

Acknowledgements

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The success of the project would not have been achieved without the dedication, loyalty and enthusiasm of all involved.

For further information, please call Age UK on **0800 169 87 87**.

To view full reports:

- Fit as a Fiddle Final Evaluation Urban Report
 - Fit as a Fiddle Final Evaluation Rural Report
 - Fit as a Fiddle Social Impact Measurement Report
- go to: www.ageuk.org.uk/health-wellbeing/fit-as-a-fiddle

fit *as a* fiddle

Executive Summary, East Midlands



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Improving later life

Background

The Big Lottery Fund (BIG) Wellbeing Programme is a £165 million grant programme encouraging healthy lifestyles and wellbeing. BIG's Wellbeing Programme comprises three main outcomes aimed at:

- **improving and developing levels of physical activity**
- **increased mental wellbeing**
- **healthy-eating habits for enhanced healthy eating.**

Evaluation report

Feedback collected between October 2008 and January 2012, including: SNAP forms and monitoring data; Older People's Longitudinal Survey; focus groups; case studies; anecdotal evidence; observations; Social Impact Measurement Report; project feedback forms; Ecorys interim report.

Age Concern England has been awarded £15.1 million by the Big Lottery Fund to deliver the Fit as a Fiddle portfolio across the nine English regions from 2007 until 2012. The Fit as a Fiddle portfolio comprises of two national projects and 24 regional projects, delivered by more than 200 organisations (99 of which are local Age UKs/Age Concerns). Each of the nine English regions receives £1.2 million to deliver a range of innovative projects in their area. The portfolio builds upon Age Concern's Ageing Well Programme developed in 1993, specifically to improve older people's social and emotional wellbeing in a wider context.

Within the East Midlands two programmes were delivered:

- **Rural, covering areas of: Nottinghamshire, Leicester Shire & Rutland, Derbyshire, Boston & South Holland, Lindsey, and Kesteven**
- **Urban, covering areas of: Nottingham, Derbyshire and Northampton.**

Funding of £114,999 was awarded:

- **Urban £412,784**
- **Rural £702,215.**



What the project achieved

Fit as a Fiddle successfully engaged with a host of partner organisations, older people, volunteers and the wider community to improve levels of physical activity, enhance healthy eating and increase wellbeing.

A vibrant and diverse programme of events was delivered across the East Midlands, encouraging older people to try new activities in a safe, friendly environment. We offered taster sessions which encouraged older people to try out new activities before deciding what they wanted to do. Activities included: New Age Kurling, laughter yoga, alternative therapies, petanque, Pilates, Cooking for One, smoothie-making, Zumba gold, line dancing, Wii, swimming, Nordic Walking and belly dancing as well as one-off information and advice days.

More than 8,000 older people in rural areas, and more than 5,000 in urban areas, took part in project activities. If we add the number of indirect beneficiaries who benefited, such as family, friends, and carers this would be considerably more.

Alongside mixed gender groups a number of specialist area groups were set up, ensuring equality of provision to those who may need additional support or encouragement. These included Black Minority Ethnic groups, men-only and women-only sessions.

By recognising and addressing barriers to participation we have enabled excluded or marginalised groups to take part in activities.

We engaged with more than 200 volunteers who gave their time and energy, support and invaluable experience to the projects. These volunteers were often crucial to the long term sustainability of groups by continuing with activities after Fit as a Fiddle intervention had ended. Volunteers benefited in a number of ways, such as gaining increased self-confidence, practical skills, social networks and employment opportunities.

We engaged with partner agencies from all sectors that supported delivery and gave valuable resources, including free use of venues and instructors, loan of equipment, funding of ingredients for cooking sessions, and training of volunteers. We also engaged with older people's groups and 50+ forums that contributed from the planning stage through to on-going delivery to ensure that our target group were represented.

We worked extensively with health professionals, including falls teams, diabetes nurses and heart nurses who delivered talks and presentations, as well as attending healthy living events giving information and advice on early detection and condition management.

We set up and sustained a large number of activities within supported and residential homes where often no activities were taking place.



Key findings

1) We helped tackle social isolation, helping our participants to make new friendships and gain the confidence to get involved in community activities.

2) Older people were more likely to join activities if they interacted with people from their own peer group. They often valued the social element more than the practical elements, finding the relaxed and fun atmosphere a safe environment to try out new things.

3) We reached out to the wider community as an indirect result of Fit as a Fiddle with our participants taking learning home and sharing it with friends, family and carers.

4) By delivering sessions within local communities, we have provided accessible activities and enhanced community cohesion by making better use of venues, increasing employment opportunities and facilitating networking opportunities for joint working initiatives.

5) There is a clear need for practical advice to be delivered alongside project activity. This would help to raise awareness of the potential effects of inactivity and poor diet on ageing and long-term conditions.

6) Partners welcomed the involvement of Fit as a Fiddle as it enabled them to reach out to new people while sharing resources, reducing duplication and providing a greater chance of sustainability.

7) Our co-ordinators are a vital link to engaging with partners and older people at all stages, including planning, delivery and sustainability.

8) Our Social Impact Measurement Report highlighted the successes we achieved in influencing our partners to better understand the needs of older people and plan for future delivery to meet these needs:

- **60% (12) of partners surveyed said that we had helped to influence their external partnership networking**

- **60% (12) of partners surveyed thought that we influence future planning**

- **95% (19) of partners said that service users had benefited from increased health and wellbeing and less isolation.**

9) Attending Fit as a Fiddle activities encouraged and motivated participants to continue with some form of activity and/or healthy eating, therefore enhancing wellbeing.

10) Our volunteers joined for a host of reasons, including confidence-building and friendship, while for others the benefits of outcomes such as employment opportunities and job references were invaluable.

11) Our beneficiaries are aware of the importance of healthy eating and physical activity in later life, but are restricted by a number of barriers preventing them from joining classes such as lack of confidence, disabilities, transport and sleep problems.

‘I think about fitness more now and this makes me want to eat better – one inspires the other and I feel good about myself.’

Fit as a Fiddle participant

‘The references given were a passport to employment – I now have my own thriving business.’

Volunteer



Key findings – a comparison between rural and urban projects

Across urban and rural districts, projects were structured to meet the needs of the local area, taking into account differing issues such as transport and the needs of BME communities.

Overall, findings across the two strands did not differ greatly. Feedback from qualitative research, such as focus groups and interviews, showed similar barriers to participation and benefits gained.

- Ethnicity of participants varied dependent on the local area for example in rural areas such as Lincolnshire, a predominantly white British region, less than 1 per cent of participants were from BME groups whereas in the rural strand of Leicester Shire & Rutland, which has a high Asian population, 40 per cent of participants were from minority ethnic groups.
- We noticed a subsequent difference in the age of our participants in urban and rural areas:
 - In rural areas the most prevalent age group was 80+. In this group, 28 per cent of participants were men and 26 per cent were women.
 - In urban areas, in the 80+ age group, only 8 per cent of participants were men and just 7 per cent were women.

We cannot definitively say why there was such a difference, but it is encouraging to see this older age group accessing activities in rural areas that have issues such as lack of public transport and limited venues.

- The urban projects benefited by having larger, more concentrated populations, making it easier to attract enough beneficiaries to start a group. Having a good availability of volunteers and instructors, access to several venues that were free of charge and a frequent local bus service all added to sustained activity.
- In contrast the rural project found it more challenging to set up groups in rural areas that were likely to become sustainable in the longer term. Difficulties included attracting sufficient older beneficiaries to make a class viable, higher drop-out rates, limited availability of volunteers and instructors, limited availability of venues and an often infrequent bus service for older beneficiaries to get to activities. To counteract this, projects integrated with already established groups and offered new activities, helping to retain participants and attract new people.

