

fit *as a* fiddle

Final Evaluation Report - January 2012

Sporting Equals - Older People Faith and Community Strand



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1.0 Introduction

1.1 Overview and Background to fit as a fiddle

The Big Lottery Fund 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;
- mental wellbeing; and
- healthy eating habits for people and the wider community

The Wellbeing Programme is a reflection of the increasing emphasis put upon healthier lifestyles, nutrition and preventative health services by government as obesity levels rise, alongside an increased focus on tackling mental health problems, as demonstrated in the Healthy Weight Healthy Lives¹ cross governmental initiative and the New Horizons report, which sets out a vision for mental health services for 2020². Funding under this Programme is available for voluntary and community sector organisations, as well as statutory and private organisations through a series of national and regional Portfolios of activity.

Age Concern England has been awarded £15.1 million by the Big Lottery Fund to deliver the **fit as a fiddle** portfolio across the 9 English regions from 2007 until 2012. Age Concern and Help the Aged have come together from January 2010 as Age UK to deliver this Portfolio. The main aims of **fit as a fiddle** coincide with the outcomes of the Big Lottery Wellbeing Fund championing healthy eating, physical activity and mental wellbeing for older people. The portfolio aims to broaden and increase the opportunities for older people to undertake physical activities and improve their eating habits, contributing to an overall improvement in mental health.

The **fit as a fiddle** portfolio comprises of 2 national projects and 24 regional projects, delivered by over 200 organisations (99 of which are local Age UK's/Age Concerns). Each of the 9 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 to specifically to improve older people's social and emotional wellbeing in a wider context. An independent enquiry into mental health and well being in later life revealed five main factors that impact upon older people's mental health and wellbeing: discrimination, participation in meaningful activity, relationships, physical health and poverty³. By increasing the focus upon good

¹ Healthy Weight Healthy Lives, Department of Health, see

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

² New Horizons, Department of Health, January 2010, see http://www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/DH_102050

³ Promoting mental health and well being in later life. (Age Concern and Mental Health Foundation, 2006)

expectations of good health in old age and encouraging older people to maintain, sustain and improve their health, **fit as a fiddle** aims to address inequalities and empower older people to live fulfilling lives with the support of peers and their communities.

fit as a fiddle projects promote healthy ageing, based around the needs and ideas of local people. At a regional level, projects aim to include black and minority ethnic (BME) communities, older people with specific health risks (e.g. high blood pressure) and those living in deprived urban or rural areas.

At a national level the programme is focusing on training and support to become a volunteer to encourage lifestyle and health improvements via a National Cascade Training Programme. A series of leaflets, resources and materials are also being produced as part of a national Health Literacy project.

1.2 Overview – fit as a fiddle faith and community strand

Sporting Equals is one of five national partners to the Age UK **fit as a fiddle** cascade training programme. Sporting Equals were commissioned by Age UK in August 2009 to deliver the faith and community strand. The aim of the project was to devise and develop a tailor made training package for Black and Minority Ethnic (BME) and faith Communities to enable opportunities for physical activity and wellbeing through supported interventions.

Set up in 1998 by Sport England, and the former Commission for Race Equality (CRE), Sporting Equals is an independent body whose mission is to promote ethnic diversity in the area of sport and physical activity. Sporting Equals aims to raise awareness of the needs of BME communities, influence policy and decision makers and inspire greater participation and change in relation to sport and physical activity.

Sporting Equals was chosen as the national partner to develop and deliver new bespoke ways to encourage wider engagement and participation of older people in community and faith based settings. Sporting Equals was chosen based on its knowledge, expertise and understanding of engagement with BME groups along with the advantage of having access to a wide range of BME organisations through its regional networks.

This report has been prepared based on findings from ongoing research collected during the course of the project, supported by additional qualitative field research with focus groups and one to one interviews with project managers, older people and volunteers.

The purpose of the report is to provide an end of project evaluation of the **fit as a fiddle** faith and community strand with particular emphasis on how **fit as a fiddle** has engaged with BME and faith communities who would otherwise be difficult to engage, and how the project has made an impact and a difference to their lives.

This report captures key learning and identifies some key recommendations which Sporting Equals wish to develop further with Age UK following the completion of the project in December 2011.

1.3 Aims and objectives

The aim of the report is to evaluate the impact of the faith and community strand of the **fit as a fiddle** programme. The objective is to provide key findings in relation to diversity and equality, the impact on older people who participated, as well as the impact of volunteering. In addition, this evaluation will look at cross cutting themes of partnerships and sustainability, health literacy and the economic value of the project.

This report, and the evidence it contains, aims to inform future activities and to provide a robust set of evidence relevant for future opportunities. The findings are intended to complement the interim evaluation report of the **fit as a fiddle** programme prepared by Ecorys and the Centre for Social Gerontology, at Keele University.⁴

1.4 Methods

The methodology for the evaluation involved a mixture of data collection methods and data sources including desk based research and primary research:

- A sample of nine project reports completed by the participating organisations.
- A sample of six project reports completed by Sporting Equals during visits to participating organisations.
- A focus group conducted with participants (both volunteers and older people).
- A sample of 33 evaluation forms completed by older people participating in the activities, or completed on their behalf by a volunteer.
- A sample of four volunteer reports, completed by Sporting Equals following interviews with volunteers.
- A sample of nine evaluation forms completed by volunteers.
- Age UK monitoring data on participants in both the project activities and road shows.
- 13 case studies with information provided by a range of participating organisations.
- Interviews with a sample of 34 organisations on partnership and sustainability approaches.
- Four telephone interviews conducted with three project co-ordinators and one participant.
- Wider background information from Age UK and Sporting Equals including Sporting Equals's initial research report and the training report.
- Ecorys impact analysis and case study research.

⁴ Interim Evaluation Report, Prepared by Ecorys with the Centre for Social Gerontology, Keele University, November 2011

Analysis of the data was conducted to allow for the development of emerging themes relevant to the aims and objectives of this end of project evaluation. For example, in relation to the impacts for older people, analysis focused on highlighting key issues for the three strands of physical activity, healthy eating and mental wellbeing. The second stage of the analysis involved interpretation of these findings in conjunction with contextual understanding from the background research.

1.5 Structure of the report

The remainder of this report is structured as follows:

- Chapter two provides a project overview of the faith and community strand
- Chapter three looks at key findings in terms of equality and diversity
- Chapter four assesses key findings in relation to the impact of volunteering
- Chapter five looks at the impacts on older people in relation to the three main themes of the programme; healthy eating, physical activity, and mental wellbeing
- Chapter six looks at partnerships developed through the programme and sustainability
- Chapter seven focuses on health literacy and the usefulness of the resources available within the programme
- Chapter eight provides key findings on the economic value of the project
- Chapter nine draws conclusions and makes key recommendations.

2.0 Project Overview

As noted in chapter one, Age UK commissioned Sporting Equals to deliver one of their five national programmes under their “Older People Faith and Community Strand” as part of the national **fit as a fiddle cascade** project.

Sporting Equals, whose mission is to promote inclusion and diversity across the sport and health sectors, was commissioned to deliver the former, with the objective to devise and develop a national training programme, tailor-made to the needs of older people in community and faith based settings, which would empower them to live healthier and active lives.

2.1 Aims and intended outcomes

The main aim of this project was to build the capacity of organisations and individuals to promote healthier living to BME communities through a bespoke training programme delivered to staff and volunteers across 39 partner third sector organisations across nine government regions. The unique aspect of the project was to develop a tailor made package to specifically highlight faith and cultural issues for older people as they relate to activity and wellbeing.

The volunteers were trained and supported in developing their understanding around physical activity, healthy eating and mental well being, with the added emphasis on culture and religion in light of working with people from a range diverse range of ethnic backgrounds. This training was partially funded, with each organisation being provided with a small amount of funding to cover CRB checks, volunteer expenses and funding to support physical activity initiatives, requiring mainly a people and time commitment from the 39 organisations involved.

The project’s focus was on training approximately seven volunteers in each partner organisation. The number of volunteers varied across partner organisations in relation to access and recruitment of volunteers, availability to attend a two-day training session and the ability of volunteers to commit to a target of working with six older people over an eight to twelve week period. In total 289 volunteers were trained across 39 organisations. A further aim of the project was to deliver a series of one-off ‘road show’ events through the partner organisations, giving attendees the opportunity to sample a range of activities, and access information about health and local activities.

In addition seven individuals from projects were supported through the ‘train the trainer’ model, and attended workshops. Initially, three individuals were supported as part of the national roll out however they were unable to commit to the project in light of the time commitment involved with mentoring. Four individuals attended a further workshop in December 2011, however as the project was coming to an end none of these individuals have had the opportunity for direct mentoring, although they have been provided with general advice and guidance to help personal development. Opportunities do exist however for utilising these individuals on future projects.

The longer term objectives of the project have been to build the capacity of partner organisations through training and information, enabling them to draw on and build up a network of volunteers, and developing links with older BME individuals and communities who would otherwise be isolated and difficult to engage. The additional sustainability factors have resulted in continued support for older individuals within a faith and community setting and the ability to successfully engage with these individuals on an ongoing basis during the course of the project, as well as the evidence of impact the project has made directly on their lives and wellbeing.

2.2 Project details

2.2.1 Pilot phases

To refine the project model, two pilot phases were established. The initial pre-pilot was set up in partnership with the ACE Resource Centre, based in Nechells, Birmingham and involved the training of five volunteers. At this stage the training model was in its very early stages and the input from the partner organisation and trainees resulted in key changes to the subsequent training programme and volunteer pack. More information about the training programme is given at section 2.2.3 of this report.

Four further organisations were identified in the Midlands for the regional pilots and the training model was tested and modified in consultation with these organisations in preparation for the national roll out. Input was also sought from a Beneficiary Advisory Group which was completed on-line with representatives from the Department of Health, relevant third sector organisations and Age UK. At this stage the delivery model was also being tested and was adjusted to streamline delivery across partner organisations in preparation for the national roll out.

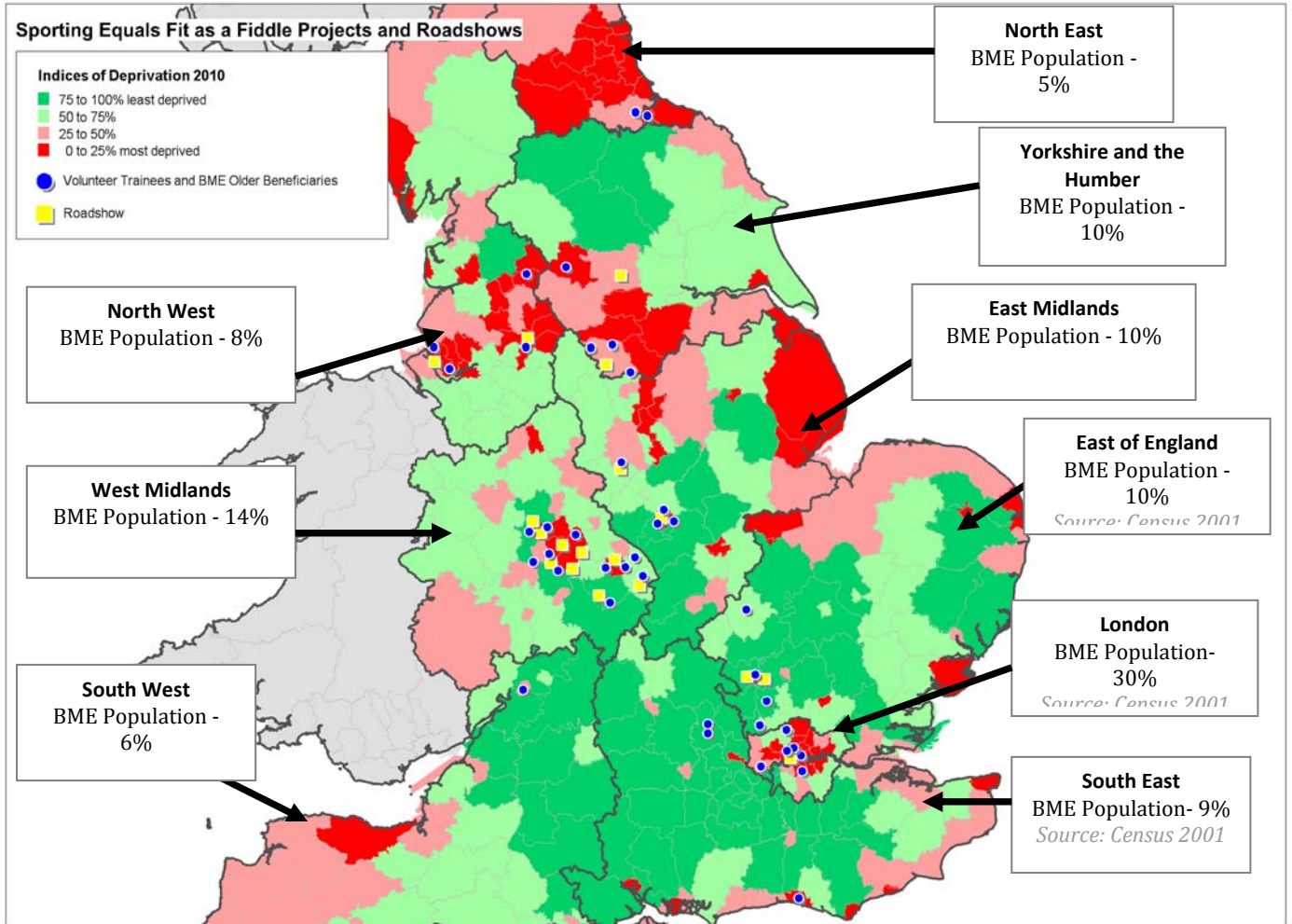
The project had two funded positions, a National Project Manager and part time Project Officer who were further supported by the Organisations Insight and Projects Manager and CEO of Sporting Equals. Both the Insight and Projects Manager and CEO evaluated the training and were involved in quality assuring the training package. Due to the logistical barriers of project locations, three external trainers were also brought on board to help with the national rollout.

The national roll out started in March 2011 and completed on 2nd December 2011 when the final partner organisation received training. The organisations trained in November/December have continued with their interventions into 2012 despite the project formally closing in December 2011.

2.2.2 Geographical presence

Sporting Equals worked hard to establish a national presence for the faith and community strand of **fit as a fiddle**. It was a challenging process to identify suitable organisations in regions such as the South West and North East which have lower BME populations, but despite these challenges Sporting Equals have engaged with organisations in each region, as shown in table one.

Analysis of Sporting Equal’s monitoring data shows that the 39 partner organisations engaged with 1,224 older people through the **fit as a fiddle** cascade training model. The mapping data showing the impact in each region is presented geographically below:



Source: AgeUK SNAP Evaluation Data 2012 and Table EE1, Population Estimates by Ethnic Group Rel.8.0, Office for National Statistics, 2011

Table one: partner projects, location and number of volunteers trained

Organisation	Location	Number of volunteers trained
Bedfordshire African Community Centre	East of England	10
Centre for Youth and Community Development (CYCD)	East of England	7
Active Lifestyles	East of England	6
Peepul Centre	East Midlands	8
Ladies Sangam Group	East Midlands	6
Hadhari	East Midlands	7
Children's and Parents Alliance (CAPtA)	East Midlands	5
Sri Hemkunt Children's Education Society -(Sikh Messenger)	London	8
Camden Chinese Community Centre	London	9
RSVP (CSV) Camden	London	7
Chinese Community Centre (CCC)	London	7
Watford African Caribbean Association	London	8
Barnet Elderly Day Centre	London	5
Black Elderly Group Southwark	London	6
Stockton BME Network	North East	11
BME Network CIC	North East	8
Merseyside Caribbean Council	North West	5
Bodies in Motion	North West	7
African Caribbean Centre Manchester	North West	7
Merseyside Chinese Community	North West	9
BMECP Centre	South East	8
African Caribbean (Movers & Shakers)	South East	6
Chinese Group High Wycombe	South East	9
The Glos African & Caribbean Association	South West	6
ACE Resource Centre	West Midlands	5
Rugby (Warwickshire) Chinese Society	West Midlands	8
Nishkam Centre	West Midlands	8
Coventry Irish Society	West Midlands	7
West Bromwich African Caribbean Centre	West Midlands	11
The Benn Partnership Centre	West Midlands	2
Moreland Trust	West Midlands	5
Tamerind Centre	West Midlands	6
Stratton Street Community Centre	West Midlands	9
Halesowen Asian Elderly	West Midlands	6
Sikh Community Centre, Leamington Spa	West Midlands	20
Anand Milan Centre	Yorkshire & Humber	6
Caribbean Health and Wellbeing	Yorkshire & Humber	6
Lion Heart People's Project	Yorkshire & Humber	6
MERA Women's Training and Development	Yorkshire & Humber	9
Total number of volunteers engaged		289

2.2.3 Project Delivery

In total 54 organisations were visited. Eight organisations were deemed unsuitable and therefore not progressed as they were unable to deliver to within the timescales or were unable to access the older people required. Seven organisations were signed up and fell through as they were unable to secure volunteers or were unable to commit to the project. In total 39 organisations were trained and Sporting Equals delivered a total of 78 training days. The project had a target of training 287 volunteers therefore the target has been exceeded.

As noted, a series of one-off road show events were hosted by 15 partner organisations. A further 4,019 beneficiaries attended across 29 different events which varied in size and structure. Some of the larger events were linked to existing cultural days such as Chinese New Year, Vaisakhi, St Patrick's Day, Hindu New Year and Black History Month. Others were smaller community events specifically targeted at selected BME audiences based on the profile of the area.

In total, 20 organisations were visited with the aim of hosting road shows. Five organisations were deemed either unsuitable or were unable to proceed due to other commitments. Seven combined visits took place where organisations also wished to do training and eight organisations were secured to solely deliver road shows.

At the initial signup a road show pack was provided to each organisation. This included:

- Leaflets providing guidance around health, exercise, diet to give out to BME older beneficiaries at road shows.
- Service Level Agreement
- General marketing advice
- Banners and pull up stands which could be used at the event

Some organisations produced their own marketing material in consultation with Sporting Equals. General advice and guidance was provided to each organisation through Sporting Equals marketing and consultancy team.

Table two: roadshow events; host organisation, location and number of attendees

Organisation	Region	Delivered	Location	Monitoring Forms (no of beneficiaries)	Number of Events
Birmingham Chinese Society	West Midlands	Feb 2011	Birmingham	426	1
Coventry Irish Society	West Midlands	March 2011	Coventry	209	1
Sri Hemkunt Children's Education Society -(Sikh Messenger)	London	April 2011	London	600	2

Liverpool Museum	North West	May 2011	Liverpool	150	1
Nishkam Centre	West Midlands	July 2011	Birmingham	184	1
Caribbean Health and Wellbeing	Yorkshire & Humber	July 2011	Sheffield	205	1
Grassroots Cricket Association	West Midlands	Aug 2011	Birmingham	452	1 0
Centre for Youth and Community Development (CYCD)	East of England	Oct 2011	Luton	101	1
Ujala - the Asian older people	East of England	Oct 2011	Luton	100	1
African Caribbean Centre	North West	Oct 2011	Manchester	100	1
Sikh Council	Yorkshire & Humber	Oct & Nov 2011	Derby, Leeds & Wolverhampton	600	3
Apna Ghar	West Midlands	Nov 2011	Birmingham	400	1
Stratton Street	West Midlands	Nov 2011	Wolverhampton	100	1
Warwickshire Race Equality Partnership	West Midlands	Nov & Dec 2011	Coventry, Leamington & Rugby	296	3
Ladies Sangam Group	East Midlands	Dec 2011	Leicester	96	1
Total number of older beneficiaries engaged				4,019	

2.2.4 Activities delivered: Training

A diagram showing Sporting Equals delivery model is included with this report at Annex One. The model allows organisations working with BME older individuals to recruit volunteers, train them over a two day period to have an insight into recommended levels of physical activity, fun ways to engage an older person in physical activities specific to their own cultures and empower an older individual to become more self sufficient and aware of healthy eating alternatives. The training model also engages with issues around different faiths, and encourages organisations to provide signposting to local and regional

The training model was produced on the back of consultations with health and physical fitness projects, which was further supported by research carried out by Sporting Equals which aimed to gain the views of older BME individuals from a range of faith and community backgrounds. The information Sporting Equals received from focus groups informed the training materials which are specifically designed for volunteers working with and engaging older people in physical activity and healthy eating awareness. These training materials help a volunteer to understand the different issues and barriers that an older individual from a BME background might face when accessing services.

Four of the Chinese partner organisations requested interpreters to assist in Mandarin, Cantonese which were provided. The Chinese Centre, Birmingham and Merseyside Chinese used external interpreters which involved additional costs however the Chinese Group in High Wycome, and Camden Chinese had the preference to use their own staff as interpreters rather than bringing in an external organisation which they arranged internally.

Alongside this, three South Asian organisations also required interpreters, the Nishkam Centre, Birmingham, the Sikh Community Centre, Leamington and the Sikh Elderly Asian Men’s Group in Halesowen. As Sporting Equals had bilingual internal staff, it was ensured that trainers were matched up to these projects, thereby minimising additional project costs.

Feedback from the trainers suggests that using both approaches slowed down the training and it may have been more effective to either have a longer session or a separate session to ensure additional support could be provided to individuals.

Following the training, volunteers have been involved in working with between four and six BME older beneficiaries and have been involved in a range of activities from sports through to cookery. Examples of the types of activities carried out by organisations are specified under the 3 key outcomes below.

Table three: examples of activities delivered

Physical Activity	Healthy Eating	Mental Wellbeing
Catching exercises Seated exercises to music Extended exercise Gym Body movement Stretching exercises Aerobic exercises Tai Chi Yoga Walking / Power walking Gardening Wii Fit Swimming Line dancing Ballroom dancing Bike rides Sports including Boccia, Archery, Table Tennis and Cricket	Discussions on healthy eating (how to reduce fatty and sugary foods) Organising a ‘5 a day’ healthy eating plan Discussions on drinking more water and less fizzy drinks Cooking sessions Trips to the supermarket to encourage older people to buy healthy food Healthy eating workshops Healthy cooking lessons Eat well classes How to cook healthy Asian food	Coffee mornings and activities so the older people can talk to someone Board games Gardening Cultural and religious needs Dealing with social isolation Quiz sessions Trips to local events Sudoku Word games such as the ‘grub game’ Word searches Crosswords General knowledge quiz games Mah Jong game Dominos Knitting Drawing Puzzles Singing

2.2.5 Activities delivered: Road shows

Although the road shows and the extended **fit as a fiddle** project sessions were different in their nature and depth of involvement, both types of delivery maintained the same

focus and the two approaches had much in common in terms of activities. The roadshow delivery model is detailed in Annex Two.

Popular physical activities for the road shows included Tai Chi, Boccia, walking groups (or in the case of one road show, a sponsored walk), seated exercise for less mobile older people, and yoga, gardening, dance, keep fit exercise, ball catching and various sports. Healthy Eating approaches included: healthy eating advice, cooking demonstrations, doctor's advice on healthy eating, advice through health checks and offering healthy lunches and fruit at events. Mental wellbeing approaches included; massage, reflexology, board games, art, singing, book club, music, and relaxation techniques.

Demonstrations of more unusual sports at road shows raised interest, such as an Archery and Boccia demonstrations. Healthy eating awareness sessions were common and these often had a specific cultural focus, being translated into a specific language or addressing how common dishes in the beneficiary group's cuisine could be made more healthily (for example, healthy dumpling making for a Chinese group). One group established an allotment for their beneficiaries to make use of, including a healthy eating message with increased activity.

Some of the road show events used partnership approaches and linked into key agencies such as Primary Care Trusts to deliver health checks, blood pressure checks, and used the services of other agencies to provide qualified advice around exercise, diet and wellbeing approaches. This brought an added value element to the projects. In one case, a 'celebrity' appearance was used as a hook to encourage attendance as one road show in Birmingham hosted world record holder Bhai Fauja Singh (a 100-year-old marathon runner), providing inspiration to attendees.

Road shows used members of the community to explain the benefits of the project to help overcome initial resistance in addressing issues of personal lifestyle. Often the importance of healthy lifestyle was linked to religious teachings to ensure BME older individuals could connect with the messaging. It was also important for organisations to consider location of events as a lot of BME older people were unable to travel on their own and therefore some organisations had to organise transport to and from venues.

Most road shows, for example Sikh Messenger, used volunteers conversant in the relevant community language as many BME older individuals could not read or write English and volunteers helped them to fill out forms. Often BME older people were reluctant to give out their date of birth and the bilingual volunteers had to explain why this information was needed in a very patient and understanding way. Alongside this a couple of organisations like Sporting Chance advised that their older people also had hearing difficulties which further complicated approaches as more visual aids were needed to ensure the key messages from road shows were delivered.

Importantly, the project also encouraged groups to address issues around mental wellbeing, and in the in-depth **fit as a fiddle** programme befriending sessions and social events were common, reducing isolation and giving beneficiaries an opportunity to make new friends. These sessions included activities such as a cinema group and a theatre

trip, arts sessions including origami making (which also benefitted clients with reduced mobility in their hands), and also meditation sessions hosted by one organisation

2.3 Project management and leadership

An initial signup visit was built into the delivery model. This had two key objectives:

- To explain the project and run through the commitments outlined in a Service Level Agreement.
- To ensure organisations had the infrastructure support to help source volunteers to deliver the project along with ensuring access to BME older people.

Projects varied in scope and size and infrastructure support which all had an impact on whether projects achieved their overall outputs. Issues such as sourcing sufficient numbers of BME older people, retention of volunteers including co-ordinators and the time commitment of some of the volunteers were all key issues in the delivery of the project.

Those projects with a good infrastructure did not always translate into high beneficiary numbers and vice versa. It was felt the key to project success and delivery of outputs was the co-ordinators role, and ensuring they were part of the initial sign up visit. Co-ordinators who had been involved in the sign up and attended the training were more likely to deliver than those who had co-ordinators assigned to the project but who found it difficult to empathise with the project as they were not involved from the beginning. Examples of this were the Benn Partnership Centre and the African Caribbean Centre, Manchester where the coordinator went on leave or left and therefore projects fell through as no one was available to help co-ordinate the volunteer activity.

Additional support had to be provided by Sporting Equals where co-ordinators were unable to attend the sign-up meeting and those who were unable to attend the training session as they didn't fully understand the commitment and communication from management hadn't been clear. On these occasions Sporting Equals had to use a 'hand holding' approach which included contacting the organisation on a weekly basis to ensure they were kept on track.

Overall however organisations managed well and were provided with ongoing support from Sporting Equals and signposting information throughout the duration of the project.

2.4 Project achievements

Through the training Sporting Equals empowered 1,224 older people from disadvantaged communities, giving them support through the volunteer networks and enabling these individuals to live healthier, fitter, more informed and less isolated ways of life. Similarly, Sporting Equals has exceeded the original targets for road shows (3,780) and has engaged with a total of 4,019 older beneficiaries.

The project has also developed a bespoke training programme with a focus on BME older people and their needs related to physical activity and wellbeing. This is a unique product which could be applied to other projects with a similar aim. Outcomes and impacts are examined in more detail in chapters 3 – 8 of this report.

2.5 Key successes and lessons learned

Despite the difficulties encountered in achieving a wide geographical spread for delivery, Sporting Equals managed to engage at least one project in each region. They have partnered with a wide range of faith and community organisations delivering to a diverse audience, and this is explored further in chapter three.

Some difficulties were encountered with the volunteer targets set for the project. The original target, set by Age UK centrally, was for each volunteer to work with six BME older beneficiaries. As the project developed, it was felt that this was difficult to achieve based on two factors:

- On average Sporting Equals trained seven volunteers per project, if each worked with six BME older people each, the organisation would need to have access to a minimum of 42 older people. Most of the BME projects were small and struggled with limited staffing capacity to carry out additional outreach work to help boost the number of BME older people they had access to.
- The time volunteers were able to commit to the project often limited their ability to work with six older people each. On average most volunteers were able to work with around four individuals which was a more realistic deliverable.

Difficulties with the targets was recognised by Age UK and resulted in an outcomes review with all National Partners in September 2011 when overall beneficiary outputs were reduced. The total revised outputs agreed for training and road shows were agreed at 4,500, however Sporting Equals has exceeded this target and engaged with a total of 5,532 older beneficiaries meeting its original target.

As mentioned in Section 2.3, the other key issue Sporting Equals found was that the project co-ordinator role was key to ensuring that the volunteers are able to deliver the outcomes of the programme. This point is evident as Sporting Equals lost two projects due to the loss of their leader / project co-ordinator. More could have been done internally within both organisations to keep the project going however the initial momentum had been lost as nobody else within the organisations knew about the project. The Merseyside African Caribbean Centre was also closed down due to other funding being withdrawn.

3.0 Key findings – impacts on equality and diversity

This chapter summarises Sporting Equals’s initial research findings on the need for focused interventions to engage with older people from black and minority ethnic communities, details the profile of participants engaged in the **fit as a fiddle** partner organisations, discusses the impact of the project in terms of equality and diversity, and looks at any lessons learned.

3.1 Need for faith and community focused interventions

The importance of engaging with faith and community groups in the **fit as a fiddle** project is clearly demonstrated by Sporting Equal’s initial research findings.⁵ The following key points illustrate some of the specific issues to take into account for older BME people.

Diversity and complexity of BME sector: The umbrella term BME describes many different ethnic, religious and linguistic groups with different patterns of migration and socio-economic circumstances that have settled in England at different times through history. These groups have come from the Indian sub-continent, the Caribbean, South East Asia, as well as from the EU Accession countries, Africa, Middle East and South America⁶.

Ageing and ethnicity: Black and minority ethnic groups make up over 16% of the population of England, but 8% of those aged 60 and over⁷. Black and minority ethnic groups tend to be much younger, although some groups, particularly those from Ireland and the Caribbean, have relatively large numbers of older people⁸.

Health and ethnicity: There are various influences on ethnic minority health including language, religion, diet, traditional medicine and health beliefs. Statistics show:

- The levels of heart disease, diabetes and strokes are significantly higher within BME groups⁹. This is one effect of obesity levels rising and is a commonality across most ethnic groups.
- South Asians are up to 6 times more likely and Black African Caribbean are 5 times more likely to develop diabetes¹⁰.
- African Caribbeans have a higher risk of stroke, hypertension and diabetes than the general population¹¹.

⁵ Summary Research report, Sporting Equals, 2010

⁶ Summary Research report, Sporting Equals, 2010

⁷ Office for National Statistics, estimated resident population by ethnic group, age and sex, mid-2007, (estimated statistics)

⁸ Summary Research report, Sporting Equals, 2010

⁹ Better Health Briefing 21, Race Equality Foundation Paper, Nov 2010

¹⁰ Diabetes and the disadvantaged: reducing health inequalities in the UK, Diabetes UK www.diabetes.org.uk Nov 2006

¹¹ Healthcare Commission. Evidence on Health Inequalities, Dr Veena S. Raleigh Giovanna Maria Polato, Nov 2004

- South Asian Women are less likely to do the recommended levels of exercise (3x30 minutes per week)¹².

Faith: Religious and faith commitments heavily influence the everyday lives of many BME older people. Research^{13,14} has suggested that there are general considerations when including faith groups in physical activity and exercise. It is important to recognise the complexities and differences within faiths and cultures and that culture and faith are intrinsically linked. For many older people with a strong religious allegiance, participation in sport and activity may be problematic because of the requirements of their faith, particularly with regard to single sex provision and the appropriateness of clothing¹⁵.

Diet and ethnicity: There is enormous diversity of culture, traditions and food habits both between and within different ethnic groups and even within a single family. Western influences on diet have affected traditional eating patterns to a considerable extent but many older people still retain their traditional eating practices. For example:

- Bangladeshi men and women are more likely to eat both red meat and fatty foods and are less likely to eat fruit than any other minority ethnic group.
- Pakistani men and women have the lowest vegetable consumption of all minority ethnic groups.
- Chinese men and women eat the most fruit and vegetables.
- The practice of adding salt to cooking is very common amongst South Asian and Chinese groups and is more common in Black Caribbean adults than the general population¹⁶.

Mental health and ethnicity: There are specific mental health concerns for older BME adults:

- There is a higher percentage of dementia and depression within BME communities¹⁷. Many cultural groups fail to recognise dementia as an illness and tend to attribute dementia to growing old¹⁸.
- The most common mental health condition amongst BME elderly individuals is depression¹⁹.
- The Irish have the highest rate of mental illness and depression of all the ethnic groups, as well as having the highest rate of suicides across all age groups²⁰.

¹² Sport England, Active People Survey 2, Oct, 2008, www.sportengland.org/research/active_people_survey.asp

¹³ Focus group research completed by Sporting Equals included in the Summary Research Report, Sporting Equals, 2010

¹⁴ Focus group research completed by Sporting Equals included in the Summary Research Report, Sporting Equals, 2010

¹⁵ Focus group research completed by Sporting Equals included in the Summary Research Report, Sporting Equals, 2010

¹⁶ Research completed by Sporting Equals in preparation of Volunteer Training Pack

¹⁷ The Mental Health Foundation, Culture and Care in Dementia, Dr Viniti Seabrook & Alisoun Milne, Jan 2004

¹⁸ Focus group research completed by Sporting Equals included in the Summary Research Report, Sporting Equals, 2010

¹⁹ Royal College of Psychiatrists, webpage www.rcpsych.ac/members/rcpsychnews/ Aug 2009

²⁰ Summary Research report, Sporting Equals, 2010

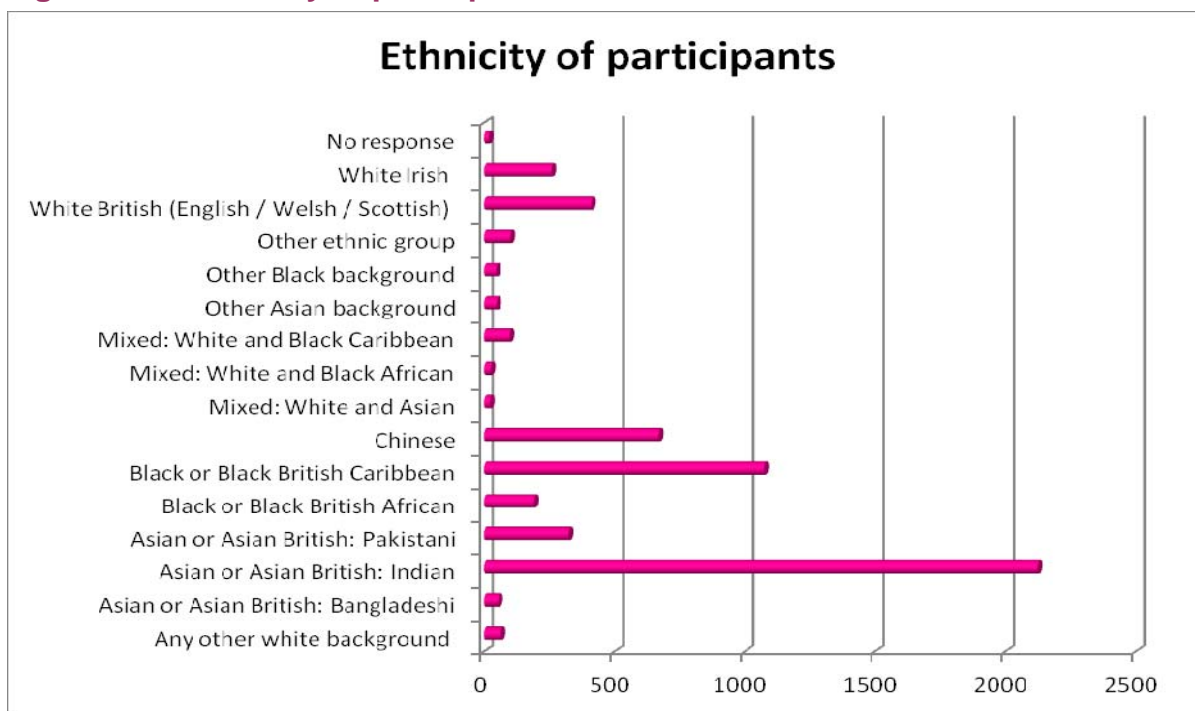
- Asylum seekers and refugee families are particularly at risk of a number of health issues due to facing social stigma and experiencing psychological trauma¹⁷.

In addition, Sporting Equals recently conducted a focus group with elderly Asian men and women which identified improving mental wellbeing as the key health need among their community. Asian women in particular were said to be isolated from the wider world, and often were limited to social interaction with family and at religious venues. The opportunity to share experiences of life, build a network of friends and partake in activities that they would otherwise never have exposure to significantly contributed to their overall wellbeing.

3.2 Profile of participants

Overall²¹ the **fit as a fiddle** faith and community strand engaged with 5,532 participants. Figure one details the ethnicity of participants. The project engaged most commonly with the Asian or Asian British community with the Indian community representing 38% of all participants, followed by the Black or Black British Caribbean community representing 19%, or just under a fifth of participants.

Figure one: Ethnicity of participants



The project engaged with individuals and communities from all major faiths in England (the religion of participants in the road shows is illustrated at figure two). The highest proportion of participants self-identified as Hindu or Sikh and represented 37% of participants overall, followed by 32% self-identifying as Christian. The sessional activities

²¹ Figures one and two provide details of the ethnicity and religion of participants in both the **fit as a fiddle** sessional activities and the one-off road shows. The data from monitoring forms has been collated and inputted to illustrate the actual number of people attending and the percentage figure this represents.

also included a relatively high proportion of Muslim participants, but there were relatively few Jewish participants engaged.

Figure two: Religion of participants

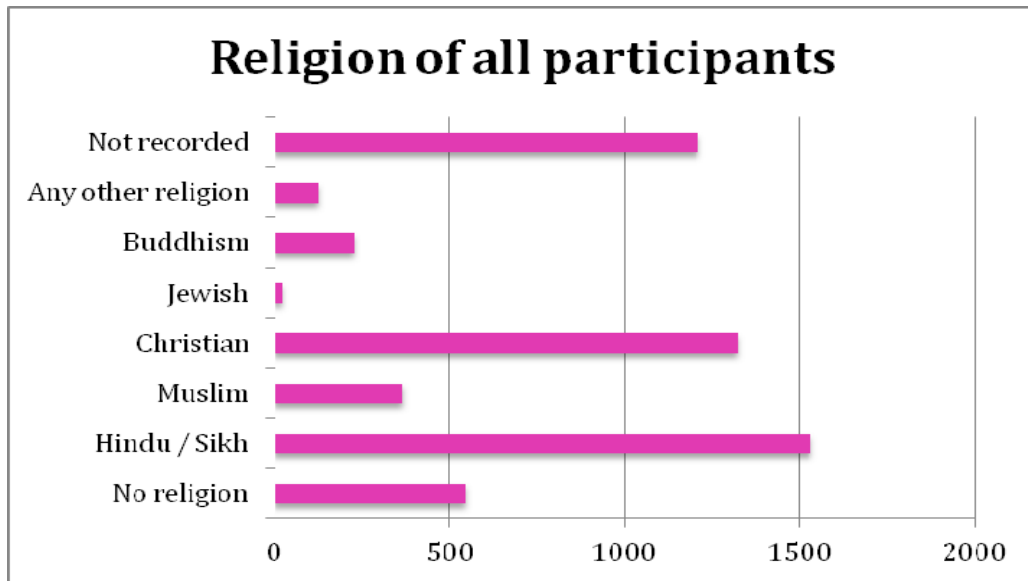
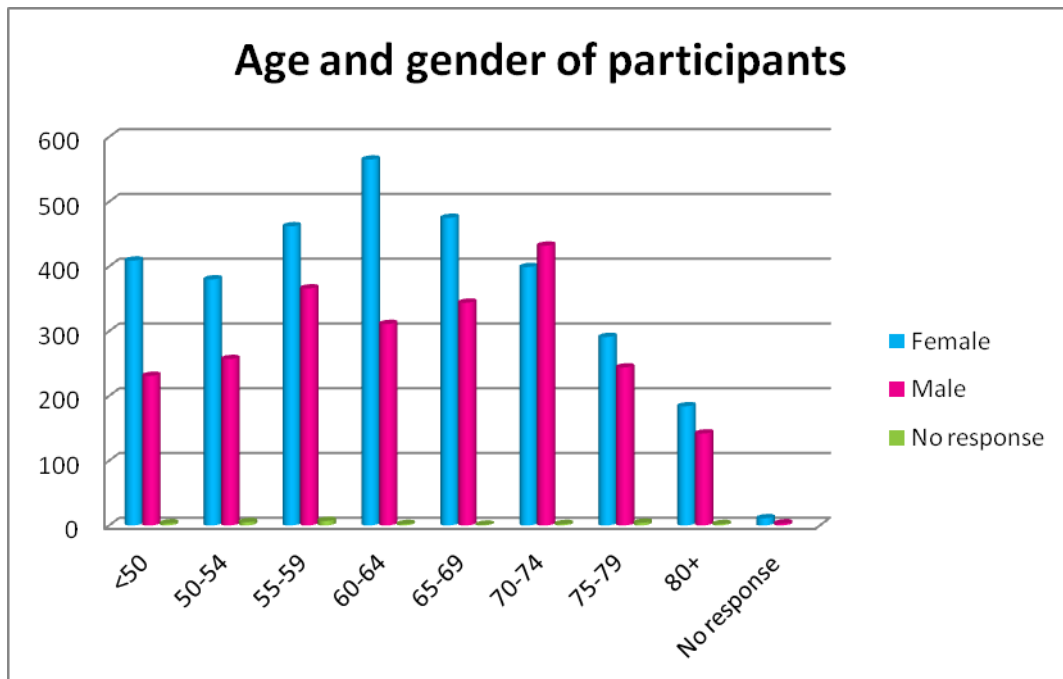


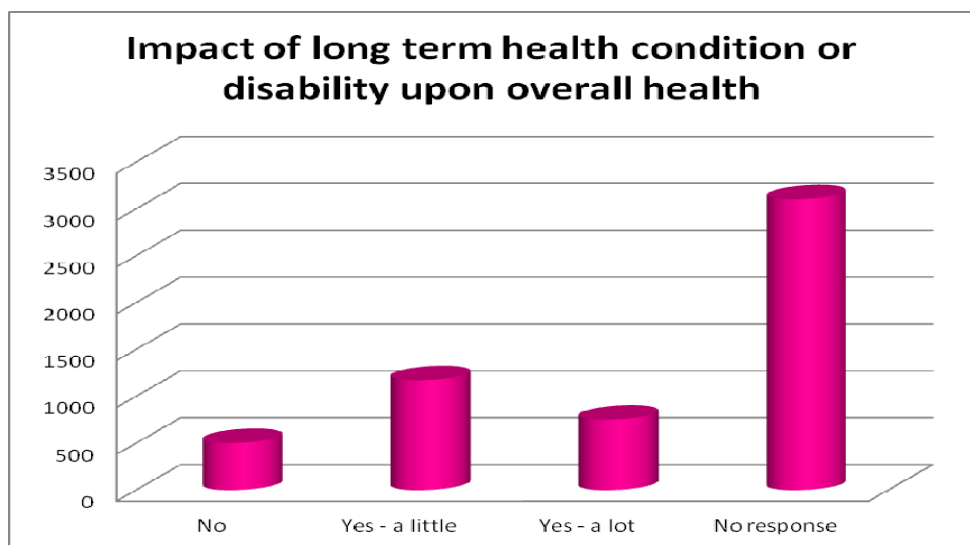
Figure three illustrates the age and gender of older people who took part in both the sessional activities and the road shows. The majority of participants (57%) were female. There was a fairly equal distribution of participants in the various age cohorts of 55-59, 60-64, 65-69, 70-74 at around 15-16%.

Figure three: Age and gender of participants



As illustrated in figure four, 44% of participants stated they had a long-term health condition or disability. Figure four highlights the impact of the long-term health condition or disability on their overall health with 35% saying there is an impact.

Figure four: Impact of long term health condition or disability upon overall health



3.3 Impact of the project on equality and diversity

The profile of older people participating in the **fit as a fiddle** faith and community strand demonstrates the success of the project to engage with its target audience. In addition, some partner organisations have been successful in working with older people with disabilities and limiting long-term illnesses such as dementia and stroke²².

“Although there was a high level of dementia among the group, participants who would normally sit quietly in a corner would suddenly come alive and become more alert when these sessions were on.” (Coordinator, Black Elderly Group Southwark)

One organisation reported²³ sessions which were specifically designed to engage with people with dementia. *“For mental stimulation we did word association and hand clapping games adapted from the school yard and tailored to the client group. So instead of using names we did it with coloured balls e.g. blue, green, red... We did a lot of bible readings and quotes for the day as a lot of the group were Christian. We would then have discussions around people’s faith and linked that into our reminiscence group – what did you do when you went to church in the 1950s? We would have little memorabilia around to jog people’s memory.” (Coordinator, Black Elderly Group Southwark)*

Another partner organisation, Barnet Elderly Asians Group, worked with housebound and disabled people who, due to mobility issues, were unable to access services. Once a week volunteers visited individuals who were unable to attend activities or attended

²² Source: Evaluation reports completed by project coordinators

²³ Source: Evaluation reports completed by project coordinators

infrequently in their home in order to give advice on health and food as well as supervise some home-based exercise.

An organisation working with the Asian community, Stratton Street Community Centre, reported²⁴ engaging successfully with Asian women by offering separate exercise classes for men and women which were facilitated by Punjabi and Hindi speakers. In their healthy eating sessions, they specifically targeted older people with diabetes encouraging participants to try new foods as well as providing information on diabetes. End of project evaluation research confirmed 41% of South Asian women (who are less likely to do the recommended levels of activity, 3x30 min a week)²⁵ were supported through this intervention.

3.4 Activities appreciated by participants

The partner organisations offered a wide range of activities to promote healthy eating, physical activity and mental wellbeing. Partner organisation evaluation reports reflected the type of activities appreciated by participants and which they found beneficial as illustrated by the following examples.

“The exercise needs of participants were identified and groups split accordingly. Activities included indoor bowls, yoga classes, tai chi, boccia and exercises to improve heart conditions and strengthen bones.” (Coordinator, Barnet Elderly Asians Group)

“[For healthy eating] This involved talks about changing eating habits and specific diets such as for diabetes and making available healthy snacks such as salad and fruit.” (Coordinator, Stratton Street Community Centre)

3.5 Targeting ‘disadvantaged’ groups

Often the faith and community partner organisations approached by Sporting Equals to take part in the **fit as a fiddle** project already engaged with disadvantaged groups and they advertised the opportunities to existing members. However most of these groups did not offer health and wellbeing activities and were keen to learn how they could use Sporting Equals to assist them with this offer.

Further strategies reported²⁶ by the partner organisations to widen external participation included:

- word of mouth to family, friends and community members. Language issues can be a barrier for mainstream organisations so projects said they looked at how they could use people in their own communities and mosques and local community centres to share that information.
- making contact with local organisations working with a target group.
- working with local GPs to encourage them to refer individuals.

²⁴ Source: Evaluation reports completed by project coordinators

²⁵ Sport England, Active People Survey 2, Oct, 2008, www.sportengland.org/research/active_people_survey.asp

²⁶ Source: Evaluation reports completed by project coordinators

One partner organisation reported:

“Relationship building was essential to the project. Community engagement with the Chinese community for example involved liaising with Chinese charities and businesses. Restaurants were used to spread the word about the project.” (Coordinator, Movers and Shakers Caribbean Style, Chinese Group High Wycombe)

3.6 Key successes and lessons learned

The **fit as a fiddle** project has been successful in engaging with a large number of older people from a wide range of ethnicities and faith backgrounds, as well as working with individuals with disabilities and limiting long-term illnesses.

A key message reported²⁷ from partner organisations involved in the **fit as a fiddle** faith and community strand was that without local community partners, mainstream providers would struggle to engage with disadvantaged communities. One partner organisation commented that by working together they are able to access diverse groups and ensure that services are delivered to all parts of the community.

A focus group with elderly Asian people at Halesowen Asian Elderly Association discussed the factors influencing their choice of health related services. They reported they were more comfortable receiving services where support could be given by individuals from similar backgrounds. This was felt to be important as they would understand the cultural context of their lives, communicate in their native language and generally be more aware and sympathetic of their needs e.g. prayer times, dress requirements, faith issues etc.

Location was also seen as a key consideration due to mobility issues, lack of transport and lack of confidence in travelling alone further afield to access services. The focus group reported that elderly people would not feel comfortable going to multiple venues to receive services but were most comfortable with established relationships within a familiar environment. Local provision set in the community, in non-threatening environments was preferred.

Concerns raised by partner organisation evaluation reports on areas of the programme which worked less well referred to language issues and the need to translate paperwork, and the fact that a financial contribution from the partner organisations was required (e.g. through staff time). Partner organisation reports demonstrated the valuable learning for organisations involved.

“There is a huge demand for health projects that can reach different communities. The organisation is now in a better position to contribute to delivering a quality service.” (Coordinator, Stratton Street Community Centre).

²⁷ Source: Evaluation reports completed by project coordinators

4.0 Key findings – impacts of volunteering

The key aim of the Sporting Equals cascade project was to work with community organisations to train volunteers to deliver activities with older people who might otherwise be excluded from healthy eating and exercise initiatives due to their cultural background. As noted, Sporting Equals delivered a rolling programme of two-day workshops with partner organisations, focusing on issues around culture and religion, healthy eating and exercise. Evaluation of the training programme was captured in an interim report detailing feedback from each organisation which has been fed into the findings of this report.

Across the 39 partner organisations participating in the project, 289 volunteers participated in the training programme. Volunteers engaged across the projects were from a diversity of backgrounds – some organisations had intentionally sought to ensure this was the case and in one example, the organisation had used volunteers aged between 30 and 70, while another recruited volunteers who were all in their late teens and early twenties to develop an inter-generational focus. One organisation had recently made staff redundant and this cohort made up some of the volunteers, while another drew volunteers from participants of existing activities and groups. Volunteers were not always from the same ethnic group as those they would be working with in the delivery of the project.

Tasks undertaken by the volunteers were varied and ranged from supporting older people with exercise sessions, through to leading discussion groups and cookery classes. Generally, volunteers found their experiences of volunteering on the **fit as a fiddle** project to be positive, and also found the training to be useful. This section of the report explores those experiences more widely and also explores the impact of participation on the volunteers themselves, the wider community and on the partner organisations.

4.1 Impacts on the volunteers

In feedback provided by a sample of volunteers²⁸ through monitoring forms, volunteers expressed that they had found their experience to be interesting and rewarding with a majority stating it had also been fun. Some felt it had been challenging, but none stated that it had been difficult.

The training report noted that volunteers were enthusiastic about the training and found it useful²⁹. More importantly, volunteers also seemed to take on board the key messages about healthy eating and activity themselves, and the trainers noted *“it was clear that they had benefitted from the learning and begun to make positive changes to their own lifestyles”*. One volunteer noted:

²⁸ Source: Nine volunteer evaluation forms

²⁹ Source: Trainer's evaluation report

*“I am now ‘living the theory’ and I’ve made changes to my own diet and my family’s diet”
(Volunteer, Chinese Group High Wycombe)*

As a result, the volunteer’s husband has lost a stone in weight and has reduced his blood pressure, while another volunteer noted she was now feeding her grandchildren more healthily³⁰. As a result, the impacts of the programme have been felt far beyond those direct participants in **fit as a fiddle** activities (i.e. a cascade effect).

Volunteer case study: Sophia ³¹

Sophia is a volunteer at a community based organisation in London and has participated in some of the **fit as a fiddle** activities as a beneficiary.

Sophia enjoyed the training and thought it covered everything that was needed to help deliver the project successfully. Sophia thought the trainer was ‘excellent’ and described the course as being an ‘eye opener’. She has tried to put everything into practice and feels more confident, uplifted and motivated to help others. She described a situation where a person she had been supporting was able to pass on the learning to someone who had suffered a stroke and encouraged them ‘not to give up’. This really helped the participant and had been a great encouragement to Sophia.

Sophia has enjoyed seeing so many people benefitting from the project. She feels one of the main positives for her has been seeing individuals growing in strength and feeling better in themselves. Sophia described how the project has helped to reduce levels of depression and loneliness amongst the cohort by giving participants something to look forward to. She feels participants have enjoyed the one to one support ‘which is not the same as watching a health programme on tv’. Participants have also learnt how to co-operate as a group. Although Sophia felt the training and support had been excellent, she felt that the project could have benefited from more help to source and fund equipment, for example boccia balls (an activity which is covered in detail in the training for volunteers).

Feedback from partner organisations in project visits conducted by Sporting Equals expressed the view that the volunteers had been given an opportunity to develop their own knowledge, including that around the needs of older people and differences between cultures. It was also felt that volunteers had been able to meet new people and build skills and positive experience for their CVs, as well as softer skills such as self-confidence and self-esteem. One partner organisation noted that their volunteers had

³⁰ Source: Sporting Equals interviews with volunteers during project visits

³¹ Source: Sporting Equals interviews with volunteers during project visits

been inspired to try new things as a result of their participation, and that some were now taking English classes³².

4.2 Impacts of volunteering on the local community

As noted, volunteer roles in the delivery of the project were varied but mainly focused on the delivery of a range of activities with beneficiaries, as well as on attracting new service users to participate in the projects. The project report for the Moreland Trust notes that:

“Volunteers have impacted on other people from their communities by promoting healthy living and increasing awareness about mental health issues, exercise and healthy eating”.

This was echoed elsewhere in feedback about the project. For example, people of Asian origin felt that learning about healthy lifestyles and increased physical exercise was very important to potential beneficiaries, but that mental wellbeing was of even greater importance, particularly amongst elderly Asian men and women who were perceived to be isolated and to have limited social interaction outside of family life and religious gatherings³³. In particular, it was felt that by giving this group the opportunity to participate in new activities it would allow them to build a new network of friends and acquaintances and would contribute significantly to their overall wellbeing and that of the wider community.

Word of mouth was very important in ensuring more people could be made aware of and access services provided³⁴. The volunteers spoke about how they had told others about the benefits of the service and their role as ‘community ambassadors’ was seen as being crucial to ensuring more people benefit from the organisation’s work.

As noted above, the volunteers have been actively making changes to their own lifestyles and to those of their families. One partner organisation (Stratton Street Community Centre) echoed this in their project report, stating that volunteers have been sharing their skills even more widely than their own families and that they have been disseminating information amongst the wider community, emphasising the long term impact of the project.

4.3 Impacts of volunteering on the organisation and partners

Sporting Equals have not used volunteers for their own delivery and coordination, but have provided the training to the partner organisations to up skill their volunteer workforce and ensure volunteers are equipped to deal with the cultural needs of BME groups. The impacts of participating in the project for the partner organisations themselves were generally very positive, with a number noting in their project reports that the training and experience gained through involvement in the project had contributed to increased organisational capacity. Several organisations expressed that they now have a

³² Source: Project report, Stratton Street Community Centre

³³ Source: Focus group held with volunteers as part of end of project evaluation

³⁴ Source: Focus group held with volunteers as part of end of project evaluation

pool of skilled volunteers to draw from for future delivery, which could enable them to increase the range of services available to the community.

Some partner organisations had felt challenged by the amount of work, and this matches feedback from the trainers that small organisations need help to create good volunteering opportunities. One organisation reported,

“we had to hand-hold the volunteers more than we expected” (Coordinator, North East).

However, other organisations found that more volunteers wanted to be involved than had been trained, and felt that the programme had ‘brought us all together’ through the volunteering opportunities. This was echoed by another project coordinator, who stated that the experience had been an excellent team-building exercise and had provided an opportunity to *“solidify what the organisation is and what we want to do” (Project Report: Black Elderly Group, Southwark).*

Some participating organisations were inspired by the programme to develop their offers to incorporate other related issues, and in one case this was the prevalence of diabetes in the Asian community. Another partner is currently undergoing a reorganisation process which will develop a health worker post to work alongside the volunteer coordinator on similar projects going forward.

4.4 Key successes and lessons learned

Volunteers gained many benefits from taking part in the project and also provided benefits for their wider communities and for the organisations they worked with. Their commitment to delivering the project and to developing their skills and knowledge base has meant that the organisations now have a pool of volunteers to draw from, and in some cases this means a continuation of some delivery beyond the end of the **fit as a fiddle** funding. On a personal level, the volunteers have gained in self-esteem and self-confidence, and have applied learning from their training to their own lives.

There were some negative impacts raised in feedback from volunteers, although these were few and far between compared to the positives. One volunteer interviewed noted that she had found it very disappointing when no one had attended an activity which she had worked to establish, despite previous positive feedback about it. Another organisation found that their older people had been very reluctant to provide personal information for the monitoring forms, and the young volunteers had found this upsetting and difficult to manage. In this case, it would appear that the volunteers could have benefited from support and mentoring around resolving the specific issue.

5.0 Key findings – impacts on older people

This chapter looks at the impact of the **fit as a fiddle** faith and communities strand on older people from a broad range of black and minority ethnic communities who took part in the programme. With the support of the trained volunteers, older people were encouraged to take part in physical activity, to make small changes to their diet and to become involved in other activities to improve mental wellbeing. This chapter highlights their outcomes, and a detailed case study prepared for the programme-level evaluation (by Ecorys and Keele University) is included in Annex Four. This is supported by an Impact Report provided by Ecorys, Annex Three which is summarised in table format below:

ECORYS ANALYSIS OF IMPACT ON OLDER PEOPLE		
Activity		Change
Five portions of fruit and vegetables a day		Unchanged*
Walking	30 minutes a week	40 minutes a week*
Activity that made them breathe harder	67.5 minutes a week	90 minutes a week*
Strength and Balance	60 minutes a week	105 minutes a week*
Mental Wellbeing		Moderate increase*
Satisfaction with life as a whole, 0–10 scale (where 0 was 'extremely dissatisfied' and 10 was 'extremely satisfied').	7.6	8.5*

***Please treat figures with caution, as the sample size was very small - see Annex Three for additional detail.**

5.1 Impacts on healthy eating and diet

The faith and community strand cascade training sought to raise awareness of specific dietary issues for a range of BME communities with an overall message that older people tend to eat too much saturated fat, sugar and salt and not enough dietary fibre or fruit and vegetables each day. A key aim was to improve awareness of natural ingredients, preparation techniques and proportion control. Activities offered by the partner organisations included looking at healthy cooking methods, food hygiene, and specific diets for common illnesses such as diabetes and heart conditions.

The evaluation reports from partner organisations looking at the impact of the activities all stated an improvement in healthy eating and diet of the participants with the majority of participants responding positively to new ideas.

"The elderly people now eat more vegetables, although at times this is still begrudgingly. Participants are now also more likely to ask for more fruit and water throughout the day." (Coordinator, Black Elderly Group Southwark).

Partner organisation staff also commented that the impact of the healthy eating activities had resulted in some older people thinking beyond the meal content to wider issues related to diet and health.

"It has been an eye opener for some older people as they did not know some of the risks associated with their lifestyle" (Coordinator, BME Network Middlesborough).

The coordinator at Movers and Shakers Caribbean Style, Chinese Group High Wycombe noted participants were now more aware of portion control. Another coordinator at Moreland Trust commented that participants were now more mindful of their shopping habits and what they actually purchased. They were also more likely to read product information to find out what was actually contained in the foods before buying.

"There has been a culture change so elderly people are now in a place where they can manage their health better" (Coordinator, Movers and Shakers Caribbean Style, Chinese Group High Wycombe).

A sample of evaluation forms completed by older people taking part in healthy eating activities at a range of organisations stated they had made changes to their diet. Comments from older people included:

- *"Eating more healthily"*
- *"Eating less at mealtimes"*
- *"More fruit and vegetables"*
- *"More fruit and water"*.

Case study: benefits of healthy eating

Sana, a South Asian Elderly Volunteer has been attending a local voluntary community based organisation for two years. She communicates only in Punjabi and is a volunteer in the kitchen. Sana took part in the **fit as a fiddle** project including the exercise classes and food advice sessions. She has really enjoyed the experience and has made new friends. Sana reported that she has lost weight and feels more relaxed. The activities have really helped her mental health. She has learnt how to cook more healthily and now uses less oil when cooking Indian food. She would like to continue taking part in the project should this be made available at the centre.

5.2 Impacts on physical activity and exercise

A wide range of physical activity and exercise sessions were offered by the partner organisations taking part in the **fit as a fiddle** faith and community strand. The cascade training emphasised the importance of physical activity to maintain or improve an older person's health including fall prevention, improving balance and increasing flexibility. The variety of activities delivered in the programme ranged from sport and keep fit exercises to less strenuous strength and balance activities, such as Tai Chi and chair-based exercises.

There was evidence of positive impacts for participants, with benefits instantly noticeable³⁵. *“The chair based exercises had an immediate improvement to his stiff legs.” (Coordinator, Sikh Messenger)*

“As a result of taking part in the exercise classes participants have improved flexibility and are generally feeling better. Participants have experienced improvements in health conditions such as arthritis and have been encouraged by seeing their own progress.” (Coordinator, Stratton Street Community Centre)

At Stratton Street Community Centre, staff commented that older people had made significant progress in 12 weeks, with participants demonstrating loss of weight, feeling healthier and less stressed, enjoying the exercise to music and overall showing improved self-confidence and self-esteem. Participants had adopted a serious approach to the sessions finding the activities challenging and wanting to make the most of the opportunity offered.

Partner organisation coordinators³⁶ noted the enthusiasm with which many older people engaged with the physical activities and felt that this would lead to maintaining improved activity levels.

“Many of the participants will continue with some level of physical activity after fit as a fiddle finishes as they have ‘loved’ this part of the project. One participant said he now plays ‘squidgy ball’ at home.” (Coordinator, Black Elderly Group Southwark)

Another partner organisation noted that the programme had helped raise awareness of opportunities for physical activity in daily life with some participants benefitting from small changes in their routine.

“Participants were more mindful of the need to incorporate exercise into their lifestyles and were more aware of how this could be done through daily activities. Some participants now walked to the next bus stop. One participant had joined a swimming class” (Coordinator, Moreland Trust).

Findings from one partner organisation, Sikh Messenger, showed that they had seen ‘a step change’ in older beneficiaries who had been unable to do basic activities without help before the **fit as a fiddle** project and were now much less sedentary.

³⁵ Source: Evaluation reports completed by project coordinators

³⁶ Source: Evaluation reports completed by project coordinators

A sample of 33 evaluation forms completed by older people who had taken part in the physical activities and exercise sessions reported increased levels of activity per week, with levels ranging from one to four hours and demonstrating an average of two extra hours of activity per week.

Case study: benefits of physical activity

An elderly Asian male, aged 64, joined the **fit as a fiddle** sessions through a Sporting Equals project in the Midlands. He took little exercise because his asthma would often worsen during physical activity. His GP advised him to lose some weight and try Tai Chi to improve his general health and asthma.

He actively took part in the Tai Chi exercise and enjoyed it very much. He is now practising Tai Chi 3 to 4 times a week and has started looking at other ways of improving his physical activity levels, for example walking or gardening. He does not get breathless as frequently as before, and has lost 6kg in weight.

5.3 Impact on mental well-being

The partner organisations taking part in the **fit as a fiddle** faith and community strand delivered a range of activities designed to impact on mental wellbeing for the participants. The physical activities and healthy eating sessions offered as part of the other two strands were seen as directly linked to achieving outcomes for mental wellbeing. For example, gentle exercise or relaxation through yoga, alongside changes to diet to increase intake of valuable nutrients can make a positive difference to mental wellbeing. In addition, partner organisations offered opportunities for shared experiences, reminiscences and activities to keep the mind active.

Qualitative evidence³⁷ from project coordinators demonstrated a significant impact for many participants who benefitted not only from the social interaction but the consequent effects of improved health and mental wellbeing.

“Many of the participants suffer from stress and depression as a result of having nowhere else to go and living isolated lives. This project has really benefited Asian women by providing a social network and opportunities to take part in health related activities. Participants have reported that they are now visiting the GP less and feel more relaxed and are suffering from less headaches.” (Coordinator, Stratton Street Community Centre)

The benefit of interventions to reduce isolation and loneliness was a recurrent response in the evaluation forms completed by staff. Partner organisations reported that the activities successfully encouraged participants to come out of their own environment and join in learning and getting involved with other people. One organisation working with the

³⁷ Source: Evaluation reports completed by project coordinators

Muslim community had timed their healthy eating activities, offering fruit kebabs and smoothies, to be available after Friday prayers.

“A lot of older people didn’t have an opportunity to socialise, somewhere to come and meet people, have a cup of tea. This has improved social interaction. People usually go to the mosque and then back home, but his has offered a social activity too.” (Coordinator, BME Network Middlesborough)

fit as a fiddle was seen as an opportunity to socialise, learn new ideas and have some fun leading to increased confidence of the participants, as demonstrated by the following three examples.

“fit as a fiddle has contributed to reducing the isolation and loneliness which is prevalent among elderly people.” (Coordinator, Moreland Trust).

“Taking into account the high level of dementia the group has increasingly gained in confidence and are now happier to join in activities” (Coordinator, Black Elderly Group Southwark).

“There has been an increase in confidence and self-assurance” (Coordinator, Movers and Shakers Caribbean Style, Chinese Group High Wycombe).

One partner organisation reported how the impact of the activities had led to changes in behaviour outside the sessions helping participants to benefit from longer-term improvements in mental wellbeing.

“Participants are more aware about the importance of reading books and newspapers as a way of learning and keeping the mind active. Some participants reported that they now engaged more with their grandchildren and joined in with their activities and generally were more active in family life. This has contributed to feeling less isolated and lonely” (Coordinator, Moreland Trust).

Case study: impact on mental wellbeing

An Irish female volunteer aged 64, from one of the West Midlands regional projects discovered Tai Chi for the first time and really enjoyed it, so much so, that she has introduced this to her older beneficiaries. The volunteer has found that her befriending volunteering contributes to the mental wellbeing of the ladies she supports, she loves to have a chat and has introduced them to activities like Tai Chi and Aqua Aerobics which has impacted their mental wellbeing. She has found that through activities the ladies are happier and are inclined to share their experiences with family and friends as well as becoming more active. The volunteer states *“it’s the small things that make the biggest difference”*, activities which can be done collectively help to reduce social isolation. Her befriending role has made people interact better as well as encouraging healthier lifestyles.

5.4 Key successes and lessons learned

The partner organisation evaluations of the **fit as a fiddle** activities highlight key successes of the programme and some valuable areas for further development. They report positive changes in behaviour for participants as a result of information and activities on the benefits of healthy eating, physical exercise and overall mental wellbeing. They also highlight the type of support older people wanted in order to be able to make changes. Activities offered by partner organisations were tailored to the needs of the individuals taking part to allow for different ability levels. Participants needed support and encouragement to “*come out of their own environment to learn with and get involved with other people*”. (Coordinator Moreland Trust)

Qualitative evidence³⁸ gained from site visits carried out by Sporting Equals stated how the **fit as a fiddle** project fitted well within the ethos of the participating organisation complementing existing provision and providing the organisation with an opportunity to focus on health issues for BME communities. Delivery of the **fit as a fiddle** activities had often led to an increased number of service users as word spread to family and friends. This demonstrates the popularity of the activities and an appetite for more.

*“The organisation has seen a dramatic increase in the number of older people wanting to attend the **fit as a fiddle** funded yoga classes and healthy eating lunches. The activities have enhanced the membership of the organisation”* (Coordinator Sikh Messenger).

Key learning from the programme³⁹ includes the impact of the activities on participants within a relatively short period of time.

“Surprised to see the level of progress made by participants” (Coordinator Stratton Street Community Centre). In addition, Stratton Street Community Centre noted:

“I think the best thing we have learned from it is that people have the capacity to do a lot more than we give them credit for, although they may need practical support to get there. People come along and by the look on their faces, they expect basketball. They begin to expect different activities”.

Barnet Elderly Asians Group commented that for them the most difficult part of the project was trying to encourage individuals to change their eating habits. They suggested a gentler approach in future where participants are initially supported to think differently about eating before being asked to consider changing their diet.

Key learning for the Black Elderly Group Southwark working with older people with dementia and older people who have had strokes was that they all missed actual cooking. The planned sessions on foods and how to use them more healthily had to be amended to focus on the practicalities of how they might be able to prepare their own food. The organisation worked with the participants to help them access adaptations, kitchen chairs, handholding equipment and so on.

³⁸ Source: Evaluation reports carried out by Sporting Equals on site visits to partner organisations

³⁹ Source: Evaluation reports completed by project coordinators

One partner organisation noted that fully engaging with older men on the subject of healthy eating may be difficult. The project report completed by Sporting Equals following a site visit to Sikh Messenger noted reluctance on the part of some of the older men to fully engage in the physical activities and healthy eating aspects, and that they preferred to just enjoy the social environment. Men of that age group advised that they did not cook the meals so the healthy eating message was best given to the female person in the household.

A repeated difficulty encountered by organisations was the completion of the post intervention evaluation forms by older people who had taken part in the activities. Even when volunteers offered to help with the actual completion, organisations reported older people were very suspicious of why the data needed to be taken and some genuinely did not know their precise date of birth.

Ease of access and location of activities emerged as an important factor for Coventry Irish Centre. They offered aqua aerobics at a swimming pool outside town but the activity achieved low attendance due to time taken to travel there and poor transport links.

6.0 Key findings – health literacy

This chapter looks at the different health resources from the national cascade programme used by the faith and community strand to support health literacy. The health resources were used to inform the training programme, the development of the training manual and subsequent **fit as a fiddle** activities.

6.1 Resources used

A substantial amount of background research was carried out by Sporting Equals around health literacy to support parts of the training and in particular the 'healthy eating' and 'mental wellbeing' sections of the training pack. Resources such as the 'Eat Well' plate, 'Motivational Circle' and information from the mental health foundation was accessed to help inform and develop the pack to ensure volunteers gained a firm understanding of health literacy and the key issues in these areas.

As part of the training Sporting Equals promoted the NHS free smoking kit which included:

- Smokers Tangle to help keeps hands busy
- Quit Planner
- Health and Wealth Wheel
- Willpower Booster
- Facts about smoking
- Reminders about the dangers of smoking

Sporting Equals also referred volunteers to the relevant NHS website, which contained details on the toolkit.

In addition, the trainer signposted volunteers to the Age UK Website to access the following health publications:

- Healthy Eating, Your Guide to Eating Well, Health & Wellbeing, Age UK, Sept 2011
- A Holistic Approach to a Healthy Body and Mind, Age UK, July 2009
- Equalities and Human Rights Good Practice Guide, Fit as a Fiddle, Age UK, Nov 2010
- Saltfish, peppers rice and peas, Healthy Ageing, Healthy living for older people in African and Caribbean Communities, Age Concern, 2007

The following information was also promoted by Sporting Equals:

- Healthy Eating, Maintaining a healthy diet, Advice for older people, The British Dietetic Association, Help the Aged, June 2008
- The Goodlife, Great tips on feeling healthy and enjoying life to the max, eatwell, Food Standards Agency, August 2007, eatwell.gov.uk
- The Diversity Game, The game of people, faiths and cultures, £29.95. This was promoted to help people develop a greater awareness of different cultures and faiths.
- GRUB, Play your way to 5 a day, £11.00. This was promoted to encourage people to use the game as a way of encouraging older people to lead healthier lifestyles. The grub game was given out as prizes to two organisations as part of the regional pilot.
- PRIAE Get Active Today DVD, A culturally sensitive DVD to inspire, motivate and encourage people who work (or care) for older people and to inspire, motivate and encourage elders from the black and minority ethnic (BME) communities to be more active, £10. This was used to encourage people to make use of existing learning in their approaches to motivating BME older people.
- Ageing and ethnic diversity in the UK, PRIAE, 2003, £9.99. This was promoted to build awareness of the key issues around diversity in the UK.

6.2 Usefulness of resources

Feedback from the Sporting Equals end of project trainers' report stated that *'the course was well received with mostly very positive feedback regarding the content of the course and the positive interactive methods used in the training have developed learning'*.

Feedback from end of project evaluations suggests that most volunteers felt that the two day training and volunteer pack was comprehensive enough to give them the information they needed without the need for accessing additional resources. This may have however been more to do with time as the volunteers were more concerned with ensuring they focused on BME older people and achieved their overall outputs rather than the need to increase their knowledge in this area, bearing in mind Sporting Equals support resource was available.

Some of the 'train the trainer' volunteers (see page 8 of the report), did however access these resources to help build their knowledge in areas to support their personal development, however most felt the emphasis should be to get familiar with the training pack. As part of the personal development plans Sporting Equals recommended that all the 'train the trainer' volunteers accessed this signposting material to build their knowledge base and expertise in this area.

7.0 Key findings – impacts on partnerships and sustainability

This chapter of the report examines how participation in the *fit as a fiddle* project impacted on partner organisations in terms of management and capacity, and also looks at how those organisations identified and secured partners for delivery themselves. This chapter also looks at how partner organisations view the sustainability of the project and the volunteering model.

7.1 Partnerships

Sporting Equals took the lead on coordinating the training of volunteers and coordinated the monitoring process. Alongside this, it supported 39 partner organisations across the country to engage with older BME groups to enable them to become more active and more healthy, which in turn has led to greater mental wellbeing.

Some partner organisations sought links with other community groups to enable volunteers to reach new participants or for support in delivering certain activities. For example, one organisation utilised their relationship with the local Caribbean Youth Centre, with their members attending to help deliver activities. Other partners commonly engaged included local NHS staff and services (particularly in the case of the road shows), which would attend events to provide blood pressure and health checks.

72% of organisations reported that they had established some form of partnership links with agencies such as the Primary Care Trust or NHS, community groups, sports groups, exercise instructors, local authority, British Heart Foundation and other BME voluntary groups. Partnership approaches have led to additional capacity support within projects.

23% of organisations confirmed that they were helped in delivering the project through 'in kind' support with partners offering facilities at reduced rates, free equipment and free information and advice along with the sharing of resources.

56% of organisations stated that they would continue to maintain the partnership links. The impact of partnership links stated by organisations included stronger working relationships, referral links, befriending services, staff awareness of user needs and agencies which could help, along with increasing networks with partners and links to funders.

7.1.1 Lessons learned

There was some diversity amongst the types of organisations engaged in delivering the project. Some of those involved were small community-based organisations with a small number of paid staff, and these organisations were primarily volunteer-led. There were some lessons learned in how to best work with such small groups.

In the training report some concerns were identified in light of the capacity of some of the smaller organisations to meet their target of each volunteer working with 6 older people. Partly, this was borne of concern that some trainees were new to volunteering and perhaps lacked the self-confidence to take the delivery forward, but also that some small organisations lack the structures to support volunteers adequately. It may be that for these organisations to continue working in this model that they would need a level of capacity building and support from funders to develop long term sustainability and continuation of this impact into the future.

One community organisation expressed that they had been limited in what they could do by the programme's national priorities – it was felt that more flexibility was needed for small organisations working with specific community needs, and that if they had been able to have more freedom over setting their own targets or priorities then they may have achieved greater levels of success.

7.2 Sustainability

79% of partner organisations stated that they would be continuing with **fit a fiddle** activities after the project had ended. Three of the organisations; Stockton BME, Halesowen Elderly Group and Leamington Spa Asian Elderly Group have managed to secure additional funding to continue activity; however the remaining groups all confirmed that the support provided from volunteers would help them continue with activities. Some organisations are reliant on donations or fees however many are opting for low cost options such as walking, gardening, Wii Fit, board games, arts and crafts, gentle exercise etc. to allow them to sustain activity long term.

79% of organisations also reported that they have sustained some FAAF volunteers, 33% reported that they had managed to sustain all the volunteers with the rest stating that they had managed to sustain some volunteers (mainly between 2 and 5 volunteers). The greatest impact has been with the Nishkam Centre in the West Midlands who have confirmed that five of the original volunteers have used the information from Sporting Equals to support new volunteers which demonstrates the added value and sustained impact of this intervention.

There was general enthusiasm for keeping project activities going and to develop them further into other areas of work. Projects found that the programme had raised interest amongst beneficiaries who became keen to continue their involvement. One organisation noted that they would respond to beneficiary demand when deciding what activities to continue stating *“you can tell which were the one off activities as they were the ones they [beneficiaries] fell asleep in”* (Coordinator, Black Elderly Group, Southwark). This organisation planned to give their participants a list of activities that had taken place and ask them which they would like to continue. Wherever possible, the organisation would strive to carry on delivering the main choices. Other organisations also noted their intention of carrying out a review of activities and only continuing with the most successful.

Problems have arisen in securing funding to keep delivery going, particularly for specific activities. In some cases, volunteers are still in place to deliver activities but covering the

overheads of the buildings and facilities needed to host the groups has proved problematic in some cases⁴⁰. However, some organisations noted that in a time of limited funding availability, the fact that they had an improved, stronger volunteer base meant that they could look towards using volunteers for delivery in lieu of paid staff. Others were looking to local businesses (such as yoga studios) to up skill volunteers to provide yoga sessions in the longer term⁴¹.

In terms of funding, it was common for organisations to report the intention to charge for activities at the end of the **fit as a fiddle** project. In all cases, this would be a nominal fee to cover delivery overheads. One organisation noted in their interviews that the project had prompted dialogue with the local NHS trust and on finding out that there is a high level of diabetes in the Asian population, are now seeking to build activities specifically to address that⁴². Another will seek to tie the activities in to existing funding for healthy living. In cases where activities will cease due to lack of funding, it was noted that organisations would do so reluctantly as in general, the activities have been well received⁴³.

⁴⁰ Source: Interview with Project Coordinators, End of Project Evaluations

⁴¹ Source: Interview with Project Coordinators, End of Project Evaluations

⁴² Source: Interview with Project Coordinators, End of Project Evaluations

⁴³ Source: Interview with Project Coordinators, End of Project Evaluations

8.0 Key findings – economic value of the project

8.1 Key findings

Each **fit as a fiddle** partner organisation received a small amount of funding to cover volunteer expenses, CRB checks and for putting on activities. Costs relating to staff time contributions such as volunteer coordination were covered by the partner organisations themselves. Costs for delivering the training was free at the point of delivery for each partner organisation. As noted elsewhere in this report, 289 volunteers were trained and they supported 1,224 people to participate in the project.

Taking into account the costs incurred by Sporting Equals, the project has been delivered for a unit cost of £47.09 per beneficiary; although this does not take into account overheads or staff time from the partner organisations, it represents excellent value for money considering that the project has resulted in the development of a bespoke training package as well as delivering to a high numbers of beneficiaries.

Cost contributions from Sporting Equals to the partner organisations hosting road shows varied according to the size and scale of the event. Costs usually covered the expense of putting on activities, volunteer expenses, bringing in key speakers as well as marketing and translation support. Roadshow events reached an audience of 4,126 people and when taking into account the road shows alone, unit cost were exceptionally low at £5.04 per beneficiary. This however does not factor in any costs incurred by the partner organisations, which was often given for free and the delivery of the event which was often supported by a volunteer infrastructure.

The project as a whole reached 5,532 people and provided them with opportunities to explore healthier lifestyles, supporting them to make positive changes to their eating habits, activity levels and general mental wellbeing. The positive qualitative impacts for all involved have been explored elsewhere in this report, but quantitatively the project has also offered good results. The added value unaccounted economic benefit includes the cost of staff time from projects which was given for free alongside the volunteer hours which aided both the training and the roadshows.

The added value of a sustained volunteer base, ongoing delivery of activities and sustained partnership links have also brought a number of additional economic benefits which need to be considered in light of the project as a whole.

9.0 Conclusions and recommendations

9.1 Conclusions

The **fit as a fiddle** faith and community cascade training programme engaged over 1,200 people from disadvantaged communities through their activities and trained 287 volunteers giving them new skills and knowledge plus increased soft skills such as increased confidence and self-esteem. The introduction of the road shows meant that the message could be carried to an even wider audience, reaching over 4,100 people who attended and benefitted from sessions on the three **fit as a fiddle** outcomes; healthy eating, physical activity and mental wellbeing.

Although Sporting Equals initially faced difficulty in engaging organisations in areas with low levels of BME and faith communities, they have achieved a wide geographical spread and partnered with a wide range of faith and community organisations. The cascade approach has meant that the projects engaged as partners have been able to reach some of the most isolated groups who would be unlikely to engage with mainstream provision.

The focus on religious and cultural issues in the training package has meant that participants have reported that their preferences in these areas were respected. On several occasions Sporting Equals has either used external interpreters or internal trainers who are conversant with languages to ensure groups with language difficulties are not excluded and can also be supported to help make a difference to older people's lives through the project.

Feedback was consistently positive about the training received (even though some participants would have liked more). The use of Sporting Equals expertise and research in putting together the extensive preparatory and development work contributing to the training model content (including two pilot phases) has made a significant impact. This strength has been clearly reflected in the fact that volunteers are taking on board the key messages from the training themselves and are acting on the advice given.

The partner projects frequently reported that the training and experience gained by the volunteers has also had a positive impact on their organisations, providing them with a pool of culturally sensitive, skilled volunteers able to take delivery forward in a time of restricted funding opportunities. This demonstrates the long-term impact in relation to continuation of some of the work delivered by **fit as a fiddle** following the end of the project. However, although project delivery has been volunteer-led, it is clear that partner organisations need sufficient structures to support the volunteers engaged.

Research from the project identified that 92% of South Asian Women do not do the recommended level of activity⁴⁴ (3x30 minutes a week). The project managed to make a significant impact with this group with just over 41% of South Asian Women being supported through this intervention.

⁴⁴ Sport England, Active People Survey 2, Oct, 2008, www.sportengland.org/research/active_people_survey.asp

The added value from the project has resulted in some volunteers acting more generally as champions for promoting healthy living in their local communities, meaning the messages from **fit as a fiddle** have been disseminated widely to groups outside the key audience.

The project has been well received by the BME older people engaged and there appears to be a clear appetite for the activities delivered. It is clear that without the project these BME communities would otherwise be unable to receive support via mainstream services which are currently not meeting their needs. While on occasion projects reported an initial uncertainty from older people about being involved in new and potentially challenging project activities, enthusiasm for the **fit as a fiddle** approach generally increased through the sessions.

Projects reported beneficial impacts on older people who had participated in activities, including improved self-esteem, self-confidence, physical health and mental wellbeing. A number of older people (and volunteers) reported changes in diet and a greater understanding of healthy eating, and some reported immediate benefits from their physical activity sessions. A further key impact was a reported behaviour change outside the project sessions, resulting in greater health awareness and enhanced health outcomes.

72% of the projects confirmed that they had established some form of partnership links which have led to additional capacity support and 56% of organisations stated that they would continue to maintain these partnership links longer term. 79% of projects also stated that they would be continuing with **fit as a fiddle activities** after the project had ended and have managed to sustain some **fit as a fiddle** volunteers which demonstrates the added value and sustained impact of this intervention.

Sporting Equals role in light of reaching out across 9 regions helped with consistency of messaging. Its key links and knowledge into the disadvantaged communities along with its experience of faith and cultural sensitivities has all made this project a success and well placed for delivering similar interventions in the future.

9.2 Recommendations

The evidence gathered by Sporting Equals throughout the project has led to the following recommendations:

- *Outreach Support built into programme development*

There was clear feedback from the projects, and particularly amongst smaller groups, that they felt that they would have benefited from more outreach support to help deliver the project which would have allowed them to make more of an impact with the older beneficiaries. The needs of small organisations (particularly around capacity and ability to support a relatively large number of volunteers) should be borne in mind for future cascade project design.

- *An improved approach to monitoring and evaluation appropriate to the target groups*

A number of organisations reported difficulties in encouraging older people to complete monitoring forms. In some cases, older people reported not knowing their date of birth, and could not understand why such information would be needed. For this particular cohort, it is also likely that language issues would be a barrier to completing surveys for example. These issues are reflected in the difficulties Sporting Equals encountered in securing monitoring data from projects. Although one organisation suggested that the evaluation questionnaires be made shorter and simpler in future, there would appear to be a need for a more creative approach to data collection for the target groups in question.

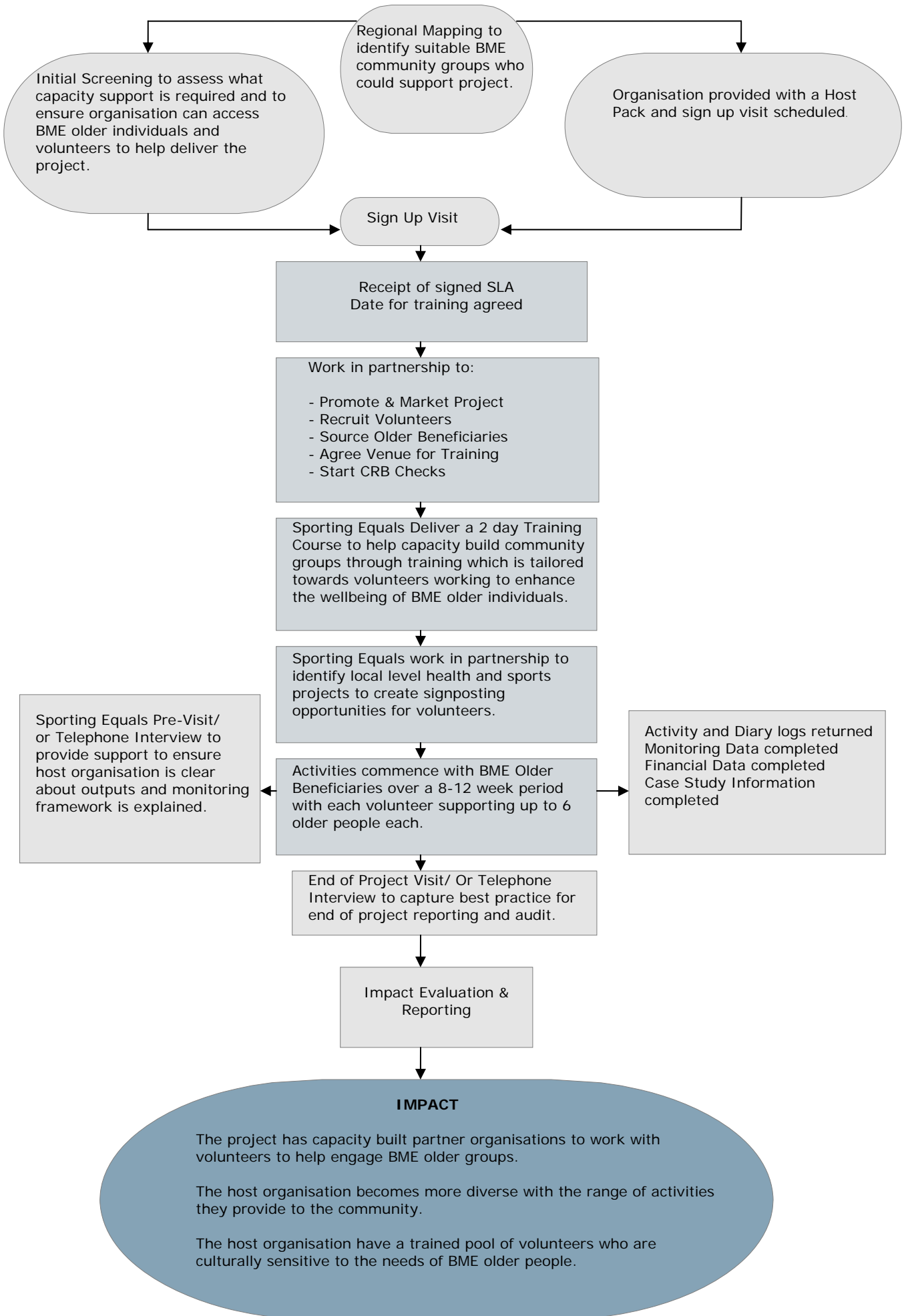
- *Sufficient preparation and lead-in time for the partner projects to deliver activities*

Although extensive preparation work had been committed to the development of the training package, the difficulties encountered in finding appropriate partner organisations meant that some reported they had not had sufficient time to develop their activities as extensively as they would have liked. Future delivery should benefit from the fact that partner relationships are now in place, but for new partnerships adequate time should be allowed for a start-up phase.

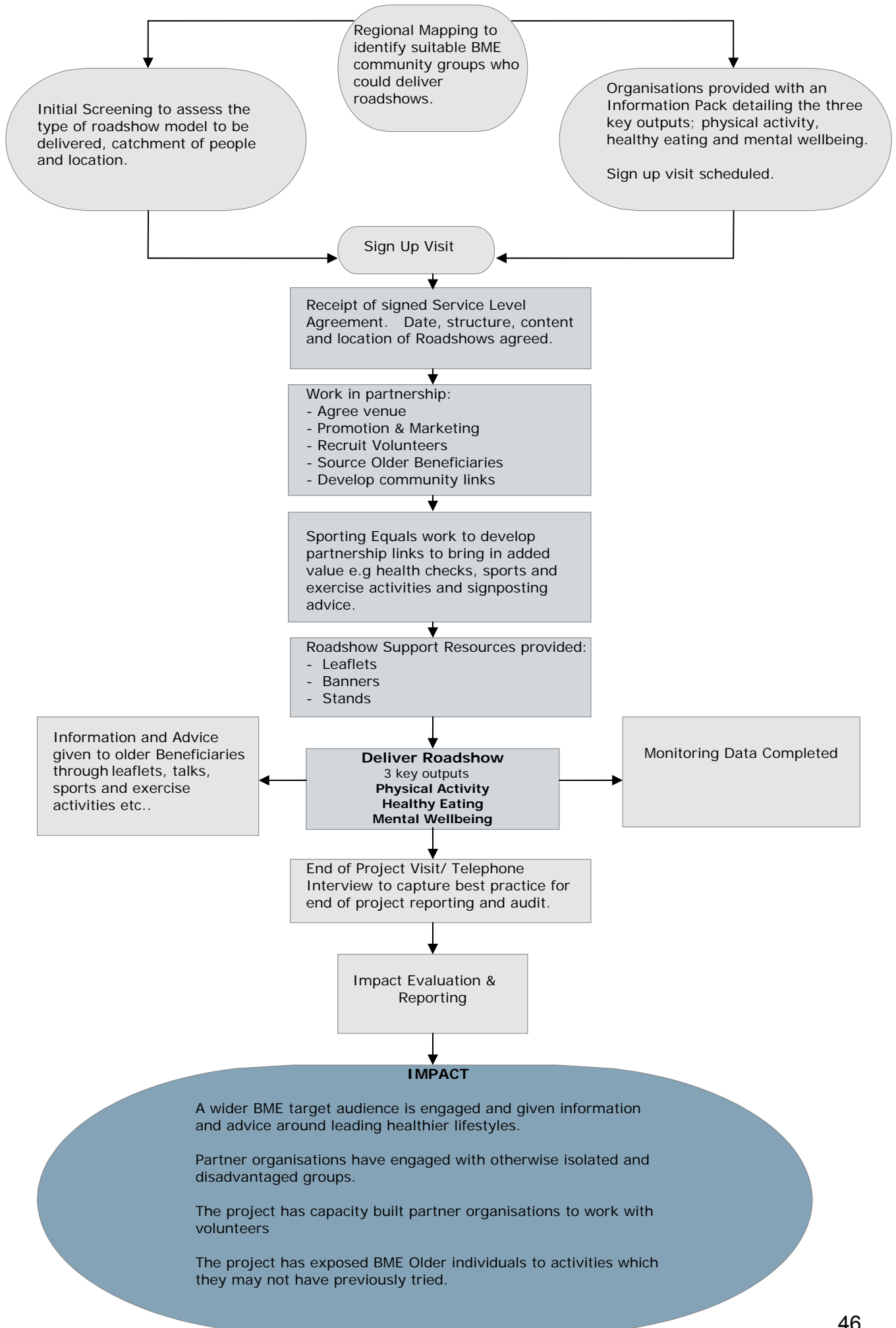
- *Difficulties in designing activities to support healthy eating*

The training provided to volunteers acknowledges that a sensitive approach to facilitating dietary change is likely to be needed for the target groups in question. However, some projects reported a need to design healthy eating activities as a gentler approach of awareness-raising around ingredients and diet before more significant changes could be encouraged. This should be borne in mind when designing future healthy eating initiatives.

Annex One: Sporting Equals Training Delivery Model



Annex Two: Sporting Equals Roadshow Delivery Model



Annex Three

Ecorys Older People Survey Analysis

This analysis is based on the survey of older people participating in **fit as a fiddle** completed during January to December 2011. Data were available at both the start and the end of the project for 17 participants. Data were analysed using SPSS 19, and statistical significance was set at $p \leq .01$.

1.1 Changes in attitude to healthy eating

At the beginning of **fit as a fiddle** activities, older people reported they ate an average (median) of five portions of fruit and vegetables per day.⁴⁵ At the end of their involvement in **fit as a fiddle** activity, this average figure was unchanged.⁴⁶

The survey evidence showed an increase in the numbers of older people reporting that 'healthy eating is important and that I am doing something about it' (Table 1). The change between timepoints 1 and 2 is statistically non-significant.⁴⁷

Table.1 Changes in attitudes to healthy eating (frequencies represent 'yes' responses).

	At the start of fit as a fiddle	At the end of fit as a fiddle
I don't think healthy eating is important for my health	0	0
I think healthy eating is important for my health, but I am not doing anything about it at the moment	7	3
I think healthy eating is important for my health, and I am doing something about it at the moment	10	14

Source: Older people's survey, Base size 17, for the two time points of the survey

1.2 Impacts on physical activity

Individuals participating in **fit as a fiddle** showed an increase in the amount of walking they did each week. At the beginning of their involvement in **fit as a fiddle**, older people

⁴⁵ Measured by the median. The range of results ranged from 2 portions to 10 portions. Base = 17.

⁴⁶ The range of results ranged from 2 portion to 8 portions. Wilcoxon signed ranks test, $p = .053$; base = 16.

⁴⁷ McNemar test, $p = .219$.



reported they walked for an average (median) of 30 minutes a week.⁴⁸ At the end of **fit as a fiddle**, this had risen to an average of 40 minutes;⁴⁹ however, this 33% increase in the amount of walking reported between the start of the project and three months after its end was not statistically significant.⁵⁰

Participants in **fit as a fiddle** also reported more activity per week that 'made them breathe somewhat harder than normal'. At the start of **fit as a fiddle** older people reported doing on average 67.5 minutes of activity that made them breathe harder, and this rose to 90 minutes at the end of **fit as a fiddle**. This change was non-significant.⁵¹

There was also an improvement in how much activity older people did 'to help improve their strength and balance'. At the start of **fit as a fiddle** older people reported they were undertaking a median of 60 minutes per week of activity to improve strength and balance. This rose to 105 minutes at the end of **fit as a fiddle**; this increase was not, however, statistically significant.⁵²

1.3 Impacts on mental wellbeing

The Warwick Edinburgh Mental Well Being Scale was used as a measure of mental wellbeing. This scale comprises nine items and produces a possible range of scores from 9–45, with higher scores indicating greater mental wellbeing. For the 17 participants who completed the scale on both occasions, the mean scores were 35.5, and 39.1 respectively.⁵³ There was thus a moderate increase in mental wellbeing of 3.6 points between the start of **fit as a fiddle** and three months after completing **fit as a fiddle** (a 10% increase), but this was not statistically significant.⁵⁴

Finally, respondents were asked to provide a rating of their satisfaction with their 'life as a whole nowadays', on a 0–10 scale (where 0 was 'extremely dissatisfied' and 10 was 'extremely satisfied'). There was an improvement in satisfaction with life as a whole over the period of being involved in **fit as a fiddle** (mean scores were 7.6 at the start of **fit as a fiddle** and 8.5 at the end of **fit as a fiddle**).⁵⁵ The improvement in life satisfaction was not statistically significant.⁵⁶

⁴⁸ Range of results was 10–120.

⁴⁹ Range of results was 20–120.

⁵⁰ Wilcoxon signed ranks test, $p=.054$; base = 17.

⁵¹ The range of results was 10–1500 at the start of **fit as a fiddle** and 15–1260 at the end; Wilcoxon signed ranks test, $p=.209$.

⁵² Range of results was 0–1200 at the start of **fit as a fiddle** and 30–1260 at the end; Wilcoxon signed ranks test, $p=.224$; base = 15.

⁵³ The standard deviations for those two figures respectively were: (± 6.6) and (± 6.2).

⁵⁴ Wilcoxon signed ranks test, $p=.078$.

⁵⁵ The standard deviations for those two figures respectively were: (± 1.9) and (± 1.7). Base = 17

⁵⁶ Wilcoxon signed ranks test $p=.043$.

Annex Four

Sporting Equals fit as a fiddle National Cascade Project – Case Study

Introduction

Ecorys with Keele University was commissioned by Age UK to evaluate the **fit as a fiddle** portfolio. The evaluation involves a series of project level case studies involving a 360 degree in depth look at a sample of projects. This project was delivered by Sporting Equals as part of the **fit as a fiddle** National Cascade Programme. The project developed a bespoke training package 'Moving Moments' training volunteers to engage with older people from diverse Black and Minority Ethnic and Faith communities through physical activity and wellbeing. Sporting Equals have trained a wide variety of organisations across England and this case study focuses on work at the Nishkam Centre – a Sikh organisation located in Handsworth, Birmingham – which runs civic activities with a Sikh ethos and cultural values.

The project trained eight volunteers to become mentors for older people through building relationships and mentoring, and aimed to help improve older people's physical and mental wellbeing and reduce isolation. The volunteers aimed to promote a range of activities to older people including gym work, yoga, massage therapy and reflexology, and supported a Women's Forum. This Forum is an intergenerational dialogue session in which older members offer advice to younger members around themes such as marriage and teach traditional skills such as tapestry making.

The case study has been informed by in-depth interviews conducted with key stakeholders and participants. Interviews were conducted with the project management team within the community centre; with two older people; and one volunteer involved in the project. The fieldwork was carried out by Nicolas Lee on 14th July 2011.

This case study covers: impacts on older people; impact of volunteering; impacts on organisations and partnerships; sustainability; and key successes and lessons learnt.

Impacts on older people

Healthy eating

Cookery sessions were run at the Women's Forum to help teach traditional cooking methods to younger community members, and encouraged people to adapt these to healthier methods of cooking, such as substituting ghee for low fat butter and using less salt. In addition a nutrition expert was also available to give advice.

One participant highlighted the value of the project in helping her assess her diet and gain an understanding of the types of food that would improve her health. She has since changed her diet, eating more fruit and vegetables, using less salt and sugar in cooking and has also cut down on her consumption of Indian sweets. As a result she has found that both her blood pressure and cholesterol had improved since taking part in **fit as a fiddle**.

"If I am hungry, I am much more likely to have fruit rather than Indian sweets...I [now] eat more tomato, lettuce, cucumber and brown bread. I use low fat margarine rather than butter." (Older person)

Physical exercise

Physical exercise was offered through yoga and use of the gym facilities (hosting male and female only sessions) in the Nishkam Centre. Both were found to be beneficial by participants. Yoga was highlighted as particularly valuable, and had helped in relation to participants' muscles, joints, and general movement including balance. Participants had reduced general aches and pains, and the exercise had strengthened their knees, arms and shoulders. The project coordinator noted that participants had increased the amount of walking they did since **fit as a fiddle** started, and that a number of new walking groups had been set up as a result. One participant has found that she is able to complete more domestic tasks around the house and can now play with her grandchild. In addition she has now started taking other older people to the temple. Participants found that the mutual support of tackling physical activity as a group was helpful.

"I was too fat ... I had to do something. It wasn't easy but I had to do it. When you have 7 or 8 people also doing it, it motivates you. The whole body benefits from the exercise [yoga]; it even cools the brain which was very calming. My balance has improved; I could hardly walk at the start due to my weight. My blood pressure has improved both due to physical exercise and yoga as well as medication. The exercise programme has helped 100%." (Older person)

Mental wellbeing

The project has targeted isolated older people by engaging with individuals who regularly attended the Gurdwara (Sikh temple) for spiritual reasons but were not engaging with the community. This helped to re-engage these more isolated older people with their community as well as encourage them to think about health issues such as heart disease, diabetes, mental health issues. The Women's Forum in particular had a big impact on mental wellbeing and confidence because it enabled social networks to be established and provided opportunities for the older generation to feel valued by imparting advice and experiences to other generations.

"A lot of women said they were much happier because they were made to feel part of a group; it was much more sociable and did things they hadn't done before. They felt happier and were part of something bigger. Whereas before they would come in do

their bit, and come home. Some of them were stuck at home, all day goes by and it's quite sad that they would have had no communication. [They] found it quite special that somebody was interested in their skills and experience, their passing on something for someone else to learn. They felt proud." (Project staff)

"I feel happier, when people come I like to talk to them, I can be more sociable. Whenever new people come, I become their friends." (Older person)

One participant told how he had helped a friend who he had initially met on the programme. This friend had been suffering from depression as a result of his wife's ill health and was contemplating suicide. Through his friendship and support he was able to help his friend, who now considers that he has saved his life.

"I'm happy when I come here, when I'm away I feel unsatisfied. I've made friends and met new people. The main part of Sikhism is helping others." (Older person)

Impact of volunteering

Both the **fit as a fiddle** project and the Nishkam Centre are reliant on volunteer contributions and volunteers were essential to the success of **fit as a fiddle**. A key impact in their outreach work has been getting to know older members in the community and tying the Sikh community together. The work of volunteers in **fit as a fiddle** is an extension of work that already exists within the Sikh culture and has led to new projects and activities happening as a result.

"In the Sikh culture what we call voluntary work is Seva...This is in line with serving others and actually praying. There's a spiritual aspect. The name Nishkam actually means 'selfless service'. We're really big on volunteering. The ethos of Gurdwara is on volunteering." (Project staff)

"It's been very beneficial; I know that the volunteers have found it worthwhile. Its kick-started other stuff, there's loads more ideas that the older people are coming up with, there's a lot more that they want to do over the coming months...stuff that gets them out of the house...That will help with their wellbeing, especially more socially interactive and get them to talk and liaise with other people." (Project staff)

Volunteers participating in the project commented on the satisfaction they experienced helping members of the community and how it was beneficial to engage with different groups of people within the project.

"You walk around the Gurdwara and you see so many ladies you could do so much for them health wise. It's really good that we can help them health wise... If you look at how they were and how they are now. It's really good to see how they've improved, how they go to the gym, they've actually listen to what you've said to them and improved their food at home." (Volunteer)

Impacts on organisations and partnerships

The **fit as a fiddle** project is an addition to the range of existing activities provided by the Nishkam Centre. It has enabled the Centre to meet the needs of some of the older people whose needs were not being addressed before.

The project has cemented links with local organisations such as local women's centres, leisure centres and the Health Exchange, which is a social enterprise offering information and advice about health and healthy living that works with local communities to overcome the barriers that can block access to health services (for example barriers arising from language and culture). Health Exchange has now established an access point at the Nishkam Centre. They have experienced a greater volume of people accessing their services and have started to offer health screenings for all members of the community. These screenings are conducted by a team of health professionals offering their services on a voluntary basis, and include eye tests, checks on blood pressure, blood glucose, cholesterol, BMI calculations and dietary advice, followed by a summary and recommendation of lifestyle changes.

Sustainability

The **fit as a fiddle** funding has been essential, especially around training volunteers in mentoring on health and wellbeing. The Nishkam Centre now has a group of volunteers who have the right skills and can go into the community and continue the engagement work with older people. The **fit as a fiddle** project fits with the Nishkam Centre's long term strategy to have a centre for intergenerational work and care for older people.

Key successes and lessons learnt

This project has enabled the Nishkam Centre to train volunteers to be able to engage members of the local community who were isolated and whose only social interaction was in their visits to the Gurdwara. Building trust was an important success factor, and this took time to develop. Volunteers were friendly but persistent, gave consistent messages, and didn't focus on asking health based questions straight away, but rather, *"focused on areas of interest and brought them in slowly."*

The Women's Forum was a key success factor in engaging older Sikh women. Not only has it provided an opportunity for social networking, it has also enhanced confidence and self esteem as older women have an opportunity to impart advice and share traditions with younger generations.

A key lessons learnt was around healthy eating; the literature provided by both **fit as a fiddle** and statutory and third sector health organisations was not appropriate for the project target groups. The recipes, ingredients and methods of cooking did not fit with Indian culture, for example there was no mention of ghee. These resources had to be adapted to suit the needs of their target groups and be more reflective of Indian traditions.

