

fit *as a* fiddle

Final Evaluation Report – Community Network engaging isolated older adults for improved health and well-being



Acknowledgements

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Contents

1. Introduction

- 1.1. Overview
- 1.2. Aims and objectives
- 1.3. Background
- 1.4. Methods
- 1.5. Structure of the report

2. Overview of fit as a fiddle by Community Network

- 2.1. Aims and intended outcomes
- 2.2. Project details
- 2.3. Project management and leadership

3. Key findings

- 3.1 Impacts on Beneficiaries
- 3.2 Impacts on Volunteering
- 3.3 Partnerships and Sustainability

4. Conclusions and recommendations

- 4.1 Conclusions
- 4.2 Recommendations

1 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.

This report is written by Community Network's Social Inclusion Team and is intended to summarise the work of Community Network on the **fit as a fiddle** project from February 2011 to December 2012. The report is for those expressing an interest in Community Network (e.g. commissioners, trustees, local providers, volunteers, older adults). The report will explain Community Network's work in partnership with Age UK on their healthy living project **fit as a fiddle** and how this has benefitted older adults, especially those who are socially isolated and with specific long term health issues. The project's impact has been measured by a number of tools, both internally by Community Network's Social Inclusion Team and externally by Age UK, ECORYS and Keele University. The results from this show a cross section of information from demographics to impact. It includes information on volunteers' satisfaction with their training and feedback from beneficiaries¹ about improved health and well-being. This report also includes the thoughts and views of those who partook in the project through testimonials and case studies. The opportunities from an organisational perspective are also included in the report as the **fit as a fiddle** project has enabled Community Network to increase its capacity to support other organisations and beneficiaries. These findings are examined and explained to conclude the overall impact of the **fit as a fiddle** project ran by Community Network.

1.2 Aims and objectives

In February 2011 Age UK partnered with Community Network to use their innovative application of teleconference technology to provide peer supported telephone groups as part of the Isolated at Home strand of the national **fit as a fiddle** project. The project was one of 5 national cascade projects operating across all regions of England. The purpose of this project was to:

- improve the provision of resources available to train volunteers to support the physical activity, healthy eating & well-being of isolated over-65s at home
- improve outcomes of increasing daily levels of physical activity, taking on healthier eating habits, and experiencing feelings of emotional well-being & to improve opportunities of isolated over-65s access to networks & local resources
- increase the number of older volunteers supporting older adults isolated & over 65 years

These objectives and their outcomes were measured, monitored and evaluated using a number of tools by both Age UK and Community Network. These are seen in the *Key Findings* section of this report.

1.3 Background

Community Network is a national charity and social enterprise that use specialised teleconference technology to support marginalised individuals to connect to others in a peer supported, group environment. This is intended to reduce social isolation and loneliness and increase mental health and well-being. The telephone groups are not only for those that are social isolated or lonely but because they operate inclusively, they are accessible to this client group, and so are a way of discussing healthy living with hard-to-reach individuals.

Community Network used weekly telephone groups led by a trained volunteer telephone group facilitator to deliver the **fit as a fiddle** project, particularly focusing on reaching isolated and lonely individuals. The groups would meet for an hour each week, for six weeks and discuss healthy living topics. Individuals would set small, achievable and specific goals for themselves while on the group and share ideas on how to get healthier (e.g. recipe swapping for healthier diets). At the end of the six week course individuals were expected to be engaging in better lifestyle practices which would improve their health and well-being. Therefore progression from the six week course would involve re-engagement with community groups, dietary changes and increased daily physical activity. When necessary and where possible, Community Network would support beneficiaries further and improve their social connectedness with telephone groups.

Over the 18 month period Community Network was involved with **fit as a fiddle**, Community Network received £86,000 from the Big Lottery to employ a Project Co-

ordinator, and carry out the project. Community Network delivered the project on budget within the timescale. Towards the end of the project, Community Network received 3 months additional funding to continue effective partnerships and develop further sustainable progression plans. This was in the form of a *train the trainers* course and the development of three stand-alone packs which enable organisations to run this project independently. This will be discussed later in the report. Community Network trained volunteers; put together the telephone groups; supported all stakeholders throughout their involvement; and set up 4 Road Shows to meet their objectives. This report explains how this was done and evaluates what outcomes were achieved in relation to the project's objectives.

1.4 Methods

Since the start of the project in February 2011, data has been collected from a variety of sources and include the following:

- SNAP forms
- Older People's Surveys (OPS)
- Case Studies
- Video Case Study
- Beneficiary Feedback Forms
- Facilitator Feedback Forms
- Training Feedback Forms
- Partner Organisation Feedback Forms

The SNAP forms and OPS were used by Age UK and ECORYS & Keele University respectively, to assess the impact of the project and record its uptake. (ECORYS is an independent research company that also provide consultancy and support to various organisations). 218 SNAP forms were completed and submitted to Age UK, and 13 OPS were submitted out of the initial sample group of 15 beneficiaries. This sample group was chosen by randomly picking every other participant from 4 active groups. This was the best way of minimising bias and guaranteeing a sample of participants were tested with the survey, as it takes time to recruit groups and test participants at one time with consent. The OPS was carried out over the telephone with the participants before they started their telephone groups, after they had finished and 3 months after that. Although the OPS was only used with a small initial sample and therefore had to be combined with other surveys from the other isolated at home projects to draw statistically significant conclusions, SNAP data was recorded throughout the project as well as feedback questionnaires and monitoring forms. In addition testimonials and case studies have been collected and written up as well as a video case study of a beneficiary's thoughts of the project (link to video). The written testimonials and case studies were put together through interviews over the telephone

with consent and all data has been collected by the social inclusion team and their volunteers. Training questionnaires were sent off in the post and sent back to Community Network via FREEPOST.

Community Network's **fit as a fiddle** project has not only used Age UK's monitoring and evaluation tools but also those utilised by Community Network and their Trainers. Therefore an abundance of information was collected over the course of the project which reflected every facet of its delivery. However, it can be noted that so many monitoring tools made organisation throughout the project imperative, as these administrative tasks took up a large amount of time. Therefore Community Network would like to thank their volunteers for the time given to support this data collection.

In using a number of data collection tools Community Network has been able to see what tools work well for their telephone projects and now use the Warwick Edinburgh Mental Health and Well-Being Scale (WEMHWBS) to monitor the social impact of their work on beneficiaries with consent.

1.5 Structure of the Report

The rest of this report covers an overview of the **fit as a fiddle** course, its key findings. This includes information gathered from various partnerships, sustainability and progression routes. The report is then concluded and contains appendices.

2. Overview

This section provides an overview of the different parts of **fit as a fiddle** project. It describes the various activities which Community Network has performed to meet the project's objectives. This section explains what outcomes were achieved and how they have been achieved. This section also provides further insight into the structure of the project.

2.1 Aims and Intended Outcomes

- ❖ Improving the provision of resources to train volunteers

Community Network delivered the **fit as a fiddle** project with the support of volunteers carrying out administrative work and performing the role of a telephone group facilitator. In total Community Network trained 76 volunteers, 70 of which were telephone group facilitators during the project's funded time scale. Post funding, Community Network continues to train volunteers to take on the **fit as a fiddle** project for a small cost. Community Network is able to offer support and advice due to their experience in this and ensure the same quality of **fit as a fiddle** is delivered post funding as it was when the project was funded.

Volunteer facilitators were recruited either directly by Community Network or indirectly through local volunteer centres or partner organisations who expressed interest in the **fit as a fiddle** project. As the project came to a close volunteers were either supported to continue volunteering at Community Network or supported to move on to other opportunities. Telephone group facilitators were made aware that their involvement was solely for 6 weeks but if they wanted to facilitate another group, Community Network would inform them of such an opportunity. For those volunteers who supported the project through office based activities, these volunteers either moved on to full time employment or continued to volunteer at Community Network.

Telephone Group Facilitators

Every volunteer had to undergo 5 one hour sessions of group telephone facilitator training over the telephone. Each session was roughly an hour long and participants had to attend all five sessions in order to complete the course and be qualified to facilitate a **fit as a fiddle** telephone group. The training took place over the telephone not only for greater accessibility but also to simulate the environment the group connects in. The aim of the **fit as a fiddle** facilitator training was to ensure that by the end of the course each person had:

- A strong grasp of the role of the facilitator
- Practice in the skills involved
- A firmer knowledge of the health issues affecting older people

- Strategies for helping groups and individuals take more control over their health and well-being
- Confidence about handling tensions and difficulties in the group

During the training, each of the participants had an opportunity to facilitate part of a session. This not only helped them practice the skills they were developing but allowed the trainer to offer specific advice to the trainee. In order to ensure the project remained as inclusive as possible, the trainers would adapt the format and content to the needs of the group and individuals within it. For that reason the content for each of the sessions often varied per group as the course evolved.

As part of the project, Community Network also developed a volunteer *facilitator handbook* and sent this to volunteers before their course commenced. The handbook provided volunteer facilitators with reference material so that they were amply prepared for their role. After the project's funding finished, this handbook was made available in a pack as part of the **fit as a fiddle** legacy so that future organisations, individuals, and community groups can run this strand of **fit as a fiddle**. (In this pack, a *partner organisations handbook* is also available as well as a *trainers handbook*).

All volunteer facilitators were provided with a named contact at Community Network. At the end of the course a certificate was given for successful completion. Although there is no formal pass or fail assessment, Community Network sought to support those who were not yet ready to facilitate a group. This was done through co-facilitation for example, or through the offer of undertaking further training. As the facilitator is a crucial component in the success of a group, Community Network made certain they did everything possible to ensure that each volunteer was fully prepared and able to take on the role.

- ❖ Improve outcomes of increasing daily levels of physical activity, taking on healthier eating habits, and experiencing feelings of emotional well-being & to improve opportunities of isolated over-65s access to networks & local resources

In participating in the project, beneficiaries and facilitators received information packs with free **fit as a fiddle** merchandise. The packs were sent to participants at the beginning of their engagement in the project and again after they had completed the six week telephone course. The information packs contained information from a range of sources such as NAPA, Change 4 Life, BUPA, Motherwell and Age UK. The packs also included lists of local and national organisations that offer a variety of healthy living activities in addition to information about the **fit as a fiddle** course. The aim of providing further relevant information was to support beneficiaries' beyond their telephone groups, to try and ensure that the healthy living practices became sustainable and part of the individual's lifestyle long term. Information about local and

national healthy living opportunities meant progression routes on from the six week course could be established, and access to networks and local resources could be used to build on the foundations that the project had laid.

In some cases, Community Network was able to offer a continued service for the telephone groups. Partner organisations who requested this used these for reunion sessions, so that groups could get together on a monthly basis and discuss their progression.

- ❖ Increase number of volunteers supporting isolated over-65s

“I think the courses are brilliant. It’s easy to facilitate and not rocket science. I read up the manual a few minutes before and the group literally runs itself. I start with breathing exercises, and then I chuck in the questions and leave them to it.” – Volunteer Telephone Group Facilitator

As mentioned before, Community Network employed 76 volunteers as part of the **fit as a fiddle** project. These volunteers have ranged in age, ethnicity and occupational background and supported the project either directly through telephone groups or indirectly through administrative tasks. The volunteers have assisted in data collection, the coordination of roads how events and the facilitation of telephone groups among other tasks.

Below is a case study of one volunteer facilitator’s experience supporting older adults on the **fit as a fiddle** project. Many benefits can be seen from this not only for the older adults being supported on the groups but also for Don, the volunteer facilitator.

Case Study: Don, Volunteer Telephone Group Facilitator

Don, a retired divorce lawyer, facilitates phone-based courses with Community Network, as part of Age UK’s national **fit as a fiddle** programme.

As a rheumatoid arthritis sufferer, Don has been heavily involved in tutoring self-management and health courses since attending one of the courses run by the Expert Patient Programme. He also runs courses for Arthritis Care, who introduced him to the Community Network scheme. Don’s **fit as a fiddle** groups – he has completed two so far – are designed as six-week health courses. “It’s a very simple course, covering healthy eating, exercise and keeping your mind alive,” Don explains. “I think the courses are brilliant. It’s easy to facilitate and not rocket science. I read up the manual a few minutes before and the group literally runs itself. I start with breathing exercises, and then I chuck in the questions and leave them to it.”

In practice, the phone discussions are so popular that both groups have continued beyond the six-week cut-off, giving group members more time to enjoy the contact of a good conversation and access to our support.

“Recently, I was talking to an 86-year-old lady in one group who occasionally goes shopping with a carer and attends a day centre two days a week. For the rest of the time she is on her own. She told us that she wanted more to read, so we were able to sort out a library for her,” Don says.

Don is very happy to promote the scheme to other volunteers. “I’m a great enthusiast. It’s such a brilliant idea. There are no geographical boundaries. Modern technology and communications mean that we can talk as if we’re in the same room. I live in the north west of England, but the participants so far have lived in the south – places like Portsmouth and London. “I received excellent training from Community Network – from an extremely knowledgeable and sympathetic tutor.”

2.2 Project Details

The **fit as a fiddle** project included other activities outside the telephone groups to encourage and support the **fit as a fiddle** aims and objectives. These included road shows which took place in 4 different locations. The road shows enabled providers of different services to come together and find out more about the **fit as a fiddle** project, how they could get involved, promote this to their client groups, and what benefits they can expect from their involvement. The road shows also provided opportunities for facilitators and beneficiaries to come together and share their experiences of the project with others. However, as most service users engaged in the Community Network **fit as a fiddle** project because they found it difficult to get out and about, very few beneficiaries attended.

The road shows were a great place for information sharing and many providers had stalls at each of the events. At every event the local Age UK was present with a stall to promote their health and well-being stall.



Image 1 (Left to Right): Maria (facilitator), Victor (beneficiary), William (facilitator), met for the first time at Community Network's South London Road Show. Victor has been part of groups with both Maria and William.



Image 2: Delegates at the South London Road Show help themselves to materials and healthy living information packs while lunch is served

It was important to invite as many partner organisations as possible to each of the road shows because it was through these organisations Community Network was able

to set up referrals and run **fit as a fiddle** telephone groups. During each of these events, delegates were asked to give their feedback and contact details if they would like to set up a partnership with Community Network. This was met with a very positive response and many of the delegates went on to work further with Community Network. Each delegate was also asked to complete a SNAP form as they attended the event to keep track of the number of people involved in the project. However, as can be seen in the project's *key findings*, this affected the data collected through SNAP forms. Nevertheless, all road shows proved to be very successful in generating interest about the project and initiated as well as supported the development of many partnerships.

2.3 Project Management and Leadership

Over the duration of the **fit as a fiddle** project Community Network had 3 consecutively employed project co-ordinators responsible for its organisation, strategy and delivery. The delivery of the project was the responsibility of the Social Inclusion Team and where possible the team would promote the project in meetings and road shows nationally. The project co-ordinators were responsible for quarterly-monitoring reports and feeding back to Age UK about Community Network's activities on the **fit as a fiddle** project.

Community Network partnered with many partner organisations, some more successfully than others. (A list of partner organisations can be seen in the appendix). This was usually decided by the recruitment and interest of their service users and the approaches they decided to use when implementing the project to suit their clients and staff. Partner organisations typically adopted 2 approaches when using Community Network's strand of the **fit as a fiddle** project. These were:

- Partner organisations refer participants (Open groups)

Using this approach, partner organisations referred individuals to Community Network, disseminated leaflets and provided information about the **fit as a fiddle** project to their service users. This worked well in other regions where Community Network was running funded projects; especially with those individuals that are on waiting lists for local projects. Partnerships like this included local volunteer centres, community groups, GPs and other health professionals. Here the responsibility of each beneficiary was solely Community Network's. If any beneficiary encountered a problem or specific issues came out of the groups that were of concern, Community Network would deal with this and refer back to the referral organisation when relevant.

- Partner organisations took on the projects and used them with their own client groups (Closed Groups)

In these cases partner organisations would often recruit a volunteer facilitator and get them trained while they were recruiting group members. In having a facilitator trained that is already familiar to the partner organisation's service, a number of benefits were realised. It enabled the capacity to correctly signpost and the ability to be sensitive to group issues. This was particularly important when dealing with carers groups and groups that were brought together over a long term condition. These sensitivities helped maintain the inclusive nature of the groups and supported the facilitation of health topics due to the creation of safe and comfortable environments. Where partner organisations ran closed groups solely for their members, responsibility of the groups was shared between Community Network and the partner organisation. If any problems were encountered on the telephone groups Community Network would feed directly back to the partner organisation and vice versa.

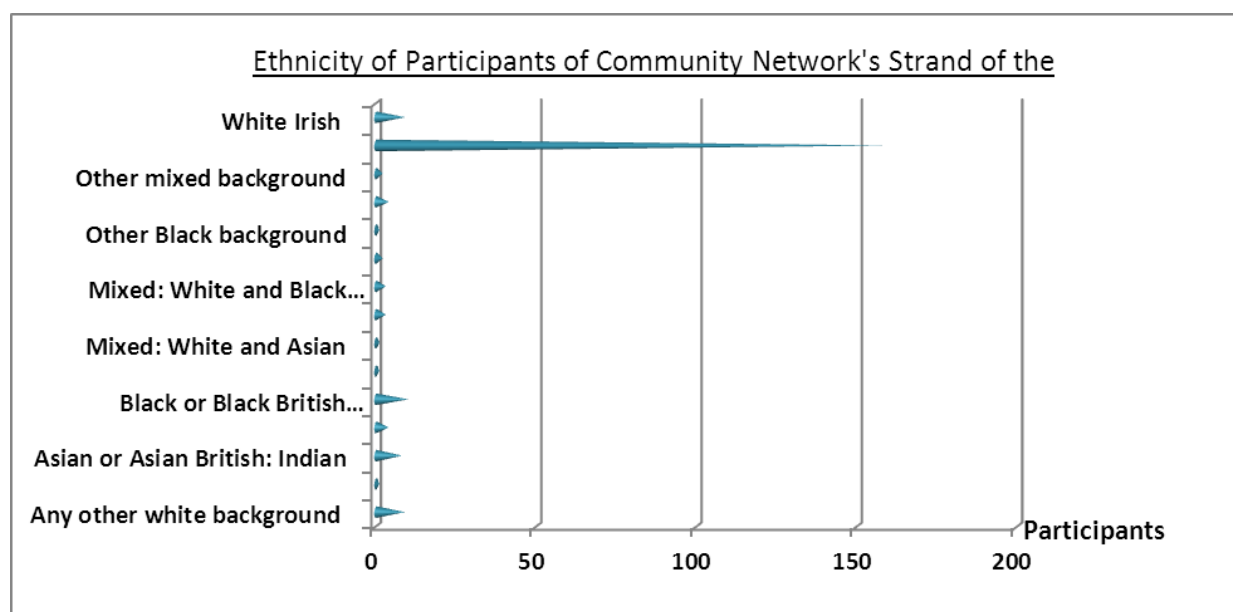
3. Key Findings

3.1 Impacts on Beneficiaries

SNAP Data

As participants engaged in the project they completed a SNAP form. This recorded basic demographic data such as age, gender, ethnicity and whether or not the participant had a disability. A total of 279 people were involved in the project on a count of SNAP data, however only 218 of these SNAP forms were submitted to Age UK. This SNAP data did not take into account volunteers involved earlier on in the project as well. Thus the following results relate to the 218 SNAP forms collected:

- 25 per cent of participants were male and 75 per cent female
- An even distribution of participation across all ages was seen except for those under the age of 50 years. The number of 50 year olds was roughly ten times that than any other age group on average.
- 40 per cent of participants were found to have a disability or long term condition and 80 per cent of these people stated that it limits their daily lives
- Roughly 73 per cent of participants were recorded to be white British and 27 per cent from a BME.



Graph A: Ethnicity of Participants on Community Network's fit as a fiddle project

Some of this demographic data has been greatly skewed by the Road Shows Community Network put on as part of the **fit as a fiddle** project to generate further interest. This is particularly true for age and ethnicity as the number of young white professionals attending these events surpassed the number of older adults. It is difficult to account for this using the data collected. However, it can be said that as people get older they are more likely to encounter a long term condition which impacts on their health. If the number of younger adults from this study were to be removed, it can be suggested that a greater ratio of beneficiaries would have been recorded to have a long term condition or disability.

Nevertheless, due to successful partnerships with organisations that focussed on long term conditions and referred their service users to Community Network, a significant number of the beneficiaries had a disability or long term condition. In most cases these were considered life limiting. It must be recognised that the 61 SNAP forms that were not recorded in this study may or may not have also come from participants with life limiting disabilities which would have affected these results further. Either way, the SNAP data collected only shows one facet of the project and using the other monitoring and evaluation tools, a clearer, more informative picture can be built.

Older People's Survey

The **fit as a fiddle** project used an Older People's Survey (OPS), to evaluate the impact of the project on a sample of older adults that took part in the telephone groups. The survey was designed by ECORYS with Age UK and collected standard demographic information on participants anonymously, (e.g. postcode, date of birth, ethnicity). It also collected data using the Short Warwick Edinburgh Health and Well Being Scale (SWEHWBS) as well as questions on physical activity, exercise, and diet. Satisfaction and confidence scales were included as well.

Unfortunately only a small sample of beneficiaries completed all three stages of the questionnaire. Consequently the results from the Older People's Survey had to include all 3 of the *isolated at home fit as a fiddle* projects to draw statistically significant conclusions. Although this is not ideal, it does mean that the same problems that were present with the SNAP data are not present here; none of this data is skewed by extra events such as road shows but represent outcomes of the project as all results are directly related to telephone group beneficiaries. As the data is collected across three projects in total due to small sample sizes, the results cannot be completely accredited to Community Network but do demonstrate the contribution of their work to improving the health and social well-being of beneficiaries.

Diet and Physical Activity

The survey first asked questions about the number of portions of fruit and vegetables a participant ate, and the amount of walking they did weekly. The results found that there were significant increases in both of these after participants had finished the **fit as a fiddle** course than before they took part. However, it was found at the point of follow up, three months later, that this was often not sustained although the responses still indicated a statistical improvement for each compared to the initial response before engaging in the **fit as a fiddle** course. (See tables 2 and 3).

At the start of faaf	At the end of faaf	Follow-up	<i>n</i> values
3 (2, 5)	4 (3, 5)	5 (3, 5)	71, 70, 22

Table 2: Number of portions of fruit and vegetables eaten; mean (standard deviation)

At the start of faaf	At the end of faaf	Follow-up	<i>n</i> values
30 (20, 60)	60 (30,60)	45 (25, 60)	71, 69, 20

T

Table 3: Minutes walking a week; median (interquartile range)

Building on the results from Table 3, questions were also asked in the survey about physical activity that makes one breathe harder, such as brisk walking, and how many minutes beneficiaries did this for. The results found again that this increased from the before participants' involvement to the point of follow up, three months after the course finished (Table 4).

At the start of faaf	At the end of faaf	Follow-up	<i>n</i> values
15 (0, 60)	30 (4.5,60)	60 (20, 130)	70, 63, 19

Table 4: Minutes of activity making a beneficiary breathe harder per week; median (interquartile range)

Likewise strength and endurance was also measured which found a continual increase in the minutes an individual took part in strength and endurance related activities each week. This was across all three time points from before project involvement to three months after (Table 5).

At the start of faaf	At the end of faaf	Follow-up	<i>n</i> values
30 (0, 60)	60 (21,120)	50 (30, 110)	69, 70, 21

Table 5: Minutes of activity for strength and endurance per week; median (interquartile range)

Mental Health and Well-Being

In terms of the SWEMHWBS, the same trend was present. There was a significant increase in a participants score after they completed the course in comparison to the initial score that was recorded (see Table 6).

At the start of faaf	At the end of faaf	Follow-up	<i>n</i> values
30.1 (8.3)	34.0 (7.9)	35.4 (6.8)	71, 69, 21

Table 6: SWEMHWBS Results for **fit as a fiddle**; mean (standard deviation). The range of this scale is 9 – 45

Respondents to the questionnaire also rated their satisfaction on a scale between 1 and 10 where 1 was “extremely dissatisfied” and 10 meant “extremely satisfied”. The results of this found that this score increased from before participants were engaged in the project and continued to rise even when asked this at the point of follow up. The results are seen in Table 7:

At the start of faaf	At the end of faaf	Follow-up	<i>n</i> values
5.7 (2.7)	6.6 (2.5)	7.1 (2.2)	72, 71, 21

Table 7: Satisfaction with Life Scale; mean (standard deviation)

Conclusion

The conclusions that were drawn from the survey’s analysis indicated that where follow up scores for some of the responses were low or showed the **fit as a fiddle** course to have no significant impact on participants, this was most likely due to a smaller test sample as some participants refused to take part three months after their involvement. Thus the results recorded at the three month follow up cannot be seen to be statistically significant or reliable in comparison to the data collected at the surveys other 2 time points (i.e. before and after the 6 week course). Overall the survey indicated significant improvements in participants’ health and well-being and so suggests the project is successful with respect to these outcomes. However, it is important to note that the results of this survey indicate the responses from participants of all three *isolated at home* projects, not just Community Network’s **fit as a fiddle** project. Each project has a different approach but in all cases worked with older adults directly involved. If a greater number of beneficiaries took part in the survey, a greater statistical view to the projects’ impact could have been collected.

Community Network has used the findings from this study to improve their services. The Warwick-Edinburgh Mental Health and Well-Being Scale is now being used to

monitor the impact of all of its projects. Community Network offers all of their service users the opportunity to take part in this when referred to the social inclusion team. It is anticipated that the large cohort of data collected will reflect similar results to the results obtained from the OPS.

Case Studies, Testimonials and Qualitative Feedback

In addition to the OPS, qualitative data was also collected. This included case studies and testimonials. The following are a set of testimonials from beneficiaries on the project:

I have been living alone for the last 13 years and feel very lonely - which is not a good feeling. The groups have been fantastic and talking about my condition with others in similar situations helps me to overcome certain things. It has enhanced my health through learning different tips and given me a different viewpoint on Arthritis and what you can do about it. I know that am not the only one living with the condition which makes me feel less isolated. The group discussions on general health awareness, healthy eating and life and how essential groups are, has been so useful. In many circumstances people with different health conditions tend to isolate themselves as they feel they are the only one going through it but the group has helped to overcome this feeling of isolation. It has engaged me in different activities and I am currently reading a book about Arthritis which a group member recommended to us.

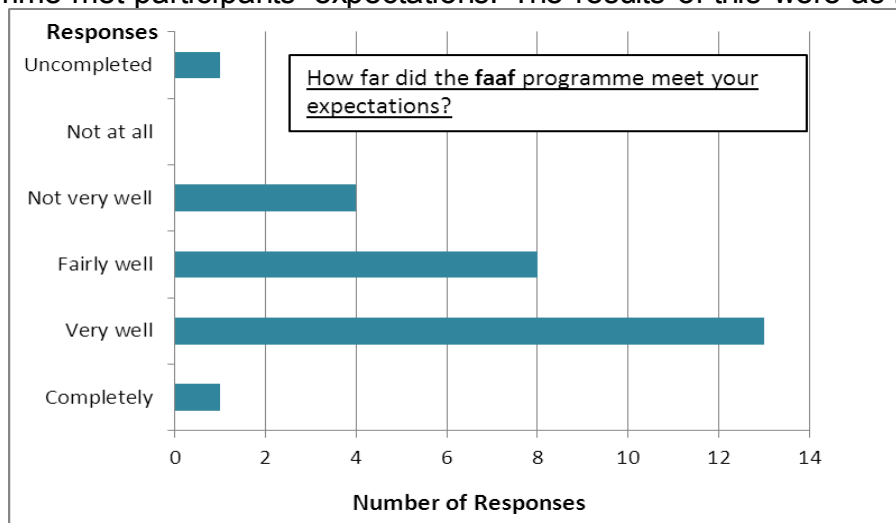
Leslie

Prior to joining the group my health was poor with constant pain in my knees and arms. I was given injections to ease the pain with regular visits to my GP. I felt that since joining the group my health has improved; I eat healthier, I'm more active with regular exercise and I have joined different social clubs. We all shared tips and exchanged ideas; one suggestion was to order the book 'Exercise beats Arthritis'. Every group member now has a copy which has been very useful to us.

Brenda

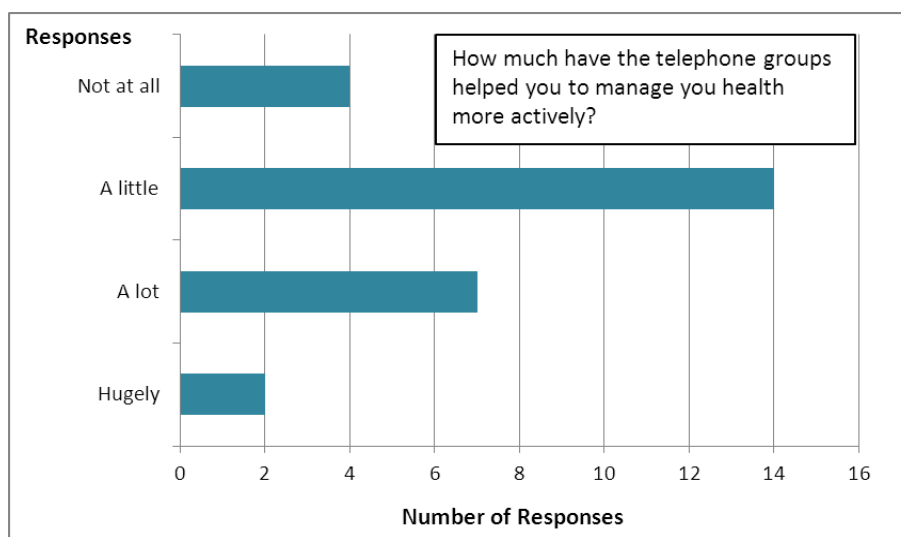
The comments above came from a group of participants referred through Arthritis Care. The members from this organisation who took part found the **fit as a fiddle** course to be very useful and made a difference to how they managed their long term condition.

Qualitative data about how well the project went was also collected with quantitative data through the use of feedback forms which Community Network sent out at the end of a beneficiary's engagement in the project. One question of these forms measured if the programme met participants' expectations. The results of this were as follows:



Graph B: Responses to Expectations Question for Beneficiaries

Although not many feedback forms were sent back following the **fit as a fiddle** course it is clear that most people found it to be as they thought. This infers that most participants achieved what they wanted to (or close to that) from the telephone groups because the reasons for joining the group would have been part of their expectations or they would not have joined the groups. It is important to realise that although a group on the telephone **fit as a fiddle** course is there to discuss healthy living, individuals may all have different personal goals and reasons for being part of the group. For those with long term conditions, for example, this difference impact on the responses to the following question which asked how much the telephone groups have helped beneficiaries manage their health more actively (Graph C). For those with specific health conditions it could be said that their principle aim of joining the telephone groups would be to improve their self-management of that condition. However there is no way of distinguishing this from the responses below, and even so one cannot generalise an individual's reasons for joining the groups, based on if they have a long term condition or not.



Graph C: Responses to questions on how the telephone groups have help participants manage their health

Again, as there are not many respondents to this question, this can be taken as a sample of those who part-took in the project. The graph indicates that more than 85 per cent of participants responding to this questionnaire found the course to help them manage their health more actively. These results compliment the results from the OPS and support the success of the project in making a difference to a beneficiary’s health and well-being.

Finally the feedback questionnaires looked at ways to improve the project for the future. These comments were taken on board throughout the course of the project not only by looking at the feedback forms but also by keeping in contact with beneficiaries while on the telephone groups and in some cases after. The comments involved the following points that were considered:

- Run the groups for longer
- Have a GP or healthcare professional speak on the calls
- Group people by age or condition
- Keep to topics
- More commitment by participants
- Have support groups in each town
- Bespoke programmes for specific conditions

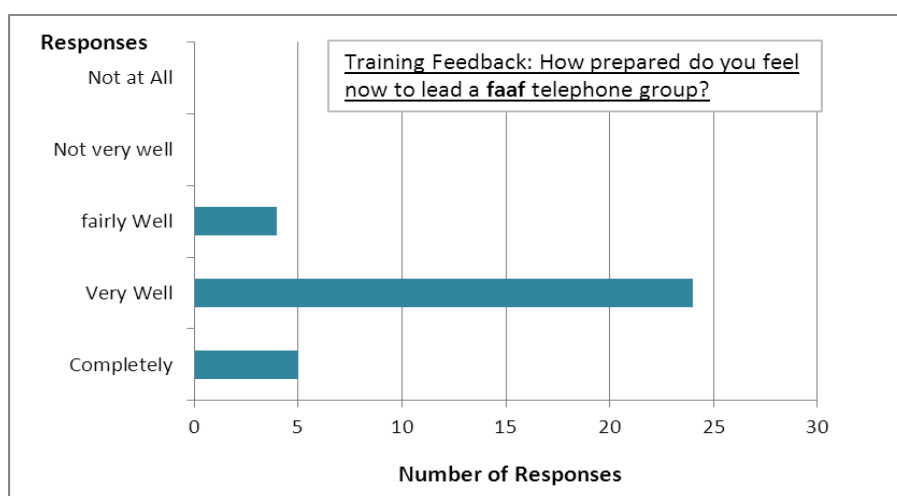
Some of the suggestions were not in the remit of **fit as a fiddle** and the course was not there to manage specific conditions but create an inclusive environment, well-facilitated to discuss healthy living and improve individual's health and social well-being through information sharing and these connections. However, Community Network learnt from this and is able to offer bespoke programmes different to the **fit as a fiddle** course for organisations if requested. In terms of running the groups for longer, where possible groups were able to continue through being connected through other pockets of localised funding. This again answers the comments about having local groups as funding is a barrier here unless individuals are prepared to pay for the groups. Finally in terms of grouping participants, Community Network learnt that age is an important factor in this as "older adults" involved in this project could range from 50 years to over 100 years old. This means that more than 2 generations could be covered in this age range and in terms of a peer support model daughters and sons do not necessarily want to be connected in this environment to others who may remind them of a loved one who may have passed away or someone they spend time caring for. This is especially true when these care demands or the loss of a loved one impacts on one's health and social well-being. Furthermore when considering age with respect to long term conditions and health, one must be aware that some health issues may not be present at a younger age or not be as much of a problem. Co-morbidities are likely to increase with age and mobility may also decline compounding problems and making isolation and loneliness even more acute. In addition the concept of a perceived age and "younger outlook" was found to deter some younger participants from mixing in groups with older beneficiaries.

It is worth also mentioning that towards the end of the project, a video case study was also collected. These can be seen through the following link: [insert link].

3.2 Impacts on Volunteers

Throughout a volunteer facilitator's time on the project various monitoring and evaluation tools were used to ensure that facilitators were supported and performing well. Aside from calling facilitators and asking them how they felt about each session, midway monitoring forms were used by which facilitators went through what they felt was working well and how they feel their sessions could be improved. On the third session of the course, all participants were made aware that the call was recorded and listened to by a member of Community Network's social inclusion team. This was to make sure certain aspects of the course were being fulfilled, such as breathing exercises, confidentiality and ground rules for example. If any concerns came from any of these monitoring tools, facilitators would be spoken to and advised, but throughout the entire project all facilitators met the requirements of the project.

Volunteer telephone group facilitators gave their feedback after they completed the facilitator training course, and again when they had completed facilitating the 6 week **fit as a fiddle** course. This feedback was collected using proforma style questionnaires that were sent out to facilitators. The questionnaires included tick boxes to generate quantitative data as well as text boxes for qualitative data. Satisfaction in how well volunteers felt the training prepared them to take on a **fit as a fiddle** group was monitored using tick boxes and the results can be seen as follows:



Graph D: Responses to a question on volunteer preparedness for the **fit as a fiddle** course.

From the results it can be seen that although Community Network trained 70 volunteers, only 33 responded to these questionnaires. For those facilitators who did respond, a high satisfaction with the training was recorded with most facilitators stating that the training prepared them “very well” for their role. Considering there were no problems with facilitators once running their **fit as a fiddle** course with respect to the monitored outcomes (e.g. using the midway monitoring forms), it could be suggested that this was due to the facilitator training. The results suggest that the course instilled confidence and was seen to adequately equip volunteers with the necessary tools they needed to facilitate the course.

The training also provided a way of screening volunteers and ensuring all volunteers were up to a common standard. Those that also became facilitators had more than likely worked with groups before and most worked with a specific client group e.g. arthritis, stroke, religious groups etc.

The feedback forms used asked facilitators what they found most and least useful about the training course. This is summarised in the table below.

Most Useful	Least Useful
Opportunity to experience the group environment	Need for larger groups
Learning how to manage conflict in the telephone group	
Specific content of the handbook was useful	
Breathing exercises	
Communication training	
Short practical sessions	
Reflection	
Improved confidence	
Allow silences	

Table 8: Volunteers feedback of the training

From the above table it is clear that far more positives were gained from the training and few negative found. The negative comment stated referred to a training group where a participant dropped out and the group was left with only 3 members. In terms of areas for improvement the following points were highlighted:

- More information on the practical sessions
- Training could run for longer
- Follow up training for facilitators to re-affirm facilitator skills

- A variety of different breathing exercises would have been useful.

When feedback forms were counted for post group involvement for facilitators, Community Network received only a handful of responses. Although the data is not sufficient enough to even represent a sample of the facilitators involved in the project, it can be said that their feedback mirrored the positive responses of given in their post training questionnaire. Comments included:

“Now I want to apply this to my daily life as well”

Participant 1

“It is essentially a simplistic course which was very easy for me to facilitate. I got the impression that all the participants were satisfied with its structure”

Participant 2

3.3 Partnerships and Sustainability

Partnerships

Throughout the course of this project, Community Network partnered with a number of organisations; many of which referred beneficiaries to the project. (50 of these partner organisations can be found listed in the Appendix). However, it was found that some organisations despite initial interest were unable to recruit participants. This may have been for many different reasons but overall it was a persistent barrier throughout the project. It also meant that facilitators were being trained to lead the **fit as a fiddle** course but were then not going on to do this. This impacted on the project's budget for volunteer training and subsequently training agreements and cancellation fees were used as a deterrent. Once put in place cancellations dropped significantly on behalf of partner organisations. Community Network has learnt from this and now uses this policy for all of their projects.

Nevertheless, there were many successful partnerships. These included partnerships with Beneden Health, Arthritis Care, Hospitality Action, and The Stroke Association, as well as other local community groups, occupational therapists, physiotherapists, and GPs.

Where partner organisations worked with specific client groups with a long term condition, they benefited from the **fit as a fiddle** facilitator training model as this provided opportunities to recruit and train their own volunteer to offer extra support to their service users. This was especially useful when it came to self-management of a condition through diet and physical activity.

Community Network also found the **fit as a fiddle** project was useful in terms of their organisational development. As their project was a national cascade project it provided the following benefits:

- Ability to partner and offer free services to organisations and client groups outside of local regions that were paying for services or that were funded to deliver Community Network projects.
- Ability to develop a bespoke healthy living telephone group course (**fit as a fiddle**)
- Ability to develop sustainability models such as *train the trainers*
- Ability to expand the social inclusion team and support its development
- Develop promotional materials to publicise Community Network's charitable work through **fit as a fiddle**
- Opportunities to learn from Age UK and other partner organisations coordinating the **fit as a fiddle** project.
- Ability to expand and develop Community Network's social inclusion team and employ a project manager

Community Network also used proforma style questionnaires to gather feedback from partner organisations on how they thought the project had gone. Comments varied across partner organisations and where the project worked well it was seen to compliment the objectives of the organisation. Below is an example of this from an organisation in Brighton:

*In what ways have you benefitted from **fit as a fiddle**?*

As a result of the cooking courses with Older Men, we have set up, with a volunteer from one of the courses, an Older Men's support group that runs every 2 weeks. The cooking course has helped us think and consult more fully with Older Men about their needs. It has also highlighted the difficulty older men face in embracing healthy cooking options when they have often never had to do this before they reached older age. It also highlighted how older men particularly have limited knowledge about nutrition and what constitutes a balanced diet.

When partner organisations thought that the project had not gone so well, they concluded that this was due to poor recruitment of older adults and the difficulty in gathering interest. This finding is supported by Winter and Gitlin (2006) who wrote about the difficulties in recruiting participants for "telephone-based support group interventions". With over 20 years' experience in this field Community network

appreciates this and although this is proven to work well with some individuals and groups, it is not necessarily the best approach for all. Nevertheless, Community Network endeavours to support organisations as much as possible and will continue to this to ensure the success of their projects.

Sustainability

Towards the end of Community Network's strand of **fit as a fiddle**, sustainable ways of keeping the project going with new and current partner organisations was looked at and piloted. Throughout the project, handbooks had been developed for partner organisations and the training of volunteers. In the final months, a third handbook was developed for a trainers course called *train the trainers*. This course was intended to support organisations and community groups to set up their own **fit as a fiddle** trainer to train volunteers to support **fit as a fiddle** groups. This acted as a progression route for those who had previously facilitated **fit as a fiddle** groups, used the facilitators' handbook and then wanted to go on to train others to become facilitators. The training course and associated handbook provided the following benefits to organisations:

- A sustainable means of generating facilitators
- Independence away from Community Network and teleconferencing should organisation's wish to deliver this training in different formats*
- Makes all three handbooks "stand-alone" and versatile to an organisations needs
- Cost-effective rather than paying Community Network for facilitator training
- Progression opportunities for volunteers
- Progression opportunities for volunteers

The *train the trainers* course is offered over the telephone with Community Network just as the facilitator's course is. In having the training set up like this, trainees experience what a telephone group is like. This is the preferred training environment as beneficiaries are likely to connect over the telephone to partake in this strand of the **fit as a fiddle** course. Therefore an experience of facilitating this course in this environment is important. The *train the trainers* course has been especially developed for larger organisations who would like to have many volunteer facilitators running this project.

In addition to the *train the trainers* course, Community Network has also been looking at a variety of other assistive materials that go with the handbooks. These include monitoring and evaluation tools, note taking tools and top tips for teleconferencing.

* Although organisations can take these handbooks and use them independently of Community Network it must be noted that through the organisations experience on this project and familiarity with its content and delivery, it is advised that in the early stages of setting this up, Community Network is used.

4. Conclusions and Recommendations

4.1 Conclusions

Considering all the results presented in this report, Community Network's strand of the **fit as a fiddle** project has been very successful in meeting its intended aims and objectives. Drawing on the evidence from the project's monitoring and evaluation tools, **fit as a fiddle** has successfully improved older adults' health both physically; through improved dietary habits and increased physical activity, and mentally; through improved mental well-being and satisfaction. The data which supports this came from a variety of feedback, monitoring, and evaluation tools and so this is a reliable conclusion which is not based on a single data set. Although the quantitative data collected did not specifically state that the **fit as a fiddle** telephone groups have been particularly useful for those with long term conditions, qualitative information collected in the form of case studies and testimonials reflected this. SNAP data collected should have indicated that a large number of participants had a long term condition, but due to the number of younger professionals completing SNAP forms at road shows, this data is skewed and does not reflect this. The number of SNAP forms collected and submitted to Age UK does not also reflect the overall uptake of this project. SNAP forms that were completed at the road shows were directly handed in as opposed to those that were to be sent into Community Network by post. This was remedied towards the end of the project by completing forms over the telephone with participants. All volunteers did not initially complete a SNAP form which also affected the project's SNAP data.

The project has been very successful in getting older adults to support other older adults and the telephone group facilitator training has played a significant part in instilling enthusiasm, confidence and competence in these volunteers to perform this role. Where partner organisations have ran "closed" groups, they have been able to up skill their own volunteers to support their own service users. This has been particularly useful when partner organisations dealing with specific conditions have wanted their clients to self-manage their health more effectively using **fit as a fiddle**. As a result of these successful partnerships, the legacy of **fit as a fiddle** continues beyond the six week telephone groups and has offered something more to organisations, their volunteers, and service users.

The **fit as a fiddle** project has also benefitted Community Network and their partners on an organisational level. Community Network is a small charity and social enterprise which operates UK-wide, very specifically using teleconference technology. Because of the **fit as a fiddle** project, effective partnerships were formed that would have

otherwise not been able to. Despite Community Network existing for over 20 years, the organisation is not that widely well known. The profile of Community Network has therefore been raised through **fit as a fiddle** along with the public health issue of social isolation and loneliness. The project has also enabled Community Network to develop a healthy living package with handbooks which can be marketed to other organisations. This includes the development of sustainability routes such as *train the trainer* which would not have been put together without this project's funding. Finally case studies and testimonials were collected which are vital to demonstrate the social impact of Community Network's work. This has included a very powerful video which is on a USB stick that accompanies the handbooks. It is through the testimonials and case studies that Community Network is again reminded of the social good they do and how this makes a difference in the UK especially to those that are isolated and lonely.

4.2 Recommendations

Throughout the project feedback has been very important and asked through questionnaires and telephone calls. Feedback has always asked stakeholders what has worked well, what is not working so well and if there are any improvements they'd make. This has generated a variety of responses and Community Network has continuously taken these on board and improved their service where possible. Community Network has learnt that the structure of **fit as a fiddle** is so unique and effective, that they will look to support this work further and continue to work with organisations that deal with long term conditions, offering self-management programmes like **fit as a fiddle**.

Due to the large amount of feedback, monitoring and evaluation tools used on this project, Community Network has decided that so many tools are not necessary, but using the correct impact scales, specific to the outcomes achieved from **fit as a fiddle**, are worth keeping. As the quantitative data has demonstrated how effectively the **fit as a fiddle** telephone groups have improved older adults' mental health and well-being, social scales that test this are ideal to monitor project impact. Therefore the **fit as a fiddle** course will continue to be offered with some of the monitoring and evaluation tools such as the WEMHWBS and feedback forms. This scale has also been taken forward and applied to other Community Network projects due to its reliability and effectiveness. The data collected on SNAP forms is used in Community Network's referral forms and SNAP forms are still included in handbooks the project has produced. Community Network also appreciates the necessary use of qualitative measurements, collected through cases studies and open feedback channels and so will continue to do this for all of their projects. With relation to data collection and maximising the amount of feedback sent to Community Network, it has been found that asking questions over the telephone provide a more accessible means of doing

this for older adults. However it is also respected that this may not be the preferred approach by all older adults and some may prefer further anonymity.

The **fit as a fiddle** project has provided further opportunities for Community Network to partner with organisations in other regions of the country outside of areas that have funded projects. With that, Community Network has been able to practice how to get the best out of those organisations and how to adapt recruitment models for each partner. As the **fit as a fiddle** course has increased the number of people that undergo training with Community Network, the organisation has learnt how to deal with a high volume of volunteers and manage cancellations more effectively.

With respect to beneficiaries and their placement in telephone groups Community Network will take on board key learning points from the **fit as a fiddle** project. These include considering the perceived age of older adults and the age of other older adults they would like to talk to. For example it was found that “younger” older adults did not want to necessarily want to talk with “older” older adults as they may be talking to someone who was their parent’s age. This is very important especially if a service user has lost a parent or may be caring for one, and is possibly using a telephone group to build other social relationships away from these circumstances.

Finally, Community Network intends to support future organisations to access **fit as a fiddle**. Community Network has created volunteer, trainer and partner organisation packs and will use their experience from the **fit as a fiddle** project to empower others to run this project independently and with the same success.

Appendices

1. List of Partner Organisations Community Network Worked with on the **fit as a fiddle** Project

Organisation Name
Hospitality Action
Poplar HARCA
Avante
Disability Cornwall
Bromley by bow Centre
Family Mosaic
Grace Consulting
NIACE
Jewish Care
Notting Hill Pathways
Age UK Hillingdon
Open Age
Peabody
Older Feminist Network
Castle Point Association
Good Neighbour Project
Thanet Community
New Horizons
Life Academy
Stroke Association
Age UK Doncaster
Age UK Oxfordshire
Age UK Harrow
Coffee Caravan
Age Concern Hammersmith and Fulham
South Gloucester Council
Somerset County Council
People's Voices
Age UK Leeds
Thames Valley Positive Support
Good Gym

Kuumba Imani Millennium centre
Bracknell Forest Council
Bedfordshire Rural Communities Charity
Bournemouth Borough council
East Sussex Borough Council
Enfield over 50s forum
Kent Borough Council
Age UK Barnet
Age UK Seven oaks and Tonbridge
Brighton and Hove Council
Thrive
East London NHS
Community solutions Lancashire
Hyde Housing
Arthritis Care
Beneden Healthcare
Chill4us Carers
Stroke Association Harrow
Notting Hill Housing

2. fit as a fiddle Evaluation Form



***fit as a fiddle* Evaluation Form for Facilitators**

We are very keen to make sure that the *fit as a fiddle* programme is meeting everybody's needs and that each group gets the most from it. To help us do this we would be very grateful if you could complete this form and return it in the envelope provided.

- 1. How far did the *fit as a fiddle* programme meet your expectations?
(please tick the relevant answer)**

Completely Very well Fairly well Not very well Not at all

Please give the reasons for your answer

2. How much have you personally benefitted from the experience?

A huge amount A lot A little Not at all

In what way(s) have you benefitted?

3. How well did the training prepare you?

Completely Very well A little Not at all

Please give the reasons for your answer

4. What did you find easiest?

5. What did you find most difficult?

6. Is there any extra support you would have liked?

| Yes No

Please give the reasons for your answer

YOUR GROUP

7. Do you think that the project has helped the members of your group to manage their health more actively?

| Yes No

Please give the reasons for your answer

8. What helped them most?

9. What helped them least?

10. Overall, how satisfied are you with the *fit as a fiddle* programme?

Completely
satisfied

Very
satisfied

Partially
satisfied

Not at all
satisfied

Please give the reasons for your answer

11. Are there any improvements you would suggest?

12. Any other comments?

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Thank you for taking the time to complete this evaluation. Your feedback is very much appreciated. Please return this form in the FREEPOST envelope provided.



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Age UK is a charitable company limited by guarantee and registered in England (registered charity number 1128267 and registered company number 6825798). The registered address is 207-221 Pentonville Road, London N1 9UZ. Age Concern England (registered charity number 261794) and Help the Aged (registered charity number 272786), and their trading and other associated companies merged on 1 April 2009. Together they have formed the Age UK Group, dedicated to improving the lives of people in later life. The three national Age Concerns in Scotland, Northern Ireland and Wales have also merged with Help the Aged in these nations to form three registered charities: Age Scotland, Age NI and Age Cymru. ID9213