Volunteers</b>	960	1382
<b>Number of older people reached</b>	3840	5368
<b>Number of training sessions run</b>	160	249

\*The figures reported in this table refer to data collated on the 16<sup>th</sup> June 2015

Older people were expected to engage between four and six older people each (depending on the training package) and most estimated that around four would be reached per volunteer.

An additional aim of CT, at the outset, was to recruit ten local Age UKs to help develop a resource guide on volunteer recruitment, training, support and supervision. However, it was decided that the financial resource allocated for this would be best used for sustainability purposes. This was due to three main reasons:

- Lower than expected levels of involvement from local Age UKs.
- Lack of staff resources within both the project team and national volunteering team.
- The comprehensive information provided by the CT packs already developed.

Consequently additional training sessions and pack reprints (where required) were supported in order to reach more volunteers and older people. Therefore, Age UK supplemented the original budget of £324,500, with an additional £42,704, bringing the total to £367,204. Further, the original proposal suggested that volunteers recruited to become peer mentors would be older people themselves, in recognition that making a contribution could reduce isolation and improve their own well-being. However, in some cases volunteers were recruited from all age groups and this intergenerational approach was accepted by the project team (discussed below).

## **5. Delivery of the programme**

This section discusses the delivery of the CT programme, focusing on the reasons why organisations got involved, how training sessions were run, and how the resources provided were used. The main successes in delivery of the programme are then explored before the key challenges are considered.

### ***Reasons for getting involved in the Cascade Training programme***

When interviewed, representatives of Delivery Organisations provided a number of reasons for participating in the CT programme. These mainly related to: supporting and increasing awareness of volunteers; helping to reduce isolation; promoting independence; and helping older people feel 'valued' and 'empowered'. Many hoped to better engage with particular types of older people and in many cases this was guided by the specific CT pack requested (i.e. men, specific cultural or ethnic groups). Delivery Organisations also hoped to engage with people with specific health conditions, such as dementia or a chronic health condition. So, for example, one organisation requested Building Better Buddies to help them better engage with men who have dementia. Some Delivery Organisations referred to building community networks and partnerships as reasons for their involvement, and a few were attracted to the training packs offered, feeling that these could be adapted to their own environment after sessions had taken place. Some Delivery Organisations also hoped to develop new services, while others wished to complement and expand existing activities. With particular reference to the local Age UKs who took part in the interviews, all valued the focus of CT around training volunteers:

*We don't have a strong training offer for our volunteers so saw this as an opportunity...it was a nice and easy way of someone giving me the resources and then just pulling the volunteers together, as it is really difficult to provide tailored training to volunteers (Delivery Organisation).*

The Building Better Buddies training programme was reported by the project team as generating the most interest as it was viewed as an easy concept to promote. The Moving Moments and Come to Tea programmes have also proved popular (Figure 1, which can be found in Section 3, shows the number of packs requested by organisations). The individual Delivery Organisations, volunteers and staff coordinators stressed the importance of the aspects of CT that were unique to the training programme they were delivering, such as engaging care home residents with Come to Tea, or developing activities that men will want to take part in (Building Better Buddies). However, they also mentioned the importance of the broader message of increasing health and wellbeing and reducing loneliness and isolation.

### ***Perceptions of the training sessions and materials***

The discussions that follow consider feedback regarding delivery of the CT programme itself, focusing specifically on training sessions (including consultancy support), and training materials (feedback relating to volunteer training packs is discussed in Section 7). The following subsections focus on the two main aspects of delivery of the programme: the first looks at the training sessions and the second at the training materials provided. Whilst individual projects are discussed where appropriate, much of the discussion concerns the overall perceptions of the programme, in line with the aims of the evaluation study. Nevertheless, Appendix 3 provides a detailed summary for each specific programme, covering the positive and less positive comments, along with suggestions for improvement.

#### ***Training Sessions***

Most of the Delivery Organisations agreed that successful delivery of the CT sessions was dependent on a combination of skills of the National Partner consultant and the designated trainer(s). Once the consultancy support was completed it was felt that the ability of the trainer to be flexible and knowledgeable was key to its success:

*A lot of it lies with the trainer... it falls on whether I get the main message of the pack out properly...if I was told I had to follow the folder page to page I would have said it won't work in our organisation, but it was just the concept they wanted us to deliver, to promote independence (Delivery Organisation).*

The importance of having a trainer with local knowledge of both the locality and the volunteers attending the sessions was recognised. Indeed several examples were provided where this was necessary to ensure effective delivery, such as giving regard to the mental health or literacy needs of attendees, or the organisations they volunteered for.

Many Delivery organisations viewed the external support and advice from consultants as invaluable, with one pointing out that people who work within the organisation may be 'set in their ways' and it was good to get an outsider perspective. In many cases consultants initially delivered the training sessions to participants who would then go on to deliver the training to volunteers. Some consultants provided more general advice and support, and a few reported being provided with more remote or limited communication. As mentioned earlier, whilst not necessarily the aim of the CT programme, some organisations felt it was necessary to have a consultant present when initially running the sessions. The consultant involved in delivering the Building Better Buddies programme agreed that delivering initial sessions was beneficial to recipients:



*I deliver the training on the first day, so that their trainer is also a participant to start with...that seems to be the thing that everybody wants so that they have a real feel for the programme. Originally the idea was that we would just be supporting a trainer, but to me it is clear that there is so much information that comes from me that is not in the power point (Consultant).*

However, many of the Delivery Organisation trainers who were interviewed felt that their own knowledge of participants was important in terms of ensuring the training was tailored to suit their needs. Further, the need for a consultant to be present at the training sessions depended on factors relating to the knowledge, confidence and experience of the trainer. For example, with regard to experience, a trainer based at a local Age UK felt confident in delivering Life & Soul as they had knowledge in this area, yet valued observing the consultant's input into the Building Better Buddies session due to being less familiar with engaging older men. As a result, it was reported that remote support from the Life & Soul consultant would have been sufficient. Another Delivery Organisation reported the same, this time for the Building Better Buddies, for which he felt he did not require face to face contact:

*Consultancy wasn't necessary, we already had the volunteers and the clientele, target audience, it was easy to go into current groups and promote volunteering for it, it was a straightforward transition from previous activity that was run (Delivery Organisation).*

The importance of experience was perhaps most evident with the Come to Tea package, where the need for face-to-face consultancy support was not viewed as important to an interviewee based at a care home, who felt confident delivering it fairly independently. Yet a Local Age UK representative who worked outside the care home sector felt she would have benefitted from face-to-face support. With reference to confidence, one of the trainers interviewed felt that due to her inexperience, she required support delivering training even in an area she was familiar with.

#### *Training resources and materials*

It was suggested by a National Partner that the training materials have been the most important element to ensuring the success of CT, as organisations are expected to deliver and cascade it independently once the consultancy support comes to an end. Overall, feedback on the training materials was very positive, with Delivery Organisations reporting them to be practical, comprehensive, and user friendly, with the online and physical materials delivering a strong impact. The packs were also viewed as a useful tool to train and support volunteers in identifying isolated older people. Many of those interviewed also referred to how the packages had wider applicability, both within their

own organisation, and in the wider community (some specific examples for individual packages can be found in Appendix 3 and also in Section 6, when community and partnership involvement is discussed). Some organisations reported making specific reference to the packs when running new activities, such as care Home Activity Coordinators who set up an activity using information around nutrition and hydration contained in the Come to Tea packs.

A representative of one Delivery Organisation felt the packs were so detailed that there was no need for consultants to carry out the initial training sessions, though, as highlighted in the previous subsection, the need for face-to-face consultancy support may depend on the knowledge of individual organisations, both of the topic being covered, and of their overall experience as a trainer.

One Delivery Organisation felt that EngAge was more geared toward providing information, but less so around how to actually run the training session:

*There were lots of hints and tips, but as a novice I would prefer training tailored specifically to training a group (Delivery Organisation).*

It was reported by some that as the training packs were so versatile, they could be effective in a variety of settings, for example discussing the Moving Moments programme:

*I was able to tailor it to the end of Zumba classes and the volunteers who attend residential homes and day care centres were able to [apply the programme] there (Delivery Organisation).*

Some Delivery Organisations were able to provide specific examples of the training materials that impacted upon them, for example referring to Building Better Buddies they emphasised that the videos provided on the USB stick elicited strong emotions:

*It showed an example of a gentleman who had lost his wife and became isolated, and focused on breaking down barriers and encouraging that person to socialise. The videos were particularly hard hitting for me and the volunteers (Delivery Organisation).*

Most Delivery Organisations appreciated the need to tailor the training packages to fit in with their own unique contexts, accepting the packs are essentially a broad guide:

*Most useful is having the pack and having the chance to adapt pack to fit criteria of all the different homes (Delivery Organisation).*

The need to add information and adapt training to suit individual organisations was also acknowledged in the Building Better Buddies trainer guide. However, as will be returned to below when challenges are discussed, both Delivery Organisations and volunteers felt that training packages needed to be tailored to local settings. Some organisations provided examples of how they had tailored the training packs to better fit in with the needs of their volunteers or local partners. For example, one organisation which had delivered the Moving Moments programme designed a leaflet and poster based on the packs provided, handing this out to older people who attended the centre. A local Age UK representative who ran Building Better Buddies and Life & Soul sessions produced a full colour manual, inserted information on local groups, designed a 'superfood pyramid', added clear pouches so volunteers could include useful information as they came across it, and designed certificates which were given out at the end of the training course. The trainer also printed off information from the Life & Soul USB stick to provide to managers of sheltered schemes involved in the CT sessions, personalising it with a welcome letter and information on nutrition and local services:

*Instead of leaving the pack with a sheltered housing manager, which would have just been stuck away in a cupboard...I have personalised it (Delivery Organisation).*

Feedback provided by the Life & Soul survey respondents and that expressed in one of the focus groups was very positive around the additional information provided, and many reporting making use of this. One example given was a 'superfood' lunch based on the pyramid and the clear pouches being used to store additional information.

Alongside the consultancy support, participating organisations were also provided with £500 per session they ran. All found this money helpful, and it was used in a variety of ways, including paying towards: staff/trainer costs; transport; refreshments; room hire; equipment; promotion; decoration; and toward incentives for volunteers.

### **Main successes of CT delivery**

As shown in Table 3, Section 4, the CT programme, overall, has had a wider reach than expected, exceeding the targets set. This could be attributed to its broad remit, as one interviewee put it:

*For me, this is the strength of CT, that it potentially has wider reach, due to its main principles being sound for 'anyone' to follow... it has a knock on effect... [It] can reduce social isolation and perhaps depression and older people can get to learn about activities and become part of the community again (Delivery Organisation).*

CT was viewed as a good opportunity to train and support volunteers and reach hard-to-engage older people (discussed in Section 8). Delivery Organisations valued its focus on volunteering and specific groups of older people, with one National Partner suggesting that it was helping to engage older people who may not otherwise have benefited from mainstream services. It was also reported as being flexible and adaptable, which meant it could be applied to satisfy a wide range of organisational training needs and to other projects which followed the broad aims of healthy eating, physical exercise and mental wellbeing. This section now considers these successes in more detail, broken down into four subsections. The first considers CT's main successes in relation to content, focus, and delivery; the second focuses on the programme's adaptability; and related to this, the third looks at its role in supporting other projects. The final subsection provides examples of how the CT model can be sustained within organisations.

#### *Content, focus and delivery*

A few Delivery Organisations appreciated the focus of CT on specific groups of older people:

*It is just so clearly focused on a target group that so much needs it, it focuses on older men, and older men and their specific needs, who they are and what they want, I think that is just great, refreshing (Delivery Organisation).*

Others valued having access to an external / outside expert:

*I was gobsmacked that there was someone with that much expertise, I would suggest we need more people doing [the training] (Delivery Organisation).*

Whilst the training packs were reported as instrumental to the success of CT, an example was found where observing the Building Better Buddies training session with the expert, without referring to the packs had proved successful. The Delivery Organisation in question had not recognised the Building Better Buddies offer as a training programme, believing that it was a 'general advice session' (this example of miscommunication is returned to below). However, despite making no use of the packs, the two sessions run by the consultant was reported as very successful, leading the 13 volunteer participants to successfully engage 81 older men between them. Therefore despite not referring to the packs, or consciously getting involved in the cascading element of the training, the main CT principles had successfully been applied.

The principles of CT were also reported as being helpful to volunteers who had not attended the training, but had sight of the volunteer packs, being used to increase their own health literacy and understanding of how to reach isolated older people. Again, it was reported that more older people were taking part in activities run by their local organisation.

#### *Adaptability of Cascade Training*

Due to its adaptability, most Delivery Organisations were able to report several benefits of getting involved in CT:

*Our organisation sets targets around working with disadvantaged groups in the community, including health promotion of older people, so getting involved in CT helped the organisation to reach targets of accessing minority groups, and helped quite a bit and with the funding (Delivery Organisation).*

Delivery Organisations reported applying the principles of CT to help them meet the aims of other projects they were involved with, for example when discussing the Building Better Buddies project one reported that:

*Having knowledge of how to engage isolated older men has had a huge impact as it is one of criteria to bring them and keep them involved in projects (Delivery Organisation).*

Others planned to 'mix and match' the training packs, both with each other and with existing knowledge held, such as adapting training received from other organisations (i.e. from the Alzheimer's Society):

*Because I run both together [Come to Tea and Building Better Buddies], I have taken some from one pack and put in the other pack... I also add in training from the Alzheimer's society (Delivery Organisation).*

#### *Role in supporting other projects*

As touched upon above the CT packs were used to meet the requirement of a range of other funded projects, such as those funded by the Big Lottery, local authorities, health services, or in one case, a Local Age UK, these include:

- Projects which required engaging specific groups of older people, such as men, or those with a chronic condition, or those with a dementia.
- A project which aimed to limit GP visits by reducing the isolation of older people.
- Projects aimed at volunteers involving older people in activities.

- A project which required the 'upskilling' of volunteers.

Further, there were a number of examples of, or having successfully applied for, funding to keep specific activities afloat due to applying the principles of CT:

*Some care homes are struggling as they don't have activity coordinators, we can use ideas to develop a package to support care homes to get volunteers, and run activities (Delivery Organisation).*

*We have now secured outside funding so hopefully keep building on what we have learnt from the training (Volunteer).*

Another Delivery Organisation suggested that whilst they had lost funding for their own befriending service, they could use EngAge materials to help other organisations who are running similar schemes.

On a related point, some Delivery Organisations were able to provide specific examples of where CT had led to a more effective use of resources within their organisation. For instance, there were reports that the Building Better Buddies and Come to Tea sessions in care homes had resulted in staff working time being reduced due to older people doing some activities themselves, which previously they had relied on care staff to do. Examples were also provided where residents of a care home were providing entertainment, such as singing, and becoming the main characters in a pantomime. This helped build their confidence and engagement, and at the same time meant that resources reserved for professional entertainment could be used elsewhere.

### *Sustainability*

The examples provided in the previous subsections illustrate how the materials provided may contribute to the sustainability of CT, as they can be re-read and referred to, even if the training is not run alongside it. In fact, Delivery Organisations mentioned a variety of ways in which they planned to roll out or sustain the CT project they had worked with, with the range of examples providing a testament to its flexibility. Some Delivery Organisations had specific plans around how the programme would contribute toward enacting long term change within the wider organisation:

*I realised this is something we could work with to change the culture and mindset of people working in care homes...I have spoken to the line manager to see if there is anything we could put together to give staff an awareness of how many movements making a cup of tea involves, all the staff will stop and think before they pour that drink (Delivery Organisation).*

Others did not intend to run training in future, but planned to refer to the packs to gain information around health, nutrition and wellbeing, and apply this to help train volunteers in the future, in a variety of settings:

*Talking tonics doesn't need to be run as a group, or specifically to provide telephone befriending, it can be transferred to simple phone calls from older people who can't get out of the house, can apply learning to general phone calls (Delivery Organisation).*

A few intended to follow the training packs more closely when carrying out further training within their organisation (thus not necessarily following the 'cascading' element of the programme):

*If you need to talk to someone because they can't come in on the telephone...then you can use Talking Tonics...even though it is one to one and not a group, it is something [we] can use the training for (Delivery Organisation).*

Volunteers who attended Building Better Buddies felt that due to the information provided, it would make a good foundation or link for other courses, such as those relating to Adult and Social Health Care.

The use of Come to Tea and Building Better Buddies in care homes has demonstrated its potential to influence widespread change over time, showing how CT can be cascaded to the wider care home sector, particularly if staff apply its principles and pass on their learning.

In summary, due to its flexibility as a concept, provision of information and advice around broader health and well-being aims and the learning offered through the training, all organisations, even those who were losing funding, felt able to take CT forward in one form or another. Whilst this demonstrates its strength, this wide applicability also presents challenges in terms of measuring the 'success' of the CT programme; this is returned to later.

### ***Challenges to CT programme delivery***

The main challenges for CT programme delivery relate to both general issues around its delivery and factors connected to individual organisations or packs chosen. The discussion that follows is broken down into four subsections; the first considers management and delivery of the programme, the second the adaptation of CT to fit in with local level needs and areas where its principles were less well understood. This is

followed by a discussion of challenges unique to individual training programmes, before looking at how organisations may struggle to deliver projects due to lack of funding.

#### *Programme management and delivery*

The CT programme experienced setbacks at the outset, due to delays in finalising the National Partner contracts, staffing issues within Age UK National, and one of the training packs requiring a significant amount of work to get it ready for promotion. There were also initial delays due to a lack of requests for consultancy support from the National Partners. These delays meant that some local Age UKs who had initially agreed to take part pulled out when the programme was finally launched. According to the Programme Manager the main reasons for this were staff changes or reduced capacity within the Delivery Organisations. The CT project therefore got off to a slow start. However, following a review and redesign, of the promotion and the project management of the programme, and by enlisting the assistance of National Partners to help promote the training packs, interest developed and initial targets were exceeded. Nevertheless, recruitment of local Age UKs has remained low, a point which is considered below.

A further potential barrier was the amount of paperwork participating organisations were required to complete, due to the requirements of the BIG Lottery funder, which a few described as disproportionate to the funding on offer. For example, one National Partner suggested the 20 page document that Delivery Organisations needed to sign before they could be provided with their chosen training pack was excessive for the amount of funding on offer (though if the organisation takes up more than one pack, they do not need to repeat the process). A National Partner also reported that two organisations had pulled out due to the length of the contract that needed to be signed. This matter was also highlighted by two Delivery Organisations.

A further issue related to set targets that Delivery Organisations were required to meet in terms of older people reached by volunteers. Whilst challenges in this area were reported in the original and previously run CT programme, the focus on volunteers 'recruiting' a set number of older people has remained. Yet whilst monitoring sheets show relative success in this area, this target was only mentioned by a few Delivery Organisations, with no volunteer or activity coordinator referring to this. What tended to be the case was that whilst the aim of reaching out to isolated older people was clear, this was not 'quantified'. This appeared to be due to a lack of awareness that specific numbers of older people needed to be reached, but was also reported as a confidence issue on the part of volunteers (this is explored further in section 7):

*[volunteers] didn't use CT to actively recruit older people in the community, but rather, to encourage older people who are already visiting the service...*



*the volunteers who took part in the training did not have the confidence to recruit older people in the community (Delivery Organisation).*

One Delivery Organisation felt that there was an over emphasis on reaching targets, and that the quality of the help provided to improve the quality of life of older people should have been the main focus. The Programme Manager concurred that the emphasis on volunteers recruiting new older people may have been misguided without considering how organisations would develop the capacity to expand or develop new services.

#### *Adapting and effectively communicating the purpose of CT*

Whilst it is not be feasible to expect training packages to satisfy all Delivery Organisations which took part due to the broad reach of each project, a few organisations and volunteers felt the training packs (alongside the training itself) would have benefitted from being more tailored to local organisations and communities prior to the training taking place. For example, a number of volunteer survey respondents who had taken part in a Building Better Buddies session felt they would have benefitted from the training being more 'practical', focusing on the activities they ran. They also suggested that the training could have provided a more detailed background of the organisation they worked for. Whilst there were some examples of organisations taking it upon themselves to adapt training packages, as touched upon above, this may not take place at the outset, and some organisations may not feel qualified to provide additional materials.

Alongside specific local contexts, feedback around training packs varies dependent on the particular skills or position of the trainers. Using Come to Tea as an example, a trainer based in a care home setting described it as '*easily adaptable*', yet a local Age UK interviewee described it as '*prescriptive*' and '*inflexible*'. Further, and as highlighted above, a few Delivery Organisation trainers felt that despite their own experiences of training a group, they nevertheless required support around delivering a CT session, but in a few cases did not feel this had happened. For example, one interviewee felt that as her organisation contained experienced trainers, there was almost an assumption that they could carry out Come to Tea sessions fairly independently, which she did not feel was the case:

*A different outlook would have been appreciated, I feel it was important for the consultant to visit and understand our unique local context' (Delivery Organisation).*

However, it is important to note that the Come to Training pack was specifically designed for care homes and not intended for use by local Age UKs. Therefore, some issues may have arisen due to the fact that the pack was not tailored toward the needs of this type of organisation. The Come to Tea training pack could potentially be run fairly

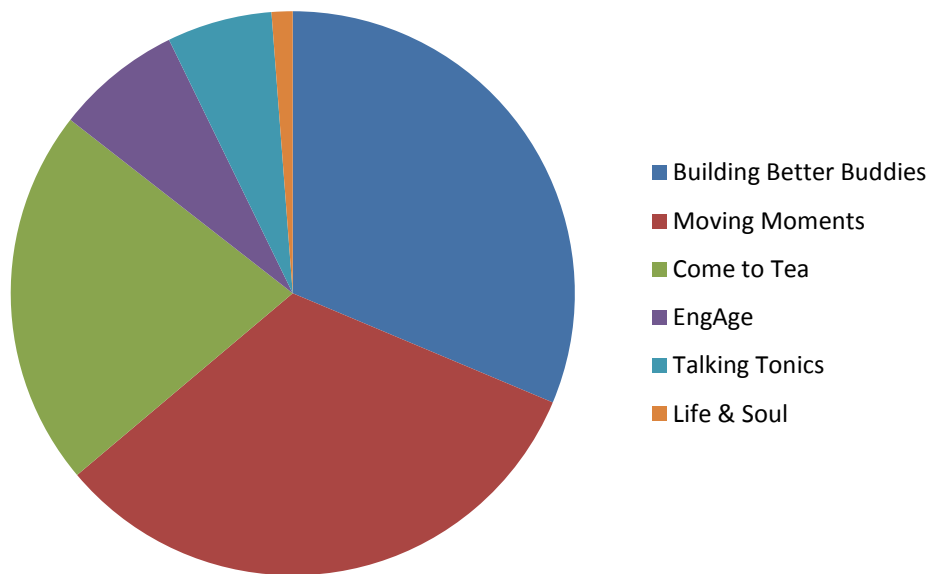
independently by organisations who work in a care home setting, but those outside of the sector who wish to make contact with care homes, such as local Age UKs, may need additional support. The need to tailor packs to ensure they meet the unique needs of organisations can be applied to any of the packs and is returned to in the final chapter.

These comments demonstrate the difficulties around providing a tailored pack that will suit all types of organisation and suggest that consultancy support, at least in the initial stages, will remain necessary to ensure the principles of CT come across in training sessions. Further, in the case of one interviewee there appeared to be miscommunication, as the Delivery Organisation seemed unaware of the training or cascading elements of CT. Whilst only one example was found of this, it does highlight the importance of ensuring organisations have an understanding of what is required of them. Though in this case the organisation was able to successfully reach older people, the likelihood of the principles of CT being sustained are lessened due to the packs not being referred to, and the lack of a trainer to carry out sessions.

#### *Challenges relating to individual CT programmes*

Whilst the overarching aims of the six CT programmes are very similar, the specific training or target groups meant that each faced unique challenges. In fact the Programme Manager referred to challenges in promoting CT as a whole due to the different emphasis of each project. Nevertheless, the involvement of the National Partners in promoting the respective packages balanced this out, to a certain extent. When considering the sustainability of the individual CT packs moving forward, it will be important to consider the popularity of each pack, and (as previously mentioned) some were more popular than others. Building Better Buddies, Moving Moments and Come to Tea attracted far greater interest than Life & Soul, Talking Tonics and EngAge, with only one organisation requesting a pack for Life & Soul (the proportions can be seen in Figure 1).

**Figure 1: Number of packs requested for each training programme**



Nevertheless, the Delivery Organisation and residents who got involved with Life & Soul reported a number of positive impacts, providing widespread benefits for both volunteers and older residents:

*[we were] all at sea, not knowing what was happening with managers, training spurred us on, as knew had to try something, been marvellous stepping stone, personal and group confidence, we are just starting out and think doing quite a good job (Volunteer).*

The principle of accessing isolated older people in sheltered accommodation also links well into the national personalisation and prevention agenda, and a volunteer interviewed for Life & Soul confirmed they had secured funding to deliver activities on the back of it. Further, a Delivery Organisation who ran Building Better Buddies reported that they had been contacted by a sheltered housing scheme manager who wanted to attend a training session to help her look at engaging isolated older men in sheltered accommodation.

The lack of interest for Life & Soul may be attributable to the current challenges faced by the sheltered housing sector, such as a reduction in Supporting People funding which had led to cuts to staff and activities. Indeed the National Partners acknowledged that national level challenges had perhaps been instrumental in the lack of interest. However, whilst these will undoubtedly impact on the marketing of Life & Soul, the aforementioned sheltered housing resident reported that these challenges are what drove the interest of her and other residents:

*[I got involved] mainly due to the council withdrawing funding from the sheltered scheme, so a group of residents got together, as we were concerned about what would happen to sheltered residents if left with no-one to provide activities (Volunteer).*

The reasons for the relative lack of interest in EngAge and Talking Tonics are more difficult to interpret, as organisations are not asked why they do 'not' apply for particular training packs. The two representatives from local Age UK who were interviewed had run both Talking Tonics and EngAge and did so due to the packs providing support for similar befriending and telephone schemes already being implemented. So it may be that EngAge and Talking Tonics may only generate interest from organisations which already run these services. Further, unlike, Building Better Buddies, Come to Tea and Moving Moments, these packs are not targeted at a specific group of older people, aside from those who are at risk of becoming isolated, which perhaps leads to difficulties when attempting to promote these training products.

Another issue to consider is whether interest can be increased by changing the specific branding of individual packs. For example the focus group and trainer for one national care home provider felt that other organisations may be discouraged by the name 'come to tea', feeling it does effectively convey what it provides. Indeed, one staff coordinator suggested that when staff hear the name their usual reaction is: '*oh god it's a tea party big wow*', and they are initially put off. However, this outlook was reported as changing once the training took place:

*We had different outlook after the training, prior to it we were deflated, we thought it was just about tea, and we already did this, didn't realise until afterwards that it was about independence (Activity coordinator).*

So once staff engaged with the training, and understood its purpose of promoting movement and independence they were more likely to get on board. Yet the real issue is the belief of the organisation that other care homes may be dissuaded from getting involved if the concept behind the programme is not immediately apparent (this is returned to later).

#### *Lack of resources to sustain programmes*

One of the main challenges affecting the CT moving forward, particularly as engaging some groups requires sustaining volunteers and running some form(s) of activity, is that organisations will require additional funding to either extend current projects, or create new ones. A few Delivery Organisations felt that initial support was insufficient to ensure longer term sustainability, or to successfully roll out the programme. Interviewees frequently mentioned the reliance on funding for activities which the CT would be

'hooked onto'. One of the two organisations interviewed, which had run the EngAge programme, reported that they would be unable to sustain it and that it would 'fizzle out' due to losing funding for their befriending service (though, as highlighted in the previous section, this organisation nevertheless provided examples of how the concept and information contained in the packs could be used within their organisation). Another organisation referred to a delay in setting up projects due to waiting for additional funding to run new services.

### **Summary of delivery of Cascade Training**

- The training packs were used to train and support volunteers, and engage older people and community stakeholders.
- Delivery Organisations applied the programme to help meet the aims of a number of other funded projects such as those with a focus on reducing social isolation and improving health, nutrition and well-being.
- The findings show that CT may help Delivery Organisations more effectively deliver resources due to the use of volunteers, or in the case of care home settings, staffing and entertainment budgets.
- The consultancy support provided by the programme was valued by Delivery Organisations, though the level and type required was dependent on a number of factors, relating to the knowledge, experience, and confidence of the trainer.
- The main benefit of the programme was its adaptability, with reports by Delivery Organisations of it being applied to a wide range of products and services.
- Examples were provided where either the training session or volunteer packs were used alone to support the aims of the programme.
- The programme may benefit from more support to Delivery Organisations to adapt the training and packs to suit local level needs.
- Individual training packages face different sets of challenges, based on the setting or older person targeted.

## **6. Impact on community engagement and partnerships**

Some Delivery Organisations reported that a working relationship with other stakeholders was integral to the services they provide: *'we can't work in isolation; we have to work with other partners'*. Many organisations invited a range of local partners to the CT training sessions, including: housing associations, sheltered housing and care home staff; health care providers; faith based organisations; and local charities, such as 'men in sheds' (a project which supports older men to socially interact with each other and learn new skills); Connexions (working with people under 25); and The Richmond Fellowship (working with people with mental health issues). In many cases specific organisations were invited as they had shown an interest in volunteering, or as was the case with Connexions, to help young people gain some experience. This section of the report considers how successful the CT programme has been at engaging local communities and partnerships. This is followed by an analysis of the main challenges.

### ***Main successes of CT programme at engaging local communities***

Alongside volunteering, working in partnership with external organisations is key to the success of the cascading element of the programme. It was found that the CT programme helped organisations to engage both older people and other local stakeholders in their community.

Delivery Organisations and volunteers reported that CT programmes such as Moving Moments, Building Better Buddies and Life & Soul provided a useful tool to engage with older people. The focus group participants involved in the Moving Moments training package reported how the whole community was becoming involved in attempting to identify isolated BME older people. This was achieved by volunteers, third sector, statutory organisations, and others in the wider community working together: *'We are arranging activities to get the community together... [and] inviting partners to raise awareness of the principles of CT'*.

The quotes below from organisations that ran Building Better Buddies capture the wide reach of CT in local communities, with the statutory and third sector stakeholders getting involved:

*The local NHS trust was interested in learning what the programme had to say about working with older men, and from that she put me in contact with guys doing Weight Matters [who] really needed to tackle their social isolation ...we have got a guy coming to the next [Building Better Buddies session] who worked in 'men in sheds'. We also had recent contact with a woman who runs five sheltered housing schemes, she has asked to attend a CT taster session due to older men being more isolated, we can help her do her job and she helps us, so a mutual benefit (Delivery Organisation).*

*The housing associations came along [to the training]. [T]hey will not be running a similar initiative, but will be using the ideas (Delivery Organisation).*

*The local fire brigade is doing an initiative looking at raising awareness of suicide among men, so we are looking to link in to this (Delivery Organisation).*

A focus group participant involved in a substance misuse support and recovery service hoped the CT programme would help his organisation reach out to others, so that resources could be 'pooled':

*What is important to me is not just thinking of ourselves in isolation; it's about going beyond that, connecting with the wider community, challenging negative narratives around substance misuse (Volunteer Organiser).*

A few Delivery Organisations and volunteers reported being involved with local GPs, with one reporting that his organisation had secured funding from a General Practice to help reduce social isolation:

*Whilst the GP was aiming to get his patients more active, it was also felt that the GP was being visited unnecessarily for company, so walking football dealt as much with social isolation as with the physical activity (Delivery Organisation).*

Whilst this is referring to an activity, rather than CT per se, this organisation is utilising what has been learnt through Building Better Buddies to recruit more older people, to maximise interest in walking football, which in turn helps to satisfy the funding criteria set by the GP.

Many care homes reportedly struggle to find suitable volunteers, however, for a Delivery Organisation interviewed who managed nine care homes, CT had encouraged them to make connections in the wider community, including visiting schools and local churches. This had resulted in the recruitment of new volunteers (though it was felt the numbers were still insufficient, which is considered in the next section).

It was also recognised that having a sound community base assisted Delivery Organisations in recruiting volunteers, and thus in reaching previously isolated older people. For example volunteers involved in the Moving Moments programme reported getting in touch with local libraries and GPs to help promote the principles of CT:

*I asked my GP to put up a poster advertising the service and to send them to the service, the GP agreed, will advise patients of the service (Volunteer).*

Some Delivery Organisations described volunteers as being essential to the success of the cascading element of the programme:

*A older male volunteer who went on Building Better Buddies will be visiting a sheltered housing scheme to promote walking football, to highlight the positive benefits of the activity for him...as it is better for residents to hear about it from him (Delivery Organisation).*

The CT programme also benefited from networking between the National Partners who provide the projects, with one reporting that they actively promoted other CT packs when carrying out their own training.

### ***Challenges of engaging local communities***

This section is broken down into two subheadings; the first considers difficulties relating to partnership working, such as around effective planning, or encouraging involvement; and the second focuses specifically on the limited involvement of local Age UKs.

#### ***Developing effective relationships***

Whilst involving partner organisations proved to be successful in terms of increasing the reach of the programme, it was sometimes a time consuming process and lead to delays. One Delivery Organisation, for example, reported that they were behind schedule in delivering sessions due to the logistics of working in a partnership.

Another challenge was the unwillingness of some local organisations to get involved, often because they did not recognise the value of CT for the older people they are in contact with. For example, a Delivery Organisation who ran the Moving Moments programme reported that they had attempted to promote the concept to a local church leader, but he was not interested in passing on details to older members, as he did not feel *'habits could be changed'*.

Attempting to promote CT to local organisations was also identified as a barrier with sheltered and/or care home staff, with a few suggesting that these organisations are 'insular' and may not wish to engage with the wider community. For example, one organisation who ran Come to Tea felt it was better to provide the CT in-house:

*No, we don't [work with outside organisations], we have that many of our own homes, and it's inviting strangers into the home, have to watch security,*



*safeguarding, it's the concept of what the course is, we are not delivering it to an organisation, its only in-house really (Delivery Organisation).*

### *Involving Local Age UKs*

Relatively few Local Age UKs got involved in the CT programme. It was suggested by the Programme Manager that lack of resources may have played a part in this, but it may also have been due to the emphasis on volunteering, as many do not have the resources to train, monitor, or support volunteers. It was further suggested by some of the National Partners that Local Age UKs may not have access to many of the groups CT attempts to reach, such as those from BME communities or who live in sheltered or care settings. Regarding care home settings, two of the local Age UKs interviewed had decided not to run Come to Tea after requesting the pack, as they were unable to generate sufficient interest. One of the National Partners suggested the way in which some local Age UKs work may not be conducive to the CT programme:

*I've probably got about 50-60 referrals from national Age UK to local Age UKs, up to now we've signed 6 contracts. They are very very slow at taking up the opportunity ... you put that on hold then because there are other people you are working with – the external organisations are faster in getting in touch (Consultant).*

The suggestion that local Age UKs may struggle to reach particular groups of older people indicates they may have much to gain from getting involved with local organisations who are in a better position to target specific groups. There are one or two examples where these types of partnership had proved successful (discussed further later).

### **Summary of impact of CT on community engagement and partnerships**

- Many Delivery Organisations promoted CT to a range of local stakeholders to help recruit volunteers and older people, and help stakeholders to apply its principles within their own settings.
- A positive working relationship was reported by National Partners, who actively promoted the other projects when carrying out their own training.
- Developing effective partnerships can be time consuming as the needs of different organisations must be met.
- Some local stakeholders may not wish to engage if the potential value to the older people they work with is not immediately clear.
- The number of local Age UKs who participated in the programme was low, this was reportedly due to a number of factors related to capacity, resources and internal mechanisms.

## **7. Impact on volunteers and volunteering**

This section discusses the impact of CT on volunteers and volunteering. It firstly considers this from the perspective of Delivery Organisations, before looking at the main reported benefits to volunteers, both from the perspective of organisations and the volunteers themselves. This is followed by an outline of the main challenges of volunteering within the CT programme, including: the level of commitment required by volunteers; and difficulties around recruiting and retaining volunteers.

### ***How Delivery Organisations worked with volunteers***

Most Delivery Organisations did not get involved with the CT programme with the specific intention of attracting new volunteers, as many had an existing pool to draw from. Most aimed to use CT for training purposes, to increase awareness, 'drive enthusiasm' and improve the wellbeing of existing volunteers. Many Delivery Organisations recognised the value of volunteers, appreciating that they are the ones who work in their communities and who are ultimately responsible for 'cascading' the programme. The importance of ensuring that volunteers feel appreciated and valued was also recognised, with one organisation using part of the £500 grant to buy the participating volunteers a 'hoodie' with the organisation's logo on:

*We are starting to give out tops to staff and volunteers, they are quite expensive but it's that identity. There is a strong focus on rewarding volunteers for being involved (Delivery Organisation).*

Others suggested that volunteers should be provided with certificates to show they had attended the training, as they could add this to their portfolio of experience.

### ***Main benefits of the programme for volunteers***

Nearly all organisations highlighted that volunteers were the ones best placed to recruit older people, and were therefore essential to the success of the cascading element of the project:

*It is a plan that they will cascade down their own knowledge, and one or two will become 'urban angels' and go out into the community, [I] feel they, as volunteers are better able to recruit, as they are more enthusiastic and can say why [the programme has benefited them] (Delivery Organisation).*

A focus group participant agreed, stating that for CT to work, volunteers were an essential element:

*The evidence base says men won't engage...getting a peer involved has a value that professionals cannot provide, right at the coalface so to speak, that is why Building Better has value (Volunteer Coordinator).*

With regard to increasing awareness, one trainer felt that the training had enhanced the experience of activities both for volunteers and the older people taking part:

*I firmly believe the [activity] sessions are more valuable when [the] people running them are aware of the barriers in getting there, and recognise the difficulties involved in attending, how older men may actually struggle to even get through the door (Delivery Organisation).*

Another stated that CT had showed him the value of recruiting volunteers, changing the outlook of his organisation as a result:

*I have learnt to trust volunteers and the value of volunteers, CT training was part of the process of getting actively involved in increasing volunteers, it has turned my view around, made [me] more enthusiastic. We only had one or two volunteers working on projects prior to this ... CT training was a clear route into becoming involved in volunteering and it has changed my perception and the way that we work (Delivery Organisation).*

A total of 121 volunteers and seven staff members completed a survey providing feedback around their experiences of volunteering and taking part in the CT programme. Of the 106 responses, where age was provided, just under two thirds were over 50 (with just under 11% being over 70). Separate tables providing a breakdown of survey respondents by age and disability status can be found in Appendix 4.

The volunteers interviewed and who took part in the survey provided a number of reasons for getting involved in CT, with all reporting taking away something positive from both the training and the trainer. With specific regard to volunteers over 50, reasons for getting involved included wanting to: increase their own health and fitness; meet new people; help others and 'give back'. Some became involved as they had been asked to do so by an organisation that they were already volunteering for, others reported wanting to help family, neighbours, or the wider community, for example by providing advice around diet and getting active. Volunteers applied the learning from CT successfully to all age groups, such as in the case of one who helped her children to follow a healthier diet. A younger volunteer felt that it was good for her generation to develop an appreciation of the needs of older people, and valued CT for helping her to do so.

One trainer who delivered Building Better Buddies reported that volunteers were initially reluctant to get involved in CT, thinking that it was just about 'health problems', but once they realised that they would develop other attributes, for example 'leadership' skills, they were keen to gain experience as it was seen as empowering. In this circumstance the volunteers were responsible for developing their own activity group for older men, as the trainer explained:

*Empowerment of the men, giving volunteers the confidence to have leadership skills, getting quiet guys to join in a group. These ones used to have a laugh with their mates but wouldn't step up, but this CT kind of gave them an eye opener (Delivery Organisation).*

Another trainer reported that volunteers who attended a Building Better Buddies session found it 'rewarding as they were excited by the opportunities to support older people'. A volunteer who took part in Life & Soul training felt that getting involved in CT had changed her life:

*Prior to ... doing the training I had lost confidence, I was bereaved suddenly, upping sticks and moving to a new area. I have an older daughter who lives close, but I had to do it on my own. But doing the course it wound me up again, I thought, I have a brain, I can use it..., [the training and trainer] gave my confidence back (Volunteer).*

The volunteer cited above attributed this life change to the help and support of the trainer, as well as the training course itself. This therefore points to the value of ensuring the trainer has a good relationship with volunteers, and a good understanding of them.

It was further reported by a number of Delivery Organisations and volunteers themselves that the CT programmes were very beneficial for the wellbeing and health literacy of volunteers and their families:

*Volunteers were also able to apply what they had learnt in their own environments, and to their own family, with beneficial results. [The programme] also increased understanding of mental health and dementia, which increased the number of older people they felt confident working with (Delivery Organisation).*

This has in turn contributed toward the success of the 'cascading' element of the programme:

*Older people have benefited from the information and have told their friends, which has in turn encouraged their friends to take part in specific activities (Delivery Organisation).*

Volunteers involved in the Building Better Buddies programme agreed that CT had benefits for them personally:

*I feel that volunteers get just as much out of it, we all feel the need to be wanted and valued, so it goes both ways (Volunteer).*

Similarly, volunteers who had been involved in the Moving Moments programme recognised the value of finding older people, or at least volunteers, who are already involved in services as they are better able to promote the benefits. Further, the training had encouraged volunteers to more 'actively' seek out older people who may require support, in a wide variety of settings:

*At the bus station, I saw a women wondering around, a women was passing her time at the bus station, so I told her about the group, promoted it...she agreed to come along, then found out some of her friends already came, and now enjoys herself (Volunteer).*

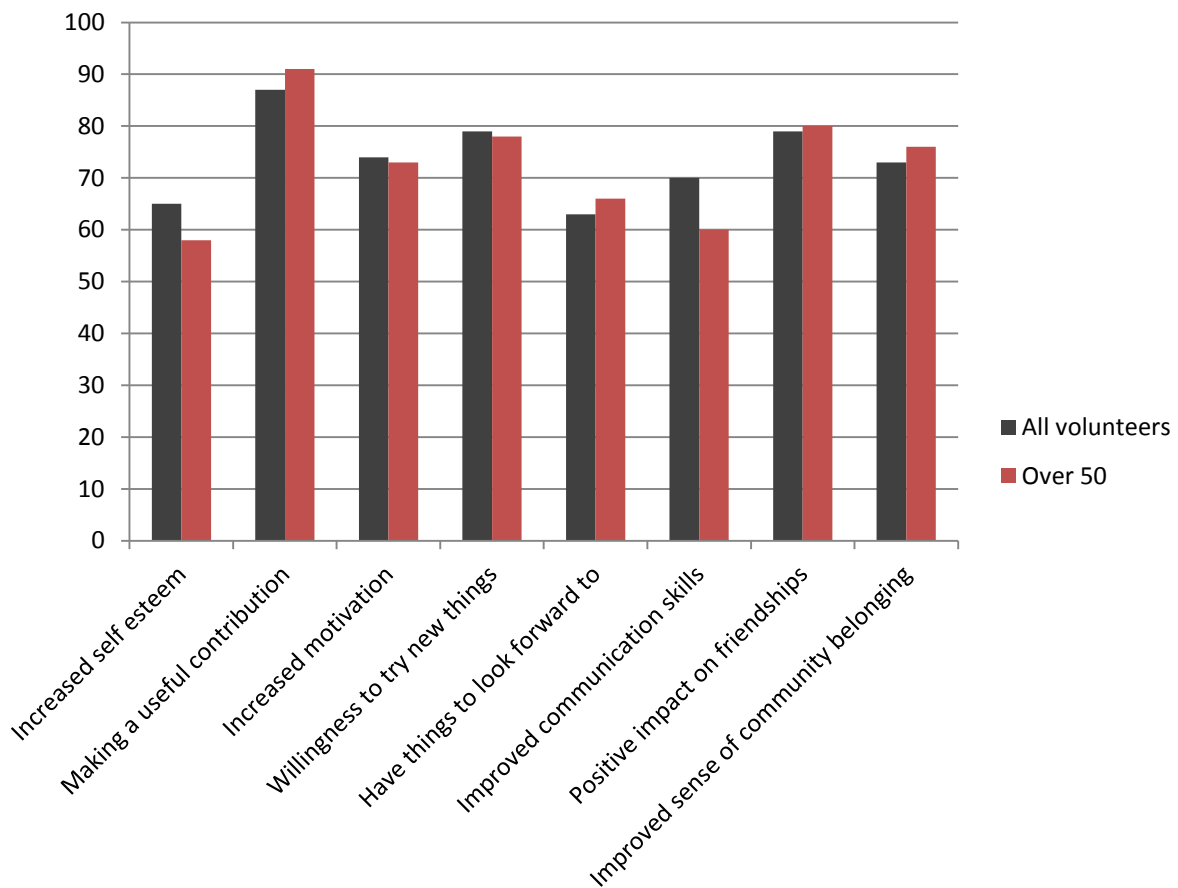
Nearly three quarters of staff and volunteer survey respondents (72%) reported increased confidence due to taking part in the CT programme. This confidence boost helped to motivate some volunteers, leading to wider outcomes, for example, one reported being involved in changes at his local hospital which could potentially lead to benefits for a large number of older men:

*The course helped me to look at breaking down barriers, men can be stubborn and hide problems... if you go in hospitals there are well women clinics, why not men, the course made me take this forward, so contacted hospital to encourage them to look at this, and they are now doing so (Volunteer).*

Survey respondents also had positive outcomes to their own lives as a result of becoming involved with the CT programme, with 60% reporting improvements to their own physical health and 58% improvements to their mental health and wellbeing. Alongside this a number of other positive benefits were reported by volunteers. Figure 2 shows some of the main benefits, both for all volunteers and for those over 50. Whilst the main outcomes were spread across the CT projects, it was found that nearly twice as many volunteers who attended the Moving Moments sessions reported an increased

understanding of different cultures (81% compared to 44%), which was expected due to the specific focus of this training package.

**Figure 2: Self-reported benefits to volunteers participating in Cascade Training sessions (percentage)**



Life & Soul training attendees completed a different feedback form which specifically referred to the training and how they had applied it in their own settings. The feedback shows that sheltered housing residents were developing new activities and had gained a better understanding of the importance of trying to engage other older people in social activities. This is particularly important following suggestions by one Delivery Organisation and volunteer that sheltered housing settings do not always have a welcoming culture, which may discourage new residents from joining in. Table 4 summarises the 11 survey responses, showing that whilst new activities and attempts to socialise had resulted, a few felt they required support moving forward due to a lack of confidence.

**Table 4 Feedback from Life & Soul training session**

<b>Main reported outcomes</b>
<ul style="list-style-type: none"> <li>• Volunteers enjoyed the social element of training</li> <li>• New residents are now encouraged to 'join in'</li> <li>• Organisation of coffee morning and lunch club, using superfoods suggested during training</li> <li>• Developing a residents committee</li> <li>• Inclusivity: Now <i>'smile and speak to everyone, even if I don't like them'</i></li> <li>• Increased confidence of most volunteers</li> <li>• Eating more fruit</li> <li>• Now better able to give general advice to residents (such as about staying warm)</li> </ul>
<b>Suggestions</b>
<ul style="list-style-type: none"> <li>• Visit by trainer in six months to monitor progress</li> <li>• Further support from Delivery Organisation</li> </ul>

***Main challenges of volunteering in CT***

Due to the centrality of volunteering within the CT programme, it is important that the needs of volunteers are placed at the forefront. Nearly all volunteers who took part in CT reported positive outcomes, with many keen to cascade what they had learnt. However, some challenges were identified which, in some cases, discouraged potential volunteers from taking part, with a few organisations reporting difficulties in getting volunteers to participate initially:

*I had to sell it [CT] quite well... they got it once they got on board with it but it was quite confusing as to what the benefits would be. Some [volunteers] felt we were asking too much of them... for some it was their confidence issue (Delivery Organisation).*

One of the main issues related to the level of commitment volunteers are expected to contribute to the projects. Delivery Organisations also experienced some challenges around recruiting and/or retaining volunteers on the programme; these points are now discussed in turn.

***Level of volunteer commitment***

Volunteers are central to the CT programme and there are a number of requirements that they are expected to meet if they want to participate, such as: attending training sessions; reading the volunteer pack; commitment to 'recruiting' isolated or hard-to-engage older people; and an understanding of the needs of the organisation for which they volunteer. With regard to the latter criterion, Building Better Buddies attendees who volunteer for a drug and alcohol recovery service required an appreciation of older

people with substance misuse issues to effectively engage this group, yet the needs of this group are only briefly referred to in the training pack:

*They are in a different world to the homogenised training pack that I am trying to deliver... they have to decide in their own context how they want to use it... all I can do is advise (Delivery Organisation).*

The CT programmes therefore require volunteers to demonstrate a level of commitment and responsibility. However, volunteers may be older, or have specific needs themselves, and it was suggested by some that the programme demanded too high a commitment for some volunteers, who at times struggled to satisfy the criteria set for them. Some Delivery Organisations and volunteers themselves further pointed out that volunteers were at times 'overwhelmed' or 'intimidated' by the volunteer pack:

*I have let [volunteers] see the training pack and they don't know where to start...they are quite frightened, as it is a corporate pack (Delivery Organisation).*

It was also felt by some that the pack contained too much information:

*If you give a booklet to volunteers they won't read it, too much, just a few sides, perhaps one page on healthy eating, easier for them to read. Also need to find the time to read the books (Volunteer).*

Others felt that the training sessions were either too long, or took up too much time for volunteers, with some sessions running for two days. Courses may also take longer than advertised, for example, an organisation which delivered the Moving Moments package reported that they were required to run the session in two languages, which meant it took longer to deliver.

Alongside commitments around CT itself, a few Delivery Organisations reported that they expected new volunteers to be committed to the values of the organisation as well as those of the training pack requested:

*I am interested in ensuring volunteers for Building Better Buddies training are also committed to the values of walking football. I think you have to have been involved in the principles of [the organisation], and understand what it is (Delivery Organisation).*

In fact, in many cases, a commitment to the values of a local organisation is what attracted volunteers to take part in the first place, with a number of interviewees



reporting that it had been relatively easy to get volunteers involved through other initiatives:

*A lot of them value what we do, or what we have done for them individually and they want to give something back, they want to help (Delivery Organisation).*

Yet whilst it is understandable that volunteers will need to have some knowledge of the organisation for which they are volunteering, it nevertheless constitutes yet further demands.

As discussed below, recruiting volunteers to work in care homes was a particular challenge. Some felt that the diverse range of staff, volunteers and relatives who may help out in this setting were not taken into account when delivering the programme. One Delivery Organisation suggested that CT requires potential care home volunteers to have 'commitment and consistency', along with a willingness to provide full disclosure. Yet this is less suited to visitors to a care home who wish to adopt a more a more 'casual' approach to volunteering:

*When we are at work and someone asks if they can help, they are helping for that moment, they might not want to sign paperwork and commit...people don't need DBS just to make a cup of tea (Activity Coordinator).*

Further, whilst the activity coordinators found the pack invaluable in raising awareness around the benefits of encouraging independence, the volunteer pack for Come to Tea was felt to include a lot of unnecessary information around non contact support to mobilise and DBS checks. This sentiment was expressed strongly by one:

*The volunteer pack was terrible, they [the volunteers] have come to help not to be criminalised, I know they have to have DBS but too intense, nobody wanted to go through with it...It isn't because they had something to hide...just didn't want to go through it all (Activity Coordinator).*

Focus group attendees further reported that some volunteers had initially agreed to take part in Come to Tea, but changed their mind after viewing the volunteer pack. This had led some staff to cease giving out the volunteer booklet (though these remained available), so as not to discourage participation.

It is important to note that the above views relate to care home activity staff, and as no care home manager was interviewed for the evaluation, we are unable to comment on

how they viewed the packs. Staff and management may have different priorities around what the packs should include. It was pointed out by a National Partner that care home managers need assurances that the training is comprehensive, and covers all the relevant areas. However, as activity staff are involved in the main implementation of CT, it was viewed as necessary to report on how they assessed the packs, albeit with an appreciation of the difficulties around designing training judged as suitable and appropriate by all involved.

Finally, it was pointed out that whilst the volunteer packs provided comprehensive information around the needs of older people, less emphasis was given to the potential support needs of volunteers, thus potentially excluding some. Only Life & Soul paid specific attention to how the training should be tailored to ensure participants with special needs or impairments are taken into account (the other packs only touch upon this briefly). For example, referring to a Building Better Buddies training session the trainer reported with regard to a volunteer who was disabled and illiterate:

*When it came to striking up conversations and completing one to one tasks [such as] quizzes, then I sat with her to do that, because that was more comfortable for her to do...so [certain parts of the training] were excluding her in a way (Delivery Organisation).*

Alongside this a few volunteers felt that, in addition to health literacy, the training should also have focused on other skills required to engage older people, such as that of speaking and organisation.

Due to issues around the training packs and sessions, some Delivery Organisations have altered or changed the training to fit in with their volunteers (or staff in the case of care homes). For example, one organisation with regard to Come to Tea, in order to suit the needs of 'overworked care staff', delivered training in 'bite sized chunks' over a longer period of time. They were also looking to provide summary sheets to staff and volunteers of the more dense material.

#### *Recruiting and retaining volunteers*

A number of Delivery Organisations suggested that CT was more suited to organisations which already had a volunteer base. Otherwise it may be very difficult to recruit suitable volunteers to attend the training sessions, particularly for smaller organisations:

*For the CT you have to commit, you have to train, it was easier for me as I had two dozen older fella's who played football, so I said, you would be good at this, and they agreed to do the training, and they were keen... You*

*need [volunteers] before you can do the training, that is a barrier (Volunteer).*

Even for those with access to volunteers, a few suggested potential future challenges in retaining them:

*Recruiting and keeping volunteers can be difficult either due to them finding other work, or becoming too frail to volunteer, and what frailer volunteers are able to do, this is an ongoing issue. And where to find them in the first place is a big one (Delivery Organisation).*

Each individual CT programme reported its own, unique challenges around recruiting volunteers. For example, the local Age UK interviewed which had requested the Moving Moments training pack felt that to successfully cascade it a pool of volunteers who held similar cultural or other interests to the older people they sought to reach would be required:

*I feel Moving Moments will be hardest to put into practice, due to the difficulty in reaching this target group, it would be better to attract ethnic minority group volunteers to perhaps attempt to engage older people, but finding this is difficult (Delivery Organisation).*

This view was supported by a smaller third sector organisation that had attracted a large number of older people, and attributed this, at least in part, to having volunteers with varied cultural and religious beliefs.

The type of volunteering offered may also have an impact. An organisation which ran both EngAge and Talking Tonics, said that whilst recruiting volunteers for the former had been easy, people were more reluctant to volunteer for Talking Tonics, preferring to go out into the community, finding telephone support '*less rewarding*'.

It was also suggested that volunteers may be discouraged by being given specific targets aimed at reaching older people, though there were suggestions that targets were not generally adhered to in any case:

*All ... volunteers are still volunteering, though the principle of recruiting up to 6 older people each has not been adopted, rather, volunteers continue to support older people through the channels previously used, but apply the CT to this, which has in turn encouraged older people to tell their friends, so engagement has increased overall (Delivery Organisation).*

Whilst one of the care home providers interviewed had some success at recruiting volunteers, the interviewee acknowledged that the care home sector in general had particular difficulties in recruiting volunteers. This was due to the requirements of CT and those more specific to care home settings (such as DBS checks) and therefore the intention that sessions would be run by volunteers, with the support of key staff members, was not followed by one care provider interviewed. A trainer who had run the Come to Tea and Building Better Buddies programme in 22 care homes reported that staff and event organisers would run events, with the support of volunteers and relatives, where available.

One barrier identified to recruiting volunteers in the wider community related to concerns around health and safety legislation:

*I feel it would be nice to attract others, have open days, would be nice to ask [the] general public to help, but can't. CQC too easily do safeguarding, worry about upsetting local authorities (Activities Coordinator)*

However, as explored in Section 6, this may provide an opportunity for local Age UKs to work in partnership with care homes, to help strengthen their volunteer base:

*Whilst [care home] staff loved the concept of the Cascade Training, and really wanted someone to be available ... regularly to do 'Come to Tea', this is a barrier for them, but [it] identifies an opportunity for our organisation to help them recruit volunteers (Delivery Organisation).*

A final point to consider is that whilst volunteers may take part in the training, it is also important to ensure that they are on board and are committed to the principles of CT.

### **Summary of the impact of CT on volunteers and volunteering**

- Delivery Organisations used the programme to train and improve the well-being of volunteers.
- Volunteers successfully recruited older people.
- The survey data showed that nearly all volunteers reported an increase in confidence and a number of other positive benefits as a result of being involved in the programme.
- As volunteers are central to the programme's success, it is felt important to ensure they are supported and valued.
- The level of commitment and responsibility placed on volunteers for CT may be too much for some.
- Some organisations reported challenges around recruiting and retaining volunteers.

## 8. Impact on older people

Whilst the views of older people were not sought for this evaluation, a number of Delivery Organisations and volunteers reported getting involved in CT so they could either improve existing, or develop new, services for older people. This section discusses the main impact of the CT programme on older people, firstly focusing on how the programme's main aims have been met, followed by a discussion of some of the main challenges. The section is broken down into three broad headings; firstly it discusses how the programme fits with the broad **fit as a fiddle** aims, followed by an exploration of the ways the programme has successfully engaged older people, before considering more specific developments or improvements to new or existing activities and services, including how culture change is becoming embedded in some care home settings.

### ***Meeting the broad fit as a fiddle aims***

One trainer felt that the 'social element' of CT, particularly volunteers becoming peer mentors should be emphasised more, with less attention given to the main **fit as a fiddle** 2013-15 aims:

*We are not recruiting volunteers to a fit as a fiddle template, but rather, to get involved in the social element of walking football, to buddy up and encourage older people to participate (Delivery Organisation).*

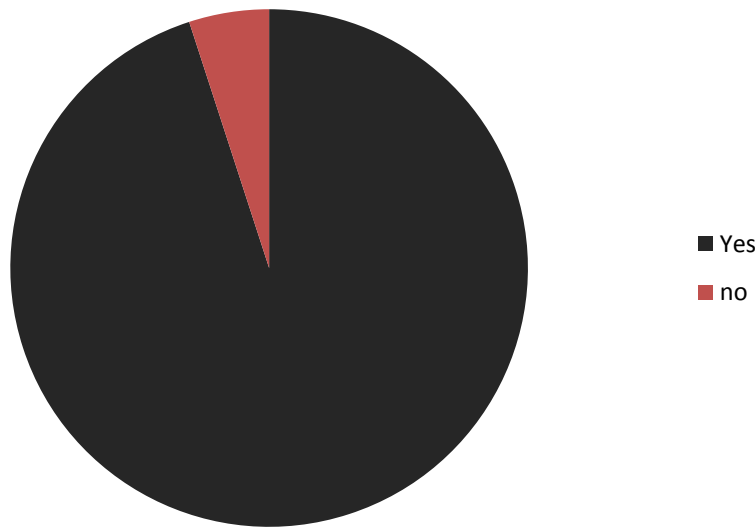
Nevertheless, nearly all participants, volunteers, and trainers referred to the wider aims of **fit as a fiddle**, that of promoting healthy eating, physical activity and improving well-being and quality of life of older people. Indeed, volunteers reported that they passed on what they had learnt to older people in their communities. A number of Delivery Organisations provided examples of older people whose health had improved due to getting involved in activities, such as an older person who reported his diabetes had got better after taking part in walking football. It was not necessarily the type of service offered that was important, but that its 'essence', such as promoting healthy living and reducing social isolation, was realised:

*[The volunteers] need to understand what walking football does: it's exercise, fun, fresh air, but they need to see that it counters isolation and loneliness and that friendships and groups are important, making people feel welcome is paramount (Delivery Organisation).*

### ***Engaging older people***

All Delivery Organisations viewed CT as providing new ideas around engaging older people, with 95% of the volunteer and staff survey respondents reporting that they had been able to support more older people as a direct result of the training (Figure 3).

**Figure 3 Training helped provide support to older people (percentage)**



Reaching isolated older people and getting them to engage in social activities were particularly important aspects of CT for Delivery Organisations:

*An older man moved into the complex. He 'wouldn't say boo to a goose' but after encouragement he is now on the committee, he is bringing some of the ladies down in their wheelchairs for coffee morning, who [were not joining in] due to mobility issues (Volunteer).*

Participants of the Moving Moments focus group suggested that their support had been effective in encouraging Asian women to get involved in activities such as yoga, chair based exercises, walking groups, and healthy eating sessions:

*Asian women, who used to sit at home, even the GPs have been telling them to move around, it is a big change, they are all here now, out when it opens, they queue up before it opens (Volunteer).*

One group of older people which was targeted by most training packs is those who live in residential care, where Moving Moments and Building Better Buddies, alongside Come to Tea, had been applied. Activity coordinators reported that Cascade Training was valuable as it was practical, providing something they could actually use, rather than being a 'tick box' exercise. Although the focus group attendees reported running a number of activities prior to attending the BBB and CtT training sessions, all agreed that encouraging movement and independence were now more central to their work:

*We now ask them to do more, similar activities but now the residents are doing the biggest part, used to be they did the small parts (Activities Coordinator, CtT, BBB).*

It was also suggested by care home staff that even very reluctant older people may become involved eventually:

*Some residents say, I'm 90 odd years old I just want to eat and sleep, so we leave them alone, we do something in a room they are in, but then something clicks with them, they think 'I quite like that' and they are sometimes drawn in (Activities Coordinator, CtT, BBB).*

The principles of CT were reported by the trainer as being applied to all the 22 care homes that she had trained in so far, thus demonstrating a widespread benefit to many older care home residents.

Another hard-to-engage group of older people, which has perhaps been given less attention in CT, is those with mental health or substance misuse issues. Volunteers reported that the CT had helped them raise awareness of the problems of this group, for example, referring to sheltered housing residents:

*Ladies becoming more aware of people living there with alcohol problems or mental health issues, instead of seeing them as nuisance, starting to think 'how did they get this way' (Volunteer).*

Some volunteers also reported adopting a number of tactics to encourage residents to better mix together and ensure that more vulnerable older people feel more included. These examples are indicative, once again, of the wide reach of the CT programme, and the broad range of settings that it can be applied to.

A final point relating to the programme's impact on older people is that those who got involved in activities were then able to recruit others, thus ensuring further cascading:

*Older people have benefited from the information and have told their friends, which has in turn encouraged their friends to take part in specific activities (Delivery Organisation).*

### ***Development of new and existing projects and services***

Delivery Organisations and volunteers sometimes focused on applying learning to improve services and the health literacy of existing volunteers, and as a result CT had led in an improvement in services to existing users:

*I had one volunteer ... [and] after doing the EngAge, she asked for materials such as CDs to do a sing song, she was also thinking of chair exercises, as opposed to sitting and talking. [The volunteer is] thinking about doing other things too, so volunteers now do more things with older people when visit them at home (Delivery Organisation).*

The Come to Tea and Building Better Buddies projects were being used to run a wide range of activities in care homes, including specific events, but were also encouraging residents to help with general tasks, such as helping with laundry or washing up:

*We introduced a working morning one day, we had black bags of socks in the laundry that needed sorting, we spread out socks that had been washed, men and women would pair the socks, talking to each other (Activities Coordinator, CtT, BBB).*

It was also pointed out that the learning gained from CT had improved services for older people in general, alongside those relating to the programme's overall objective of improving health and well-being:

*As training for volunteers improves, so will services for older people. I also feel they get a better service from receptionists, for example Talking Tonics is useful for staff who take telephone calls, and EngAge is useful for staff working in day care (Delivery Organisation).*

Older people may also benefit in other ways from attending social activities, for example, one volunteer reported that she took steps to ensure the wellbeing of older people who attended groups at her local centre:

*If I don't see a person... I go home and ring that person. I will ask if they are okay, if they need any help, [it's] good for the person to feel there is somebody there for them, that's why they like to come (Volunteer, MM).*

In terms of new services, Delivery Organisations reported a number of projects that they had either created, or were in the process of creating, as a direct result of the CT programme. These mainly related to physical activities, such as walking football, though more general social events (such as lunch clubs) and activities related to healthy eating were also reported (a more detailed list can be found in Appendix 5). One delivery organisation advised that they had sent out a survey to ask older men themselves what services they would like to see, another had set up a 'street audit' to assess what might prevent specific groups of older people from walking.



### ***Effecting culture change in care home settings***

All staff interviewed reported that the CT programmes, principally Come to Tea, but also Building Better Buddies and Moving Moments, had been instrumental in affecting a culture change in the care homes for which they were employed. It was felt that improving the quality of life of the residents through new experiences, rather than just 'having things done for them' was now more in focus (a full list of reported new activities can be found in Appendix 4):

*It is literally trying to make all our staff in our homes realise that that person is still there and they might be able to achieve more than the norm of putting them in a nursing home and 'this is it' (Activities Coordinator).*

It also gave staff an appreciation of the centrality of the residents:

*It is their home, you have to live with them, and that is what it is all about. ...Just because some days they can't do it, don't stop asking them, give them that choice, as one day they will say 'I can do it today' (Activities Coordinator).*

### ***Challenges in applying CT to support older people***

Whilst difficulties around recruiting older people to take part in services and activities was not generally reported to the same extent as volunteers, more specific issues relating to getting family members on board, or satisfying various cultural needs, were reported. Potential barriers due to older people not identifying themselves as 'older' were also mentioned and these are now considered in turn.

#### ***Involving family, friends, staff and residents***

Whilst progress had been reported in terms of changing the mindset of relatives and staff in care home settings, barriers were still reported due to attitudes among some staff and relatives that older residents should not necessarily be encouraged to do things for themselves. Indeed, there were suggestions that some staff remain reluctant to change, with one indicating there were generational differences:

*Some people [staff] don't like change...younger ones change with it, older ones are set in their ways, they do change but it is harder [to get them to change] (Activity Coordinator)*

With specific regard to friends and relatives it may be necessary to ensure, where possible, that they are supportive the CT approach, as they can actively encourage the older person to take part in activities. This is perhaps most relevant in a care home setting, where some Delivery Organisations and family members of residents did not

necessarily feel comfortable with older residents doing things for themselves, and at times were reported to have discouraged the resident from taking part due to a perceived lack of capacity. However, perseverance and encouragement may help to counteract this. For example, one interviewee suggested that family members who are the most reluctant should be invited to the training or activities, to see for themselves:

*We have been using [CT] to invite families to come and watch from a distance, trying to show [that] the older person enjoys getting involved... that everyone can achieve something whatever stage of the illness or mobility they are at...A lot of families that we get in the care sector they do come in and think Mum can't do things, it's a way of us using this programme to get more families coming in, and realising (Delivery Organisation).*

The Delivery Organisation and a volunteer working in sheltered accommodation also reported challenges around encouraging residents to include others, or persuade less sociable residents to get involved with events.

#### *Cultural issues*

In terms of different cultures among older people themselves, Delivery Organisations suggested that older people may only get involved in activities if there are other members who share the same culture and/or speak the same language. Therefore the ability to effectively 'cascade' the project may be dependent on accessing volunteers who share the characteristics of the older people they are trying to reach, as discussed above.

#### *The use of the term 'older'*

Another challenge is that older people themselves may not identify themselves as 'older':

*[When talking about 'older people'] immediately people will think, 'I am not joining in with those older people', because they feel younger than they actually are'. Literature and attitudes need to change when referring to older people (Volunteer).*

Discussing the usefulness of the term 'older people' goes beyond the aim of this evaluation, however, it was suggested by one interviewee that older people may be reluctant to approach Age UK for this reason, highlighting a potential barrier to engaging some older people.

#### **Summary of main impacts for older people**

- The programme is meeting the broad **fit as a fiddle** aims of engaging older people in activities to improve their health and well-being.

- The programme has resulted in the creation and improvement of services and activities for new and existing service users.
- Delivery Organisations working in particular settings, such as care homes, need to pay particular attention to getting staff and/relatives on board.
- Older people may be harder to engage if volunteers do not share their cultural interests.

## **9. Impact on the wider health and social care system**

This evaluation study found the CT model to be effective at achieving its aim of engaging specified groups of older people in activities to improve their physical and mental well-being. Improvements in physical and mental well-being have been shown in related research to be associated with reduction in the risks of issues that can increase the demand for health and social care services, therefore potentially contributing to efficiencies and/or savings in the cost of health and social care provision

Studies have shown that engaging in physical activities and adopting a healthier diet may delay the onset of chronic illness (World Cancer Research Fund and American Institute for Cancer Research 2007; World Health Organization 2002) resulting in significant cost savings for health and social care services. For example inactivity was estimated as costing the NHS alone between £1 billion and £1.8 billion a year (Department of Health, 2009, p.15, cited by NHS Choices, 2013).

It is therefore essential that messages around maintaining health reaches hard to engage older groups, which the CT model was found to do very effectively. For example, a few interviewees felt that the focus on volunteers becoming peer mentors was more effective at encouraging particular groups to engage than programmes which focus on professional support. This is exemplified in the Building Better Buddies project, which resulted in a number of older men getting involved with various activities. A national partner, in fact, stated that the 'health statistics speak for themselves' when reflecting on the cost of dealing with health problems which are on the rise for men.

One of the aims of CT is to reduce social isolation among particular groups of older people, and it has been shown that increasing social activity reduces the likelihood of an older person being placed in residential care, and can also lessen GP visits, or the need for treatment to deal with depression (Windle et al, 2011). It is therefore maintained that as CT has been reported as effective at increasing social interaction, it will contribute toward savings of this nature.

### ***Summary***

- Research evidence indicates that programmes such as CT, which focus on promoting physical exercise, healthy eating and mental well-being, can help reduce the demand on health and social care services, thereby contributing to potential efficiencies and to cost savings to the health and social care system.
- CT may contribute to savings through increasing social interaction, which research has shown may lead to reduced demand on health and social care services.

## 10. Study limitations and suggestions for future evaluations

### ***Scope of the evaluation***

This evaluation has provided a rich understanding of the benefits and the challenges of CT from the view of organisations and individuals who participated. However, based on the evaluation findings, some of the potential benefits of CT for older people may not yet have been fully realised, with many participants reporting gradual and continued changes amongst service users. Continuing the evaluation of CT on a longer term basis would have enabled the research team to monitor the extent to which the programme had facilitated improved health and well-being outcomes for the targeted older people. However, this was not the purpose of the evaluation, as positive findings in this area emerged from the previous *fit as a fiddle* evaluation. Indeed, it was due to an observed positive impact that the CT programme was given additional funding by the BIG Lottery Fund. As highlighted in the introductory section, this evaluation focused on the mechanisms in place to deliver the programme, with the emphasis being on volunteering and partner led organisations, as opposed to the older people themselves.

It is also recognised that due to the CT model itself, impact is hard to measure as there are numerous potential outcomes, and settings within which the model can be applied to. For example, partners reported inviting various third sector and statutory organisations which worked with older people (some with all age groups) to their training events, and it was felt that these professionals were taking away the principles of the training and applying them to their own settings. Whilst this may potentially have a significant impact at the community level, this is difficult to measure, and is not included in the monitoring process (and it would be unrealistic to do so).

### ***Monitoring procedures***

If Cascade Training or a similar project is run in the future it is suggested that the monitoring procedures are reviewed to better understand the returns on the CT programme. For example, one Delivery Organisation reported that the feedback surveys were aimed at volunteers, and thus many questions were not relevant for staff who attended training. It is recommended that separate feedback forms are developed, so their views can be more appropriately captured. Another factor to consider is that some Delivery Organisations reported that whilst the number of older people using services was increasing, changes were incremental, and the true number of beneficiaries can only be fully assessed several months after starting to apply the principles of Cascade Training. This suggests that the final figures collected and presented in this report may underestimate the total number of older people reached, thus, if future evaluations are carried out, the evaluation period should be extended.

Seeking the views of volunteers over time would also be useful to ensure that the changes they report relate to Cascade Training itself, and not due to their general volunteering role. A few Delivery Organisations pointed out that they found it hard to measure whether increased participation was due to CT, or to developing activities which would have attracted older people anyway (i.e. the existing of deadweight).

The other main challenge to the evaluation of Cascade Training is that of ensuring the programme is being delivered, as intended. It is recognised that organisations had to tailor training to their local contexts, but it is important to ensure that the 'essence' of Cascade Training is retained, with a consideration of how quality and consistency can be ensured. This in turn will contribute to ensuring that further evaluations are more robust.

### ***Summary***

- Based on the findings, some of the potential benefits of CT for older people may take time to be fully realised, as the length of the evaluation period may not have captured all the relevant changes.

## 11. Conclusions and Recommendations

This report has demonstrated that Cascade Training successfully engaged volunteers, older people and local stakeholders. Many volunteers reported increased confidence and have therefore been 'empowered'. Due to its flexibility, Cascade Training was used in a variety of ways, which increases the likelihood of the programme leaving a legacy within Delivery Organisations. Nevertheless some key challenges to various elements of the programme and individual packages have been identified in this report, including: some aspects of the way in which it has been delivered and the way in which it has positively impacted on community partnerships, volunteers and older people. Some fine tuning to the CT training programme, going forward, could therefore ensure that its positive impact is even more widespread in the future.

This final section now considers some of the implications of these findings on the programme as a whole; providing five broad recommendations. The first two recommendations focus on both the identity of CT itself, and potential suggestions for how it can be branded and marketed moving forward. The third considers how the programme can be effectively adapted to fit into local settings, and the fourth and fifth focus on how it can benefit partnerships in general, and local Age UKs. The final recommendation provides suggestions around attracting and retaining both volunteers and the target service user group.

### ***Recommendation 1: Branding and marketing Cascade Training***

In terms of promoting individual training packs some were more successful in terms of generating interest than others, with Life & Soul, Talking Tonics and EngAge all experiencing very few requests from organisations overall. The main reason with regard to Life & Soul appeared to be due to the difficulty in reaching older residents in sheltered housing, or engaging with staff.

Perhaps one of the biggest challenges to the programme as a whole is the concept of 'Cascade Training' itself and how, as a national level programme, it can be adapted to be more tightly focused on working with specific hard-to-engage groups. This evaluation has found that organisations and volunteers did not generally view Cascade Training as a brand in itself. That is, the six individual packages did not neatly fit together to form a 'single identity'. Moving forward it may be worth re-branding CT, this could involve **changes around the ways the packs work together**, or perhaps a review of the individual packages that are included. For example, whilst feedback around the overall message of Talking Tonics and EngAge was very positive, these packs are perhaps less suited to the cascading element of the programme, as they do not seek to reach specific groups of older people. It may be worth taking forward these elements to assist in training organisations which offer befriending and similar support services, rather than the cascading element.

Life & Soul, in its current form, has also been less successful, with only one organisation requesting a pack. It is suggested that perhaps Life & Soul can be 're-packaged' as a standalone product, rather than being linked to the broader CT programme. It is worth considering how the concept may be **better targeted toward its intended audience**, and how reaching sheltered housing staff and residents at the local level will be possible given that this is likely to require significant resources.

It may also be beneficial to look at how **individual programmes can be combined, re-packaged, re-branded, or mixed together**. This report has highlighted that packs were being successfully combined by Delivery Organisations, such as Building Better Buddies with Come to Tea in care homes. It would also be beneficial for all volunteers to learn about the different cultural needs of older people, therefore it would be potentially beneficial to include elements of Moving Moments in other packages. Linking training packs together may also assist in securing funding, or perhaps jointly running activities to reduce cost.

Finally, one Delivery Organisation felt money could be saved if the structure was changed to a model more reminiscent of the original CT programme, where National Partners and Age UK launch the programme regionally, inviting local Age UKs partners to meet those who have designed the packs. This would reduce costs as consultants would not have to visit each organisation individually, with trainers able to access the information they need at the launch.

### ***Recommendation 2: Adapting Cascade Training to local settings***

Each CT programme faced its own set of challenges, relating to organisational factors such as staffing, funding, or the specific group of older people targeted. There are further potential hurdles (relating to recruiting volunteers and health and safety factors) which also need to be overcome before the programme can be implemented as intended in care homes.

It is suggested that **National Partners** should **explore ways to tailor the training and packs to suit local organisations**, and **thus offer a more 'bespoke' service**. This can help to ensure that organisations fully understand its principles and how these fit in with their own local contexts. This can also help ensure that the cascading element of the programme is successful, and can contribute to its sustainability. This may include initial training and perhaps support in developing additional, complementary materials which satisfy the needs of the organisations. Whilst in some cases these changes may lengthen the training, they may also reduce it if a Delivery Organisation feels capable of delivering the training without face-to-face support. In the case of the programmes run in care homes these were cascaded through staff, as well as volunteers. Whilst this was



successful, the current model needs to be modified to reflect the fact that staff in many individual homes are more instrumental than volunteers in applying it. If the decision is taken not to deliver the training sessions, and provide the packages as a standalone offer, it might be worth clarifying what support Delivery Organisations can expect.

However, adapting packs so they meet the varying needs of volunteers, staff and managers may be a challenge. For example managers may be more concerned with organisational led or statutory requirements (such as health and safety), whereas staff and volunteers may want shorter, more user friendly documents, as was identified when discussing feedback from care home activity coordinators.

Some Delivery Organisations suggested having greater flexibility around the conditions of applying for funding and the format of the training itself. As highlighted previously, the current Cascade Training offer is perhaps more geared toward Delivery Organisations which already have a pool of volunteers, and those which have the capacity to, or already run, activities for older people. This may mean that third sector organisations in earlier stages of development, or smaller care homes are discouraged from getting involved. It was therefore suggested by one Delivery Organisation that it might be more useful for organisations to be awarded funding to help them develop a service, or attract volunteers.

***Recommendation 3: Encourage community level partnerships***

It was highlighted in this report that a few volunteers and Delivery Organisations had involved local GPs to help them advertise activities for older people. It is felt that **involving local health organisations is an effective way of generating interest** and promoting the principles of CT in the longer term. If local organisations are able to persuade GPs or other health professionals to refer older people to their services, this may help to engage some (though not all) hard-to-engage groups. This also links in with recent policy interest around promoting a 'social prescribing' model.

A few examples were found where local Age UKs worked effectively with local organisations in their area, including care homes and sheltered settings, which it was suggested (along with BME communities) may help local Age UKs engage older people who they may not otherwise come into contact with. Alongside this, working in partnership with other organisations may help local Age UKs to access those who may not readily identify themselves as an 'older' person, and may thus be more amenable to being approached by other community organisations.

***Recommendation 4: Demonstrate how Cascade Training can benefit local organisations***

The CT programme had a lower than expected take up from local Age UKs, yet those who took part in this evaluation valued the programme, because it offered training to volunteers and staff which fit in with their principles and the aims of existing services.

Moving forward it may be worth ensuring all organisations (including local Age UKs) are aware of how CT can benefit their organisation, which may in turn generate more interest. Perhaps those local Age UKs which have been involved with Cascade Training to date can be drawn upon to disseminate their learning and provide examples of how the programme has benefitted them. However, encouraging more local Age UKs to engage may require an injection of resources to develop volunteer support services at the local level.

***Recommendation 5: Attracting and retaining volunteers and service users***

It is suggested that ensuring sustainability of Cascade Training projects requires a strong focus on the needs of volunteers, with both National Partners and Delivery Organisations having a role to play in ensuring volunteers are supported and feel valued. Whilst volunteers gave positive feedback on the packs and training provided, there were a number of issues identified, such as training being too dense and inflexible, both in terms of content, times, and dates. It is therefore suggested that the **packs and training take into account the different types of volunteers** (particularly in a care home setting) and perhaps look to reduce the current commitment required. Suggestions include redesigning Come to Tea training so it is delivered in 'bite sized chunks', with handouts and telephone support. Another Delivery Organisation suggested training should be available as an online course. Regardless of the way in which the training is redesigned, the key principle should be that it is flexible and can be **run in different ways, to suit the local organisation's needs**. It is also suggested that applying specific targets to volunteering may be worth rethinking, as this may put undue pressure on volunteers without bringing proven benefits.

Some Delivery Organisations highlighted how they could be better supported to generate interest and promote the Cascade Training sessions they were running. A few felt that template posters should be provided, others that user friendly leaflets be developed, aimed at both volunteers and potential participants. The idea of providing a leaflet for volunteers tended to follow feedback that the packs could be condensed, as volunteers were at times discouraged by its current length. It was suggested by volunteers that a smaller leaflet could provide background information to the CT programme which could be left in libraries, General Practices and post offices, where it is felt isolated older people may visit. Volunteers also suggested having the leaflets available in different languages, which may attract older people whose first language is not English.

It was felt that it would be useful to advertise Cascade Training to older people directly, as opposed to relying on organisations or volunteers to 'find' people. This would be especially useful for very isolated older people, who may not be reached by volunteers. A leaflet format could provide a short, user friendly guide to the principles of the specific CT programmes run in their local area. This type of format would also provide a more user

friendly overview to potential volunteers as based on the comments in this report that the volunteer packs are too large.

Cascade Training has potentially reached a far wider audience of older people than has been estimated by delivery partners. Trainers visited other organisations in the area, talking to all age groups and perhaps imparting knowledge to older people they happened to come across in day to day settings. Whilst this suggests that the reach of CT is potentially wider than is recorded, it also points to the difficulty in attempting to 'count' the number of older beneficiaries.

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