

# fit *as a* fiddle

Final Evaluation

Age UK West Cumbria Social Isolation and Volunteering project



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# 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 Lives<sup>1</sup> cross governmental initiative and the New Horizons report , which sets out a vision for mental health services for 2020<sup>2</sup>. 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

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<sup>1</sup> Healthy Weight Healthy Lives, Department of Health, see [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_082378](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378)

<sup>2</sup> New Horizons, Department of Health, January 2010, see [http://www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/DH\\_102050](http://www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/DH_102050)

mental health and wellbeing: discrimination, participation in meaningful activity, relationships, physical health and poverty<sup>3</sup>. By increasing the focus upon good 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 Aims and objectives

This report will show how the project was delivered and how it developed during its lifetime. It will detail data collected and methodology.

Successes and lessons learnt will also be described and the impact on beneficiaries.

## 1.3 Methods

Data collection included:

- SNAP data
- Surveys and questionnaires with beneficiaries
- Case studies
- Observations

## 1.4 Structure of the report

### Key Findings:

#### Impact on older people

This section will show how the project supported socially isolated older people to access information and activities to address health issues and the improvements they reported as a result

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

### **Impacts on partnerships and sustainability**

This section will describe the type of partners engaged with and how this supported the work of the project to continue after the project's end.

### **Impacts on volunteering:**

This section will describe how the volunteer training package was developed, feedback from volunteers and resultant improvements to the organisation's volunteer induction and training processes and procedures

### **Impacts on equality and diversity**

This section will describe how the project enabled inclusion.

### **Health literacy**

This section will describe how the project improved access to information resources and support relating to health issues

### **Economic value of the project**

This section will describe how low level interventions such as those delivered by the project can contribute to the 'prevention agenda' in health provision, thus reducing long term costs

### **Conclusion and recommendations**

This section will summarise the main findings from the project and put forward recommendations for taking the work of the project forward in future.

# 2 Project overview

## 2.1: Aims and intended outcomes

Socially 'isolated at home' (national programme)

This project is one of five within fit as a fiddle's National Cascade Training programme. Its aim is to develop innovative training and support materials and activities supporting volunteers working with socially isolated older people living at home; to improve opportunities for physical activity, eating healthily and mental wellbeing.

This includes reaching the following outcomes, per organisation funded;

- Recruiting and training volunteers within a 1-2 day programme, and enabling them to support socially isolated older people living at home into opportunities for physical activity, healthy eating and mental wellbeing
- Supporting up to 120 volunteers and 550 older people
- Organising 'road shows' reaching up to 550 beneficiaries
- Evaluating the project's impact
- Participating in a wider cascade training programme and attending fit as a fiddle partner meetings

## 2.2: Project details

The project began on 1st May 2010 and ended on 31st October 2012.

The target group for this project is older people isolated at home who need additional help to access information and activities to address health issues. Support was given by trained volunteers to encourage and enable beneficiaries to engage in activities which will increase their physical activity and exercise, improve their diet and healthy eating, and address loneliness and isolation. Support was offered on an individual basis or via 'road shows' and other health promotion events.

It is recognised that social isolation can have an impact on other factors such as mental and physical health. Social isolation, and the accompanying feeling of loneliness, is an important contributing factor to depression with levels of depression high among isolated people in their 80s ('Undiagnosed, untreated, at risk' Age Concern Report August 2008.) Detecting social isolation, particularly in rural communities early helps to prevent the development of depression and other associated health problems. Recent studies have shown that the impact of social isolation on health and well-being is greater than that of smoking.

The geographical area covered consisted of the two local authority districts Allerdale and Copeland in Cumbria, known locally as 'West Cumbria'. These two districts



include both sparsely populated rural areas and areas of severe social and financial deprivation in the urban locations of Workington and Whitehaven. Social isolation is common in both types of area. In rural areas it is often due to poor transport links and distances from centres of population where social activities are available. In the more populated areas, older people are isolated due to health and mobility problems. It is a common fallacy that people living in a town are not isolated and so their problems are not always fully recognised or addressed by mainstream services.

In 2009 the population density of Cumbria was calculated as 73 people/ sq km, one of the lowest population densities in the country and 50% of people in Cumbria live in rural or isolated communities. They include a significant number whose families or friends have moved away and people who have retired into the area and have not built up support networks.

There is an above average population of older people. Social isolation is a major problem for older people, particularly in our more isolated rural communities with poor access to activities, services and public transport. 65% of our pensioner households are in rural areas (compared with the national average of 20%), and 58% of these are pensioners living alone and at greatest risk of loneliness and associated health/mental health problems.

The project recruited volunteers to support older people with the aim being that this type of peer support is less formal and more likely to gain long term sustainable results than short term intervention from health professionals. Having a volunteer who may have experienced a similar condition and therefore can empathise can be more encouraging and enabling in a similar way to the 'expert patient' initiative.

Training volunteers on issues of social isolation and health related problems allows us to increase capacity to support socially isolated older people. Promotion of social inclusion also helps to maintain health & wellbeing supporting older people to be independent for longer.

Volunteers benefitted from involvement in the project by feeling that they are helping others whilst also addressing their own issues of social isolation.

### **2.3: Project context**

Age UK West Cumbria (AUKWC) works with a range of voluntary and statutory partners including Adult Social Care, Health and local and national third sector organisations to deliver services and activities aimed at improving health and wellbeing for older people and addressing issues of social isolation in particular.

The organisation is involved in delivering local and county wide programmes, the latter mostly in partnership with other Age UK's in Cumbria.

Having well established services and community projects within the organisation has provided project staff and volunteers with a 'ready-made' source of information and activities to refer beneficiaries to within and external to AUKWC. This enabled the

project to progress right from the beginning without having to establish new networks and contacts.

The organisation has been building up close working links with GP's and health commissioners in the area and the project has contributed to this. We have staff based in three local community hospitals and have also established health and well-being hubs with three GP practices funded via NHS integration bursaries. GP's and other health professionals can refer patients to the hub coordinator who acts as a 'one stop shop' to signpost and refer on to third sector and other organisations. This work has been undertaken to support integration bursaries and deliver targets under the NHS Commission for Quality in Innovation (CQUIN) framework. The main reason behind these initiatives is that many older people present at GP surgeries on a regular basis with seemingly minor conditions, but the underlying factor is the need for social interaction. Referral to the health and well-being hub leads to the patient being introduced to a variety of services and activities thus addressing their social isolation and resulting in fewer visits to the GP surgery.

## **2.4 Project management and leadership**

The Chief Executive of Age UK West Cumbria has high profile with statutory and voluntary organisations across Cumbria and beyond enabling effective engagement with leaders in the field of older peoples' wellbeing. She is the Third Sector Representative on the Healthy Communities and Older people Group and the Action for Health Representative on the Health and Wellbeing board amongst other related involvement with health and well-being of older people outside the organisation.

The project was delivered within the Active Living Division of AUKWC. The manager of this division has led a variety of community development and volunteering projects over a period of six years. She is a member of external bodies such as the Mental Health Provider Group and Locality Stakeholder Groups. Project staff have backgrounds in community development and volunteer recruitment and support.

## **2.5: Involvement of older people and volunteers**

The key aim of the project was to recruit volunteers to deliver peer support to beneficiaries They did this through a variety of roles such as visiting older people at home to establish their individual issues and offer information and guidance, enabling older people to access activities and accompanying them where needed, supporting road shows and health and well-being events, supporting older people to access information on opportunities in their communities and updating newsletters and social diaries with information on community activity.

**61** Volunteers were recruited and trained to provide support on an individual and group basis as appropriate.

Volunteers came from a variety of backgrounds, some were existing volunteers with other projects or services, mainly those in community activity or day care roles, the remainder coming via project promotion.



One of the volunteers, Pat, had previously been treated for cancer and joined a cancer support group set up through another project. She felt that she would like to take on some volunteering and was recruited to the fit as a fiddle project where she gave individual support to beneficiaries in relation to accessing information and activities and she also helped with the organisation health and well-being events. She enjoyed the fact that she was helping other people rather than being on the receiving end of support as she had been during her cancer treatment. This is a very important aspect of volunteering for many people.

Pat undertook other volunteering roles including helping to run the cancer support group and other activities. Her daughter nominated her to run with the Olympic Torch and she thoroughly enjoyed doing this as it demonstrated how she had overcome her health problems. Pat is now looking for other volunteering opportunities and is considering helping a new project where she will be supporting older people in areas of severe financial and social deprivation to be involved in their community. She also felt confident enough recently to apply for a paid position with another project.

Another volunteer, Wilf, was a great example of an older person helping others to increase physical activity. He had run exercise classes for Age UK West Cumbria and supported the fit as a fiddle project by encouraging individual beneficiaries to attend activities and by supporting health and well-being events and road shows. He was enthusiastic about the mental as well as physical benefits of exercise and gave people a lot of encouragement. He had suffered some personal problems and was grateful for the support of project staff and enjoyed giving help back where he could. We had nominated him to run with the Olympic Torch but, sadly, Wilf died suddenly and so never achieved this ambition.

All the volunteers received induction and training through a structured programme with a training package tailored specifically to the project.

During the pilot phase of the project, the training pack was evaluated, and feedback from volunteers and staff informed changes in content and delivery. For example, many of the volunteers felt that a concentrated training session over 1 – 2 days was too much for them and they preferred it to be delivered in shorter sessions over a longer period of time. They also welcomed the regular volunteer network meetings that were set up by the project staff and these have continued as they involved volunteers from other projects. These network meetings served two purposes in that they were an opportunity to share experiences and for volunteers to get to know each other, but also for extra training sessions or information updates to be slotted in. The project staff made sure that they informed the volunteers how important their opinions were and that the training had been adapted to reflect this. The volunteers appreciated this as it made them feel that they were instrumental in the development of the training as well as benefitting from it.

As the project developed, volunteers reported that they felt the responsibility of one-to-one support on health issues to be too onerous and preferred to help the beneficiaries to access information and activities, accompanying them initially for extra support. They enjoyed helping with road shows and health promotional events as the project

staff were in attendance and they did not have sole responsibility. They felt strongly that their role was that of added value and extra support for individuals once an assessment had been made. This was acknowledged and recognised in the training and provision as the project developed. The volunteers very much appreciated that their views were taken into consideration and that the project was allowed to change and evolve to support them. As a result of this most stayed on.

## **2.6: Outcomes of the project**

### **Pre-pilot phase:**

- Put steering group together
- Research older people needs/carry out back ground research
- Develop model for training and draft pilot course materials
- Develop volunteer recruitment materials
- Develop promotional materials for beneficiaries and professionals
- Train expert trainers for pre-pilot
- Promote in one locality
- Recruit pre-pilot volunteers
- Identify beneficiaries
- Deliver training course to pre-pilot group of beneficiaries
- Pilot, monitor and support volunteer activity in one sub-locality
- Review training, recruitment and promotional materials.

### **Pilot phase:**

- Promote in localities
- Recruit volunteers
- Identify beneficiaries
- Road shows
- Evaluation

## **Achievement of outcomes:**

Research carried out had shown that social isolation is a major problem among older people and has a huge negative impact on health and well-being. This informed the development of the project.

The training pack, promotional materials and volunteer recruitment materials were developed and trialled in the pre-pilot phase. Following review and feedback from volunteers and participants, amendments were made and training undertaken.

Promotion was undertaken on a gradual basis locality by locality and local volunteers recruited to support beneficiaries. Road shows were promoted via campaigns and events.

**967** beneficiaries were supported, 893 from road shows and **74** initial individual referrals .

**61** volunteers were recruited

## **2.7: Successes and lessons learned**

Successes:

- Older people have been supported with health issues and enabled to improve their physical and mental well-being through peer support

One example of this is **Ilsa**, who was first introduced to the fit as a fiddle project at a promotional road show campaign held at a surgery during their flu clinics. She had become depressed and had difficulty in walking long distances. After talking to her about the project, she agreed to allow a fit as a fiddle volunteer to visit her.

A volunteer visited and discussed activities and services available to her, offering to accompany Ilsa to help her settle in.

Ilsa enrolled in the Active for Life weekend group and has attended monthly activities. She was also invited and attended the Cancer support group Christmas Party. She has joined the knit and crafts class every Tuesday where she is often seen teaching others how to crochet. She regularly drops into the Age UK Centre just to visit the staff and volunteers for a cup of tea and a chat.

During her visits the volunteer provided Ilsa with information on Wiltshire Farm Foods as she found she felt she was not eating properly. Now Ilsa orders from them on a regular basis.

Comments from **Ilsa**

“I find it difficult to make the first move to meet a group of strangers. I heard about fit as a fiddle and a volunteer came to see me at home. The best move I

ever made. We became friends and she discussed all the options available to me. I am 84 and disabled so can't walk very far now (which I used to love). So she came with me to introduce me and came with me until I found my feet to things I could do. I joined the Active for Life programme and now look forward to outings every month. I go to the knitting circle every week, meals out and coffee in the centre with Claire and Alison and the people there who are all very friendly and welcoming. I wish I had done it sooner. After my husband died and my elder friends got less too, I lost my little dog as well, family live away and can't come often, so it got very lonely. Reading, knitting for the shoe boxes appeal and television gets very boring so I am very grateful the support and all the people involved. I now have something to enjoy and look forward to and a reason to make the effort to get out".

- A well-developed volunteer training package has been produced that we can now adapt and use as a base for future volunteer support
- We have a base of trained volunteers who have gone on to support other projects and services following the end of this project
- Other well-being initiatives such as the health and well-being hubs have benefitted from experience of this project
- Volunteers appreciate a regular opportunity for information sharing, informal training and networking

#### Lessons learned:

- Training delivery – staff needed support for training volunteers and recognising different learning styles, etc.
- The training sessions had been planned for 1-2 days at a time, but this proved too long and in response to feedback from volunteers was changed
- Volunteers on the whole prefer a support role rather than a role with total responsibility. Some felt out of their depth and preferred a member of staff to undertake initial assessment and they would then step in to provide support to enable participants to achieve their goals
- The projected recruitment target for volunteers was too high and it was found that investment in training fewer volunteers produced higher quality support and proved more effective than attempting to meet high numbers.
- A greater number of people were supported via events than were initially referred on an individual basis. It is probable that this result would be different if the fit as a fiddle project was started now, when we are working more closely with GP's on the integration bursaries and their understanding of the beneficial effects of low level support increases.

# Key findings

## 3: Impacts on older people

### Healthy eating and diet

The Ecorys survey found that beneficiaries did increase the number of portions of fruit and vegetables consumed increased between the first contact and end of intervention, but was not always sustained by the follow up point.

Most beneficiaries recognised the need to do something about their diet and welcomed the support given by the project.

The fit as a fiddle cook book was a welcome resource and was used as a means of encouraging healthy eating by demonstrating the ease with which the amount of fruit and vegetables can be increased in the daily diet. The recipes were used to produce lunches and snacks at road shows and events which helped to increase distribution as people took them home to try for themselves the dishes they had enjoyed in a group situation.

The cook book inspired the production of a Winter Warmers tips booklet which included recipes. Both the fit as a fiddle cook book and the Winter Warmers booklet were well received because of their easy to follow format and because they had the recipes in small quantities which are more suitable for older people. They were especially welcomed by people living alone as it is not always easy to adapt standard family recipes and this can lead to older people not bothering to cook a healthy meal for themselves. The opportunity and ability to produce a nutritious, inexpensive hot meal simply and quickly can have a major impact on health and well-being especially in winter.

Beneficiaries living alone were encouraged to join lunch groups. The social interaction combined with the nutritional value of a hot meal was an important factor. One lady reported that her mother's appetite had improved simply by her looking forward to the lunch out and enjoying eating in the company of others.

### Physical activity and exercise

The Ecorys survey showed there has been a significant increase in walking among participants. Working in partnership with colleagues and external organisations was key to this and to supporting beneficiaries with increasing physical activity in general. Links with Walking for Health, Door Step Walks and Fit for Life community gym enabled access to safe, supportive exercise. Staff on other projects had also facilitated walking groups with trained walk group leaders, activities such as seated Pilates, Nia (Non-impact aerobics), tea dances and other gentle exercise groups that beneficiaries could be introduced to.

Many people would consider that walking is the obvious activity for many people in this area, but it is surprising how many people in West Cumbria look upon the Lake District

as a different area completely and also transport difficulties prevent easy access. Having a group to walk with makes a significant difference as the companionship is as important as the exercise and contributes significantly to the sustainability of the groups.

This case study is an example of the importance of the social aspect of the groups.

**Angela** was introduced by fit as a fiddle to several activities including the weekend walking group and said, "The other activity that has really improved my life, and confidence, is the social group 'Active for Life'. We meet on the first weekend of the month. There are a variety of events, from short walks to social events. I have met many friendly and helpful people. We have been to so many interesting places that I would not have visited. I am looking forward to Keswick's Christmas market next Sunday.

It is only because of all the help and support and the use of the minibus that the group is still in existence. Without this support I do not know what I would do, as I live alone and do not have any family living near. I also suffer with ME and fibromyalgia, although my condition has improved over the last few years. I do go to a Tai Chi class once a week that I enjoy, but that is only for one hour".

The walk group leaders ensure that the walks are tailored to the group members' capabilities and fitness. A walk does not have to be strenuous or on steep fells to be beneficial and this enables older people with limited fitness to enjoy them. A group has been set up specifically as a gentle amblers session.

The fit as a fiddle staff invited the local council health improvement officer to attend a road show and, as a result, he offered to carry out two health assessment sessions with one of the walking groups. By the second assessment, all of the amblers saw improvements in their fitness, especially increased muscle mass and reduced body fat. One gentleman lost 8lb in weight, gained 4lb of muscle mass, lost 3lb of body fat as well as reducing his metabolic age from 81 – 70 years. All were motivated to keep walking and focus on healthier lifestyles. Another similar assessment is planned.

There was a significant increase in positive attitudes to physical activity between first contact and end of intervention but by follow up this had decreased by the time of follow up.

In the case of activity causing one to breathe harder, the long-term improvement was more substantial than the short term.

### **Mental well-being**

The Warwick Edinburgh Mental Well Being Scale was used as a measure of mental well-being. There was a significant increase in well-being between the first contact and final intervention but little change by follow up.

Involvement and engagement in activities has a major positive impact on mental well-being, but many older people lack confidence to go to groups on their own. Having a volunteer or member of the project staff to support them means that they will attend



community activities and once introduced then gain confidence to continue on their own.

Having some sort of social contact in whatever context has been shown to be beneficial. Simply knowing that there is someone to phone or call in for a chat and who will be supportive but not judgemental is an important factor. The informal nature of the support is valued as opposed to formal health care contact from health professionals.

The following case studies illustrate this

**Betty** was referred to Age UK West Cumbria by email from her son who is a serving officer in Afghanistan. He was very concerned about his mother as she had just moved from the Leeds area after living there for 50 years in the same family home. Betty moved the village where her son and his family will be living as soon as renovations to his house are completed. The village is very nice but there is nothing going on for Betty, who can no longer drive and is not very mobile therefore has to take a taxi every time she wants to visit the nearby town for shopping or Doctor/Dentist appointments etc.

During her initial assessment Betty revealed that she felt depressed, which shocked her daughter who lives in another part of the country and was visiting her mother. It was identified that Betty could do with a benefits check and having her general independent living needs addressed. Social outings were also discussed.

As a result, Betty now has full Attendance Allowance which enables her to pay somebody to help at home and assist her with outings. She attends a local Lunch Club and Age UK Befriending group coffee afternoon where she has met several ladies who have things in common. Also once a month there is an event at the local theatre in conjunction with Age UK - Arts and Allsorts. Betty is also now considering day care which will take her out for a whole day or two.

Betty now has a more positive outlook on life and her depression is less severe. She is a very intelligent, sociable lady but due to her mobility problems and relocation has found it very difficult to feel at home and settle into her new life.

**Audrey**, a lady who has been known to Age UK for several years through various projects, has carers several times a day and is also involved with the Mental Health Team as she gets depressed and very lonely since losing her mobility. She had to sell her car two years ago and that was the final straw for her. She had several falls which resulted in hospital stays.

A fit as a fiddle volunteer visited Audrey and after the initial introduction Audrey clapped her hands with delight at the prospect of a regular visitor who is **not a carer or professional of any sort**. The relationship is working wonderfully well for both Audrey and volunteer. Audrey enjoys her visits from her volunteer and now goes out in a wheelchair when they both feel up to it. Despite still

having falls now and then her mood is lighter and she is much more confident in general.

**Rita** was directed to Age UK via another agency as she was very lonely due to her mobility problems. She had been very involved with U3A and had a dog but since she has been unable to get out and about unaided her world has shrunk and she feels nobody is interested. Through the fit as a fiddle project Rita was introduced to a monthly coffee afternoon and has found a whole new group of ladies in a similar situation to herself. Although her arthritis in her ankles is much worse she now takes the bus to Keswick once a week, when possible. Before fit as a fiddle was involved she did not have the confidence to do this.

She has enjoyed the support so much that she mentioned it to her friend, Mary who was also heavily involved with U3A and has the same feeling of isolation now that she is less mobile. She too has joined the coffee afternoon group. Mary was also flooded in 2009 [Cockermouth area was severely flooded in November 2009] and since the fuss has died down she now finds herself very often lonely. Both ladies were also introduced to the monthly afternoon events at the local theatre through fit as a fiddle. Mary is also more confident and reports that she feels less “useless” than she did. She has even booked herself on a holiday!

#### **4: Impacts on partnerships and sustainability**

Working in partnership with colleagues within Age UK West Cumbria and external organisations has been a key factor in the success of the project. This has enabled beneficiaries to access a wide range of activities and services.

Partners included third sector organisations, Fit for Life community Gym, libraries, sheltered housing, local community venues, local theatre, Cancer Network, local councils, West Cumbria Carers, Falls Prevention teams, Northern Fells Group, clergy, GP's and health care professionals and Adult Social Care among others.

The project has also supported the work we are undertaking with GP practices to set up health and well-being hubs in three localities. GP's and other health care professionals can refer to a member of Age UK West Cumbria staff who acts as a 'one stop shop' to refer on to third sector and statutory organisations according to the patient's needs. This approach to a holistic assessment of need is being replicated in other areas with GP clusters in order to shape and inform future work in response to the needs of commissioning.

The following fit as a fiddle case study has been used as an example to demonstrate to GP's the impact of this type of low level intervention on their patients.

**Irene** Many of our clients present with one particular issue but are then supported with additional needs. Irene was referred to the fit as a fiddle project by her GP. An initial assessment was completed and she was introduced to members of the U3A music appreciation group. She also attended a picnic

social get together of the Active for Life weekend group. The volunteer helped her to gain confidence in ringing and booking the voluntary car scheme as she needed to address transport difficulties. Irene was also given a form to take to her GP for enrolment on the exercise on referral scheme run by Fit 4 Life gym to attend a pulmonary exercise class. She was referred for an Age UK prevention assessment having informed project staff about anxiety about being without heat over the winter months and for information on Careline services. She was also referred for a benefit check via Age UK.

Discussion with partners at national level during the project lifetime has been supportive and helpful. Working with them to develop the training pack has shown that one model does not fit all and the final finished product has been produced in modular form in order that organisations using it in future may adapt it for their own use.

## **5: Impacts of volunteering**

A significant impact for our organisation has been the development of the volunteer training pack and the resultant improvements to recruitment and training procedures.

The specific focus on developing detailed training enabled us to review current practice and provision for volunteer recruitment over the whole organisation. Although the finished training pack was aimed specifically at fit as a fiddle volunteers, the generic elements have been adapted to create a modular training course with modules for specific services and projects. It has been of especial benefit for a subsequent project recruiting volunteers to support older people with personal budgets.

During development of the training pack staff gained an insight into learning styles and how to adapt to them with different groups.

They also learned that the initial proposed training sessions of 1 – 2 days at a time were too long and volunteers were reluctant to attend in this basis. The sessions were therefore shortened and carried out over several days.

Feedback from volunteers also showed that they enjoyed the training but preferred less formal sessions and so a regular volunteer network coffee morning was set up which could be used as an informal gathering with a training session incorporated as necessary. This has been found to be helpful with updating and sharing good practice and is continuing as a general volunteer network.

During training some volunteers reported that they felt the responsibility of supporting people individually with health issues was too great and they preferred to be added value rather than the main source of support. Training was adapted to address this and reassure them regarding the project remit, but as the project progressed it became apparent that the main benefit was the low level support to access information, activities and services. Volunteers enjoyed escorting people to access activities and supporting the road shows and events where they could be involved in groups rather than on their own.

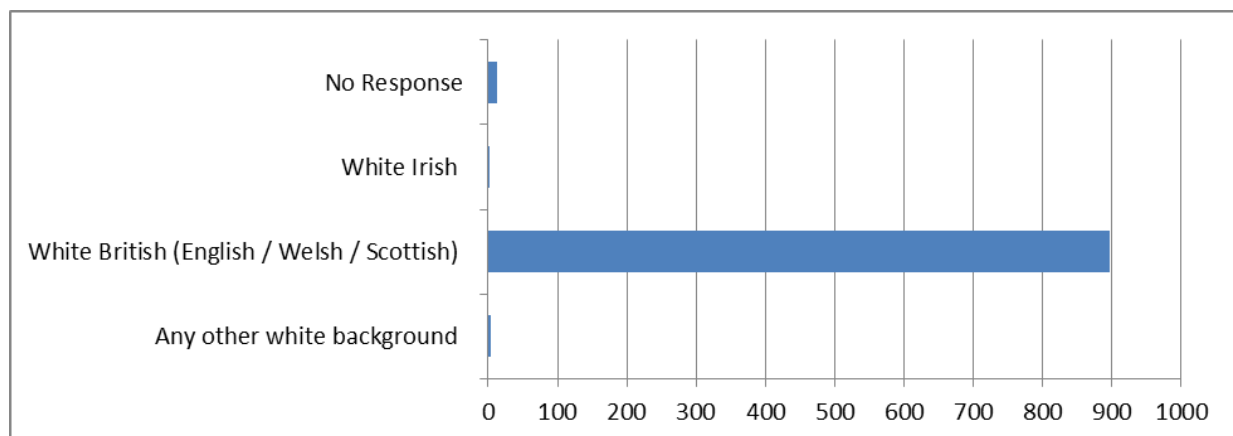
Volunteers valued the support of the project staff and the specific training they had received. They felt it was of value in their own lives as well as helping others.

61 volunteers were recruited and they provided 2598 hours of volunteering over the lifetime of the project, supporting 967 beneficiaries. Using an average hourly rate of £10 (equivalent to minimum wage plus on costs) this would equate to employment cost of £25,980. The number of volunteers recruited has not been as high as that projected but retention has been good which results in better long term value from the investment made in their training.

Fit as a fiddle volunteers have gone on to volunteer with other projects and services within Age UK West Cumbria.

## 6: Impact on equality and diversity

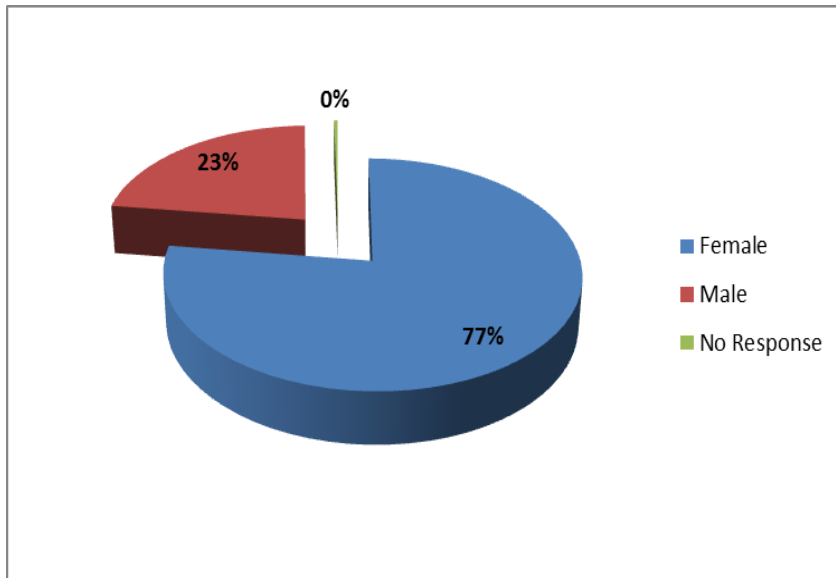
In West Cumbria there have historically been relatively low numbers of people from any other ethnic background than white British and this is still the case in most localities. There are more people now coming into the area from other backgrounds such as Eastern Europe, the Philippines and Thailand for example, but these tend to be younger people of working age and so do not yet come into the age group we are working with. As can be seen from the SNAP data below, out of 914 beneficiaries, all were White British apart from 1 White Irish and 3 White Other. 13 did not respond.



The key 'hard to reach' population targeted by this project were those who are socially isolated. By definition they are disadvantaged and are not always ready or willing to accept support.

Social exclusion can take many forms and in an area like West Cumbria it is assumed that this is mainly due to the rurality of the area and poor transport links. This is an important contributory factor, but many older people in more urban districts are also socially isolated through health conditions, poor mobility or because they are a carer and their social networks have broken down.

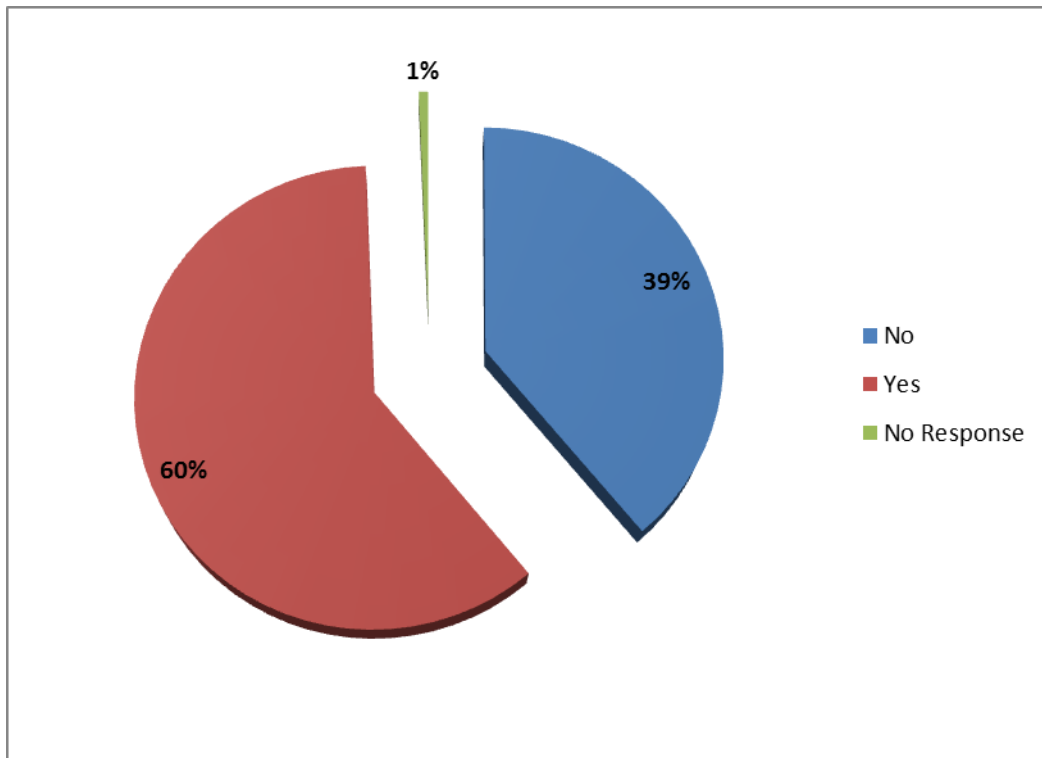
Project beneficiaries included fewer men than women, representing only 23%.



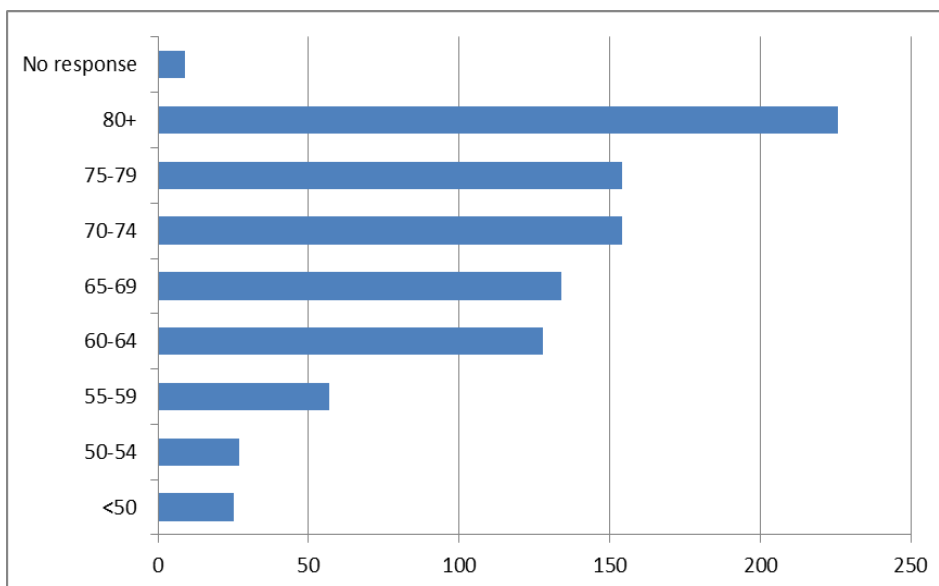
This is partly a result of demographics in that women tend to live longer than men so naturally would form the majority in this age group. However, older men are often socially excluded as they tend not to want to attend social events for their own sake but prefer a reason to do so. They are also less inclined than women to attend health oriented events or activities.

This presented a challenge for the fit as a fiddle staff and volunteers, but they were fortunate in being able to support male beneficiaries by referring them into specifically male orientated groups and activities which had already been set up by other projects within Age UK West Cumbria in response to demand from older men in the community. These included a men's group in a community centre, two groups in DIY workshops and two pub lunch groups participants.

Partnership working, liaison with Age UK West Cumbria colleagues and good working relationships with statutory and voluntary organisations were key factors in reaching the 'hard to reach'. For example people referred for other Age UK services such as benefit checks or help with aids and adaptations around the home were referred to the project by colleagues. The fact that 60% considered themselves to have a disability (see chart below) reflects the importance of these links in supporting beneficiaries. Most people seeking support present with several issues or problem even though their initial enquiry or referral may seemingly be just for one.



With regard to age almost 25% of the 967 beneficiaries were over 80, which may partially explain the percentage of those considering themselves to have a disability. For many people of this age even a small amount of physical exercise or attendance at a social group can have a major impact on their health and well being and help to maintain independence.



Publicity was also important in that road shows and other health promotion events also provided opportunities for families and friends to refer beneficiaries who would otherwise not be reached.



## 7: Health literacy

The fit as a fiddle cook book has been very well received and, following requests from some clients with visual impairment, we were able to reproduce it in part in a larger format. Recipes from it were used to prepare food for road shows so that it could be demonstrated. The format was easy to use and the fact that it was produced **by and with** older people rather than **for** them was important.

It also inspired some of our staff to produce some 'Winter Warmer' recipes to put in a booklet containing hints and tips for older people as part of our 'Winter Warmth' campaign.

This additional booklet was very widely distributed by fit as a fiddle staff and volunteers at road shows, flu clinics, GP surgeries, etc, and is still being requested after the end of the campaign. Staff working on other projects also distributed it and extra copies were printed.

The fit as a fiddle 'Daily Moves' DVD has proved to be a useful tool in demonstrating the ease with which physical activity can be introduced into a daily routine without having to join a gym or undertake strenuous exercise. One of the fit as a fiddle staff showed it to a team of physiotherapists and they requested additional copies as they considered it to be better than the NHS resource they were using with their patients.

During the development of the volunteer training pack the staff suggested that it would be useful to produce a handbook as a shortened version of the presentation for the volunteers to retain and make notes in for themselves. This proved very popular.

## 8: Economic value of the project

It is difficult to assess the full economic value of this project over the relatively short period of time it was running in terms of impact on health services for example. However, in terms of wider added value, the project has had a positive impact on the lives of beneficiaries and volunteers as can be seen from the Ecorys survey results. The significant increases in physical and mental well-being reported in the survey are likely to be resulting in health improvements which in turn result in fewer GP visits and other health care interventions, thus contributing to the 'prevention' agenda which is gaining a higher profile and increased importance for health commissioners.

The project staff and volunteers have supported initiatives and campaigns such as Falls Awareness, Winter Warmth, Breast & Bowel cancer awareness and 5 Ways to Well Being. The latter being particularly appropriate to this type of work and fitting in very well with the project remit. These campaigns would have been undertaken by Age UK West Cumbria with or without fit as a fiddle, but the having the project staff and volunteers meant that they could be given very much greater coverage and emphasis than usual, resulting in many more people being reached with health messages. During the course of the project it became apparent that it was much more productive in terms of finance as well as reaching older people to join with other initiatives than to set up road shows as a separate event.

The monetary value is one aspect of volunteering which is often underestimated. The enormous added value that volunteers bring in terms of support, social interaction, skills, experience and friendship are vitally important and should never be underrated. However their contribution in terms of hours would be very costly if they were to be replaced with paid workers and many projects and services such as this would not be possible. The fit as a fiddle volunteers contributed 2598 hours which, using an average hourly rate of £10 (equivalent to minimum wage plus on costs), would equate to employment cost of £25,980. This would provide one part time paid worker who would only be able to provide a fraction of the support given by the volunteers.

The experience gained through volunteering also has an economic value in that it provides opportunities for training, confidence building, learning skills and so can lead to volunteers returning to paid work.

An additional value for the organisation has been the development of the volunteer training pack, giving the opportunity to improve volunteer recruitment and training procedures through the whole organisation. Without the dedicated time from the project we would not have had the resources to carry this out at present.

## **9: Conclusions and recommendations**

### **Conclusions:**

Social isolation is known to be one of the major problems impacting on health and well-being for older people and this project has provided an additional, innovative way of addressing it through peer support for health issues.

The project has been shown to have had a beneficial impact on the health and well-being of participants, both beneficiaries and volunteers. Peer support giving encouragement to achieve realistic goals has been shown to achieve positive results, with participants increasing their consumption of fruit and vegetables and improving levels of physical activity. Surveys have shown that there has been an improvement in mental well-being.

The importance of partnership working has been demonstrated in the delivery of the project. Age UK West Cumbria is a well-established and relatively large organisation with a history of partnership working and a network of relationships built up over many years which provided opportunities for beneficiaries and volunteers alike. This provided a ready-made pathway to enable participants to be referred to a wide range of services and activities which they would not have accessed without the support of project workers and volunteers. A smaller organisation may not have the capacity to deliver the project on such a scale or achieve the intended outcomes.

Beneficiaries also gained from the associated services and activities delivered within Age UK West Cumbria. In the case studies presented through the report it can be seen that people were referred to other services such as benefits checks and support for independent living very easily.

Volunteers have reported an increase in confidence in supporting older people and valued having dedicated training time. In addition to specific fit as fiddle training, volunteers have also been trained in moving and handling and two have undertaken walk group leader training.

The organisation has benefitted from having the opportunity to develop the project training pack which has been adapted for future use and led to a revision of the organisational volunteer induction and training process.

The development of the training pack as a legacy from the project is important for staff as it shows that their contribution carries on beyond the formal end of the project work.

### **Recommendations:**

- Volunteers reported that they found some aspects of supporting older people with health issues to be a big responsibility and some felt out of their depth. They were enthusiastic and keen to help, but preferred to have a member of staff do the initial assessment of need and then they would take on the support to enable participants. In future projects of this type, this would be the recommended approach.
- There should be less emphasis on recruiting large numbers of volunteers and more on the personal attributes needed. This became apparent as the project progressed and its success lay in retaining suitable, trained volunteers rather than recruiting for the sake of numbers.
- The project only allowed a short time for initial development of the training and promotional materials before volunteer recruitment began. A slightly longer time would have been helpful.
- Organisations considering undertaking a project along the lines of fit as a fiddle should consider their capacity to support beneficiaries and volunteers beyond the immediate project boundaries and their own resources. Good networks and established partnerships are essential as building them up would take time that would otherwise be spent on support.
- The training pack has been developed to be used flexibly in modular form and can be adapted according to need. Responding to volunteers' needs and capabilities is essential.

