

# fit *as a* fiddle

Final evaluation report

Ecorys UK with Centre for Social Gerontology, University of Keele



fit as a fiddle is a programme run by Age UK and funded by the Big Lottery Fund as part of the Wellbeing programme  
[www.ageuk.org.uk](http://www.ageuk.org.uk) [www.fitasafiddle.org.uk](http://www.fitasafiddle.org.uk)



## Contents

### 1 Introduction

- 1.1 Overview and background to fit as a fiddle
- 1.2 About this report
- 1.3 Policy context for fit as a fiddle
- 1.4 About the evaluation
- 1.5 Methodology
- 1.6 Presentation of data
- 1.7 Structure of this report

### 2 Key findings: impacts on older people

- 2.1 Characteristics of participants
- 2.2 Participation in fit as a fiddle
- 2.3 Impacts on healthy eating
- 2.4 Impacts on physical activity
- 2.5 Impacts on mental wellbeing

### 3 Key findings: impacts on volunteering

- 3.1 Overview of volunteering activity
- 3.2 Recruitment of volunteers
- 3.3 Volunteer roles
- 3.4 Management of volunteers
- 3.5 Impact on the volunteers
- 3.6 Impact on the portfolio
- 3.7 Sustainability through volunteering

### 4 Key findings: impacts on partnerships and sustainability

- 4.1 Overview of health literacy strand and educational resources
- 4.2 Awareness and reach of health literacy materials
- 4.3 Effectiveness and usefulness of health literacy materials
- 4.4 Branding and marketing
- 4.5 Impact of health literacy materials
- 4.6 Blood Pressure Association leaflets
- 4.7 Recipe for health living pack
- 4.8 Exercise DVD

### 5 Key findings: Partnerships and sustainability

- 5.1 Partnership working at project level

5.2 Successes and lessons learned

5.3 National level partnership working and strategic added value

5.4 Sustainability

5.5 Models of sustainability

## **6 Key findings: Meeting the needs of older people**

6.1 fit as a fiddle target groups

6.2 Approaches for reaching target groups

6.3 Older men

6.4 Faith and BME groups

6.5 Frail and elderly people in care settings

6.6 Isolated at home older people

6.7 Non regular Age UK users

6.8 Feedback on management and delivery of the portfolio

## **7 Key findings: health literacy**

7.1 Value for money

7.2 Additionally

7.3 Costs and benefits

## **8 Key findings: economic value of the project**

## **9 Conclusions and recommendations**

# Executive Summary

## Overview

Age UK was 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. The portfolio was part of Big Lottery Fund's wellbeing programme. It targeted people aged over 50 across England and delivered a range of activities to help improve healthy eating, levels of physical activity and mental wellbeing through locally led projects. A national programme used a cascade training model to help volunteers to deliver activities with specific target groups including BME and faith communities and older men. Overall, **fit as a fiddle** supported **375,392** older people. In addition, **252,370** older people have become better informed from using **fit as a fiddle** resources.

The aim of this evaluation was to: **assess the impact of the portfolio and the range of interventions used by the national and regional projects.**

The evaluation also assessed themes including volunteering, partnership working, and the economic value of the portfolio.

The methodology involved a mixture of desk research using monitoring data from the portfolio and wider background data, coupled with a range of primary research methods, both qualitative and quantitative.

## Impacts on older people

The portfolio had achieved positive outcomes for older people and tracking survey data shows clear impact on levels of physical activity, healthy eating and improvements to mental wellbeing as measured by a series of recognised scales. Some of these changes were sustained three months after the projects ended. There were few recorded instances of negative outcomes, such as injury or illness as a result of participating in **fit as a fiddle**. The needs-led nature of the portfolio, with

emphasis on activities designed and led by older people was key.

At the time of writing, **fit as a fiddle** had been selected by the cross-governmental Age Action Alliance as a preferred 'model' for delivering healthy ageing services. Key aspects that had inspired this recommendation included the needs-led nature of the portfolio, and its focus on partnership, involvement and volunteering.

## Volunteering

The portfolio involved over 4,500 volunteers, who contributed hundreds of hours of time which provided extra capacity for the portfolio to deliver activities in a cost effective way and enabled older people to contribute. Projects reported to have learned a lot through **fit as a fiddle** about how to train, motivate and retain volunteers and on the whole volunteers reported their volunteering experience to be positive and to have led to improvements in outcomes such as greater self-confidence. Some volunteers progressed to become qualified to deliver physical activities.

## Partnership working

Partnership working was very strong in the portfolio, and the majority of projects involved partners informally, either in delivery, for access to resources such as in-kind donations or room hire, or to access referrals onto the project. Nationally, strategic relationships between Age UK and other major charities such as British Heart Foundation and the Mental Health Foundation enabled delivery of projects that would sit outside of Age UK's skillset and brought a new dimension to what was on offer to older people. Nationally, the portfolio influenced policy particularly around physical activity.

## Health literacy

The health literacy resources reached more than 270,000 older people and professionals, particularly staff in care homes; and achieved a scale impact in terms of reach. The fun and attractive branding and accessible design

and language of resources proved popular with older people and professionals. Successes included the set of three care home leaflets and the recipe packs which received overwhelmingly positive feedback and were well designed, clear and informative.

## Meeting the needs of older people

The National Cascade programme targeted specific groups of older people, including men, older people in care settings, isolated older people and ethnic and faith groups. Across the portfolio, a higher than average proportion of older people from ethnic groups were reached, and some projects also managed to penetrate high numbers of men particularly the well regarded and innovative men's National Cascade project. The portfolio was relatively more successful at reaching older old people (aged over 80) than younger old people (under 60s). However, sometimes the intensive nature of the work required to engage these groups meant it was sometimes difficult for these projects to meet targets.

## Economic value

There were many examples of proactive steps being taken by projects to ensure that they secured good value for money in their own procurement and the majority of projects within the regional portfolios managed to lever in additional funding. However, the cost per participant varied, largely reflecting different types and intensities of activity.

The support **fit as a fiddle** provided was largely additional and a significant proportion of the resulting outcomes would have been unlikely to happen in the absence of **fit as a fiddle**.

There is recognition that the work undertaken and outcomes achieved are likely to have resulted in benefits in the form of cost savings to service providers. In addition, substantial economic value was generated by the input of the numerous volunteers involved in delivery of projects.

## Sustainability

Around a third of **fit as a fiddle** projects were already being sustained or were confident that all or part of their work would be sustained. Many projects had already secured follow on funding, from Big Lottery Fund and from other national or local funders. There was evidence that efforts were more concentrated in sustaining physical health and wellbeing activities, where there appeared greater scope to tap into mainstream infrastructure and volunteer contributions to continue. A period of uncertainty surrounding statutory budgets and ongoing restructuring in the NHS had compounded difficulties with securing follow-on funding. Much still rested with the final models that are agreed for GP and public health commissioned services at a local level, and the extent to which the learning from **fit as a fiddle** can be utilised to make a case for wider replication. This was a job for local Age UK's to take forward, supported by Age UK nationally.

## Conclusions and recommendations

**fit as a fiddle** was widely acknowledged to be a success, by internal and external stakeholders, national policymakers, those involved directly in the portfolio, the funder, Big Lottery Fund and beneficiaries benefitting from the services provided. The portfolio met - or was on track to meet - all its intended outcomes and beneficiary numbers.

This was an award winning portfolio, which had achieved national scale recognition as well as having secured follow on funding from BIG to provide delivery for a further 12 months. It was also a unique portfolio due to its scope, scale and focus; there were no comparator programmes operating during its lifespan, either led by government or by other funders.

The main recommendations of the evaluation are that:

Nationally and locally Age UK should continue to promote healthy and active ageing, using the **fit as a fiddle** model and brand as an exemplar.

Local and national Age UK's should develop organisational capacity and practice evaluation to embed a culture of ongoing outcome and impact evaluation across the organisation.

*Age UK should develop and embed organisation wide policies and practices for recruiting, managing and retaining volunteers based on best practices.*

*Age UK to continue to promote, develop and support the partnerships developed as a result of **fit as a fiddle** at local and national levels.*

Age UK might consider developing a return on investment analysis of the value for money of the portfolio to enable demonstration of benefits to potential funders and allow interested parties to take the model forward independently.

*Age UK and partners involved in delivering **fit as a fiddle** should make use of the local and national level evaluation evidence base to build a case for obtaining future funding whether from public funders, grant makers, trusts, high value individuals or corporate sponsorship opportunities.*

*Further recommendations are presented in the main report.*

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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 was 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 two national projects and 24 regional projects, delivered by over 200 organisations (99 of which are local Age UK's/Age Concerns). Each of the nine English regions received £1.2 million to deliver a range of innovative projects in their area. The portfolio builds upon Age Concern's Ageing Well Programme developed in 1993 specifically to improve older people's social and emotional wellbeing in a wider context. An independent inquiry into mental health and wellbeing in later life revealed five main factors that impact upon older people's mental health and wellbeing: discrimination, participation in meaningful activity,<sup>3</sup> 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 **fit as a fiddle** portfolio is focusing on training and support

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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)

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

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.

Overall, **fit as a fiddle** supported **375,392** older people. In addition **252,370** older people have become better informed from using **fit as a fiddle** resources.

## 1.2 About this report

This final report presents the findings of the evaluation of **fit as a fiddle**. It was prepared by the evaluation team, commissioned by Age UK, and based at Ecorys and the Centre for Social Gerontology, at Keele University. The findings are based on research undertaken between September 2010 and August 2012.

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## 1.3 Policy context for fit as a fiddle

### Demographic context

There are over 10 million older people in the UK, a figure estimated to rise to over 16.4 million by 2033. The lengthening of the life course has been supported by the health gains accrued from improved public health, health care and socio-economic conditions such as better nutrition and diet. Nevertheless, there is sustained policy interest in improving healthy life expectancy, especially amongst people defined as the 'oldest old' and for people who are vulnerable to poor health and wellbeing in

later life, due to life course inequalities both across the life-course and in older age.

### Active Ageing

Increased attention has been given to the notion of 'active ageing' as a key strategic and policy response to global ageing. The World Health Organization (WHO) defines active ageing as "...the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age".<sup>6</sup> A key aim of active ageing strategy and policy is to promote physical, mental and social wellbeing and increase healthy life expectancy.

Active ageing has been identified in UK policy as an important framework for developing strategy to promote culture change in the ways in which older people are perceived and experience later life.<sup>7</sup>

### The economic case for ageing well

At present, it is estimated that people who are physically active reduce their risk of developing major chronic diseases by up to 50%, and the risk of premature death by between 20 and 30%.<sup>8,9</sup> Remaining active is also good for mental health and wellbeing as well as impacting on public health concerns, such as weight gain<sup>10</sup> and weight loss in older age.<sup>11</sup> Therefore, increasing the numbers of people who remain physically active should result in major health and economic gains. It is estimated that the cost to the NHS of physical inactivity<sup>12</sup> is £1.06 billion.<sup>13</sup> In addition, the overall annual cost of mental health problems to the nation is estimated at 105 billion.<sup>14</sup>

Apart from the individual benefits to health and wellbeing that can be achieved by

<sup>4</sup> Ecorys

<sup>5</sup> Centre for Social Gerontology, at Keele University

<sup>6</sup> World Health Organization (WHO) (2002: 12)

<sup>7</sup> Department of Work and Pensions (DWP) (2006)

<sup>8</sup> Mowlam *et al.*, (2012)

<sup>9</sup> Department of Health (DH) (2009)

<sup>10</sup> Jones *et al.*, (2009)

<sup>11</sup> Caroline Walker Trust (2004)

<sup>12</sup> This is based upon the incidence of five conditions linked to inactivity

<sup>13</sup> DH (2011)

<sup>14</sup> DH (2011)

volunteering, the economic case suggests that promoting opportunities for increased volunteering, amongst people aged 65 and over, by 10% is estimated to be worth £500 million per year.<sup>15</sup>

### Benefits of ageing well

There are many benefits of maintaining physical activity throughout life; regular exercise, of at least moderate intensity, five times per week can prevent a number of non-communicable diseases including diabetes (type 2), various forms of cancer, mental health problems and musculoskeletal conditions.<sup>16</sup> Physical activity can also reduce the risk of cardiac death by 25% amongst people with diagnosed health disease<sup>17</sup> and can strengthen and re-invigorate age-related muscle tissue weakness.<sup>18</sup> A planned and appropriate programme of physical activity has been demonstrated to reduce the risk of falls by nearly 30% amongst a population of older people at risk of falling.<sup>19</sup>

Physical activity has also been shown to impact on depression<sup>17 18</sup> and in helping to maintain mental health and wellbeing in later life, not least because it is likely to promote and support social contact,<sup>20 21 22</sup> improve confidence, reduce anxiety and improve sleep. The English Longitudinal Study on Ageing (ELSA)<sup>23</sup> identified a lack of physical activity as a significant factor in three of the seven domains of social exclusion, with a particular emphasis on exclusion from social relationships.<sup>24</sup>

In addition, volunteering has been identified as having a number of positive impacts on physical and mental wellbeing evidenced by

for example, continued participation in civic life; sharing skills; making new relationships; mental stimulation and encouraging physical activity.<sup>25 26</sup>

### Current challenges for ageing well

Current data suggest that in the United Kingdom, physical activity declines significantly as people age and sedentary activity, such as watching the television, increases with age.<sup>27</sup> There are a number of factors that impact on older people's ability or motivation to take part in regular physical activity which include a decline in health, difficulties accessing forms of exercise and lack of understanding of the positive impact of physical activity.

Similar challenges face older people in achieving and sustaining a healthy diet; factors such as disability and co-morbidities may reduce ability and motivation to obtain food and cook; difficulties in obtaining and affording healthy food as well as a lack of awareness of the impact of poor diet can have an effect on physical and mental health.

The issue of loneliness and social isolation in older age is a significant concern and one that is fundamental to the notion of 'ageing well'. The 'oldest old' are most likely to experience loneliness given the greater likelihood of social and support networks reducing through bereavement and ill health. (For more details see the full policy context in Annex Three).

### Policy and Ageing Well

Current policy argues that '*active ageing should become the norm rather than the exception*'<sup>28</sup> and underpinning policy themes in respect of ageing focus on active citizenship and highlight self responsibility in maintaining and managing health and

<sup>15</sup> Department of Health (2009) *Building a Society for all ages*, London, Department of Health

<sup>16</sup> WHO (2010)

<sup>17</sup> Merz and Forrester (1997)

<sup>18</sup> McMurdo (2000)

<sup>19</sup> Paterson et al., (2007)

<sup>20</sup> DH (2004)

<sup>21</sup> Welsh Assembly Government (2005)

<sup>22</sup> DH 2005

<sup>23</sup> Marmot et al., 2003

<sup>24</sup> Department of Work and Pensions (DW) (2006)

<sup>25</sup> Centre for Social Justice, 2010

<sup>26</sup> Age UK (2012)

<sup>27</sup> Health Survey for England, 2008

<sup>28</sup> Department of Work and Pensions (2006) *Opportunity Age: Meeting the Challenge of Later Life*, London, DWP

wellbeing. A central policy strand focuses on the importance of achieving and maintaining a healthy life style into older age, characterised by maintaining physical ability and activity; eating a healthy diet; avoiding excessive weight gain; smoking abstinence and sensible drinking. Public health priorities that are more likely to affect the older population, for example, falls, have also been the subject of considerable policy attention. Other policy areas cover the wider circumstances of older people, for example, experiences of inequality or discrimination. (For more details see the full policy context in Annex Three).

## 1.4 About the evaluation

This evaluation of **fit as a fiddle**, is based on independently conducted research and methodologies designed by Keele University and Ecorys which have helped to build up a detailed picture of the impacts of the portfolio in line with the research objectives, set by Age UK.

The central aim of the evaluation was:

**To assess the impact of the portfolio and the range of interventions used by the national and regional projects. The evaluation will address both the impact on older people and relationships between different partners in the portfolio.**

The specific objectives were to:

**Objective 1** Review and use evidence from self-evaluation plans for projects within **fit as a fiddle**.

**Objective 2** Evaluate cross cutting themes of: **volunteering, diversity and equality, partnerships and sustainability and health literacy.**

A wider evaluation was commissioned by BIG to evaluate all the BIG funded Wellbeing portfolios. This evaluation was being conducted by nef and CLES and latest results from this are referenced in this report. Two projects from **fit as a fiddle** were selected to

participate in the wider evaluation, and were therefore excluded from the quantitative data collection requirements for this evaluation.

## 1.5 Methodology

The methodology for the evaluation involved a mixture of desk research using monitoring data from the portfolio and wider background data, coupled with a range of primary research methods, as follows:

- A self-completion paper based survey of older people participating in **fit as a fiddle**, conducted using a survey adapted from those used in the wider Wellbeing evaluation. The survey was designed to be completed three times by each older person, at the start and end of their involvement with the portfolio and then again, three months later.
- Overall 2,189 responses were received from 881 older people. Of those 859 older people completed surveys at the start of their involvement, 816 completed surveys at the end of being involved and 514 completed surveys three months later.<sup>29</sup>
- Surveys reported in this report were completed between 1 October 2010 and 29 June 2012.
- Each project aimed to reach a target of 30 older people each completing the survey three times, to enable reporting of results at the project level.
- Data were analysed using SPSS 20, and statistical significance was set at  $p \leq .01$  (i.e. a probability value from a statistical test that is less than or equal to 0.01 indicates a statistically significant change).<sup>30</sup> Significant

<sup>29</sup> A number of surveys were also received that were excluded from the sample as no follow up or three month survey was received to match it up with

<sup>30</sup> A change that is statistically significant is one that we can confidently regard as a 'real' change. A non-significant finding, in contrast, is one where we cannot confidently rule out the possibility that the change was simply due to chance. It is important to note that when the sample size is large, even very small changes may be statistically significant, and conversely large changes may fail to achieve significance in a small sample. A low cut-off for

effects are indicated within the tables in the relevant chapters by the † symbol.

- A sample of 20 case studies. One case study was selected in each of the 9 regions, and the remaining 11 case studies were selected to cover the variety within the 2 national projects and the cross cutting themes of the evaluation including volunteering, sustainability, health literacy, and equality and diversity.<sup>31</sup>
- A series of 38 in-depth interviews conducted by a team of 11 specially trained community evaluators, with older people who were beneficiaries of the portfolio, all recorded on digital flip cameras. Community evaluators also recorded video diaries of their experiences in the portfolio and of being a community evaluator.
- 221 responses to a self completion web and paper based survey of regional coordinators, project coordinators, volunteers and partner organisations involved in **fit as a fiddle** projects.
- Qualitative interviews were completed with 20 national and local stakeholders. These included staff at Age UK national office, staff in local Age UK's, partner organisations, academic experts, funders and policy makers. Stakeholders were asked to comment on the strategic importance of **fit as a fiddle**. Strategic Added Value (SAV) was used as a qualitative framework, to evaluate **fit as a fiddle**'s influence on strategic partners, and national strategic importance.
- Analysis of SNAP portfolio monitoring data available up to 30 June 2012, which included postcode data. Preparation of a series of postcode maps showing beneficiary locations, using GIS software.

- An analysis of the economic value of the portfolio following HM Treasury guidance on economy, efficiency and effectiveness, using data collected from projects and outcome and financial data to 30 June 2012.
- A thematic analysis of 40 end-of-project evaluation reports prepared by local projects within regional portfolios and by several of the National Cascade projects.

## 1.6 Presentation of data

This report combines qualitative and quantitative evidence collected by the research. All figures are rounded to the nearest whole %. Figures relating to survey data in some tables and charts may not sum to 100% due to non- or multiple response or rounding. An asterisk (\*) represents a value of less than half a per cent. Responses to the surveys have been analysed and presented for the portfolio as a whole and analysed at the project level where sufficient data were available.<sup>32</sup> Throughout the report we also make use of SNAP data and other portfolio data provided by Age UK.

The qualitative feedback from case studies is also presented to illustrate findings. Where this is the case, it is important to note that qualitative research is designed to explore issues in detail and be illustrative. However it is not statistically representative, and views presented by individual participants are based on perceptions and opinions and may not always reflect the views of the whole group.

Findings from the qualitative and quantitative evidence are presented alongside each other throughout this report, and sources are identified where appropriate.

Some of the evaluation findings presented in this report have been based on results from self-completion surveys of project staff and

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significance of  $p \leq .01$  was chosen to restrict the probability of 'false positives' (Type 1 error).

<sup>31</sup> For example the volunteering case study was focussed in the North East and the partnerships case study in the East Midlands.

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<sup>32</sup> Due to the small numbers of responses from some projects, results cannot be considered statistically reliable on their own.

partners, and surveys self-completed by older people, administered by **fit as a fiddle** staff. Despite a good response rate, these must be treated with some caution as some positive bias might be expected. Some non-response bias should also be anticipated; however, the characteristics of non-responding older people and projects were not known, preventing a formal estimation of this.

## 1.7 Structure of this report

This report contains the following sections:

- **Chapter Two** looks at the impacts of the portfolio on older people, including on healthy eating, physical activity and impacts around mental wellbeing outcomes.
- **Chapter Three** looks at the outcomes and impacts of the volunteering that took place.
- **Chapter Four** looks at the health literacy materials that have been produced and considers their effectiveness.
- **Chapter Five** looks at the partnerships developed through the portfolio and considers the sustainability of the portfolio activities.
- **Chapter Six** looks at how the portfolio met the needs of older people and reviews the processes and effectiveness in reaching target groups.
- **Chapter Seven** makes an assessment of the economy, efficiency and effectiveness of the portfolio and values volunteer inputs. It assesses the unit costs of the activities based on monitoring and financial data.
- **Chapter Eight** draws conclusions and makes recommendations.

## 2 Impacts on older people

This chapter examines the impacts of **fit as a fiddle** on the health and wellbeing of the older people taking part. It draws on the results of a self-completion survey carried out between October 2010 and June 2012, together with data from case studies. The findings from the survey were complemented by 20 project-level case studies and 38 in-depth interviews conducted by a team of 11 community evaluators. The chapter concludes with a discussion section exploring the implications of the findings.

The survey data used in this chapter are based on 2189 responses to the survey from a sample of 881 older people.<sup>33</sup> Of those, 859 responses were at the start of involvement in **fit as a fiddle**, 816 were at the end of involvement in **fit as a fiddle** and 514 were responses at least three months after last involvement in **fit as a fiddle**.<sup>34</sup> This chapter reports on any changes in the survey results between the start and end of involvement in **fit as a fiddle** ('timepoint 1' and 'timepoint 2', respectively), and during follow-up surveys conducted three months later ('timepoint 3').<sup>35</sup>

In the analyses that follow, a change that is statistically significant is one that we can confidently regard as a 'real' change. A non-significant finding, in contrast, is one where we cannot confidently rule out the possibility that the change was simply due to chance. It is important to note that when the sample size is large, even very small changes may be statistically significant, and conversely large changes may fail to achieve significance in a small sample. A low cut off for significance of  $p \leq .01$  was chosen to restrict the probability of 'false positives' (Type 1 error).

Results are shown for the **fit as a fiddle** portfolio as a whole and also for those individual projects within the portfolio with at least 30 participants providing data. For the portfolio as a whole, figures are normally given for two samples – firstly, for all respondents who provided data at a given timepoint ('Full sample'), and secondly just for those respondents who provided data at all three timepoints ('Restricted sample').<sup>36</sup>

The chapter begins with an overview of the profile of older people responding to the survey and their participation in **fit as a fiddle**, before examining impacts around healthy eating, physical activity, and mental wellbeing.

### 2.1 Characteristics of participants

Survey data were available on 881 participants of whom 25% ( $n=216$ ) were men and 75% ( $n=665$ ) were women, across 24 projects. The average (mean) age of participants was 72.0<sup>37</sup> years; for men this was 70.8<sup>38</sup> and for women 72.4<sup>39</sup>. Most participants were living alone (see Figure 2.1). Of those living with one or more other people, most were living with a

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<sup>33</sup> Data became available from the National Cascade: Isolated at Home project just as this report was being finalised; these data have been included in the project-level analyses, but are *not* reflected in the summary statistics or the statistical analyses for the **fit as a fiddle** portfolio as a whole.

<sup>34</sup> Looking across the survey timepoints, of the 881 individuals (75% female, 25% male) who participated in the survey, 427 (48%) responded at all three timepoints, 367 (42%) responded at timepoints 1 and 2, 65 (7%) responded at timepoints 1 and 3, and 22 (3%) responded at timepoints 2 and 3.

<sup>35</sup> Only  $p$  values less than or equal to .01 are taken to be statistically significant. Significant effects are indicated within the tables by the <sup>†</sup> symbol and a detailed explanation of the statistical summaries are contained in the Technical Annex.

<sup>36</sup> See Annex for fuller explanation.

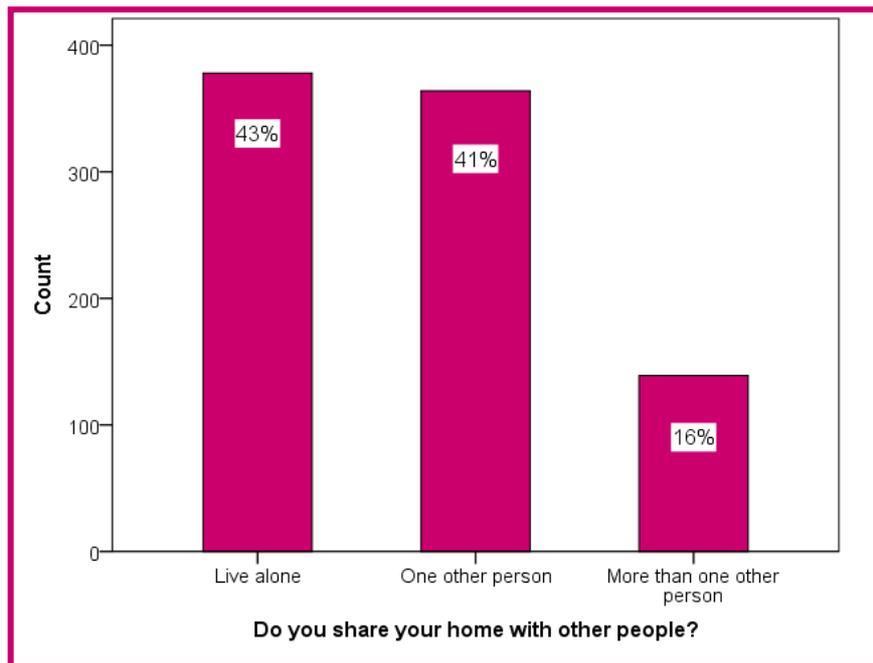
<sup>37</sup> Standard deviation ( $sd$ ) = 10.0

<sup>38</sup>  $Sd = 9.6$

<sup>39</sup>  $Sd = 10.0$

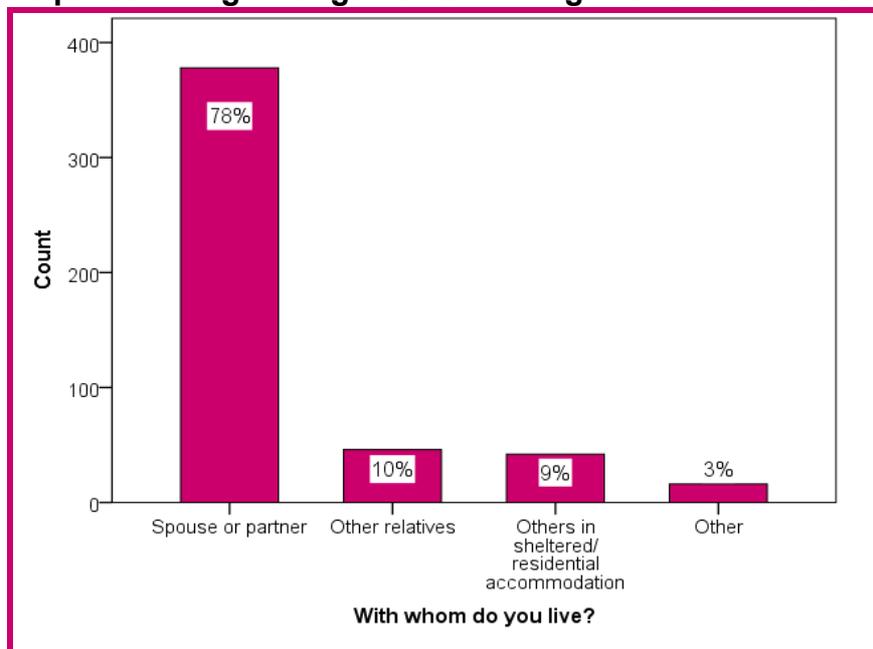
spouse or partner. Just under 10% were living in residential care or sheltered accommodation (see Figure 2.2).

**Figure 2.1 Participants' living arrangements**



Source: Ecorys and Keele's older people survey, total base: 881

**Figure 2.2. Participants' living arrangements if living with one or more others**



Source: Ecorys and Keele's older people survey, total base: 881

A total of 396 (45%) of 867 participants (48% of men, 44% of women) described themselves as having a limiting longstanding illness,<sup>40</sup> which commonly includes circulatory, endocrine, respiratory, and musculoskeletal disorders such as heart disease, diabetes, asthma, emphysema, and arthritis. The largest ethnic group represented by participants was white British (81%), followed by Indian (4%) and black Caribbean (3%), and 11 other ethnic groups (see Annex 4, Table 1).

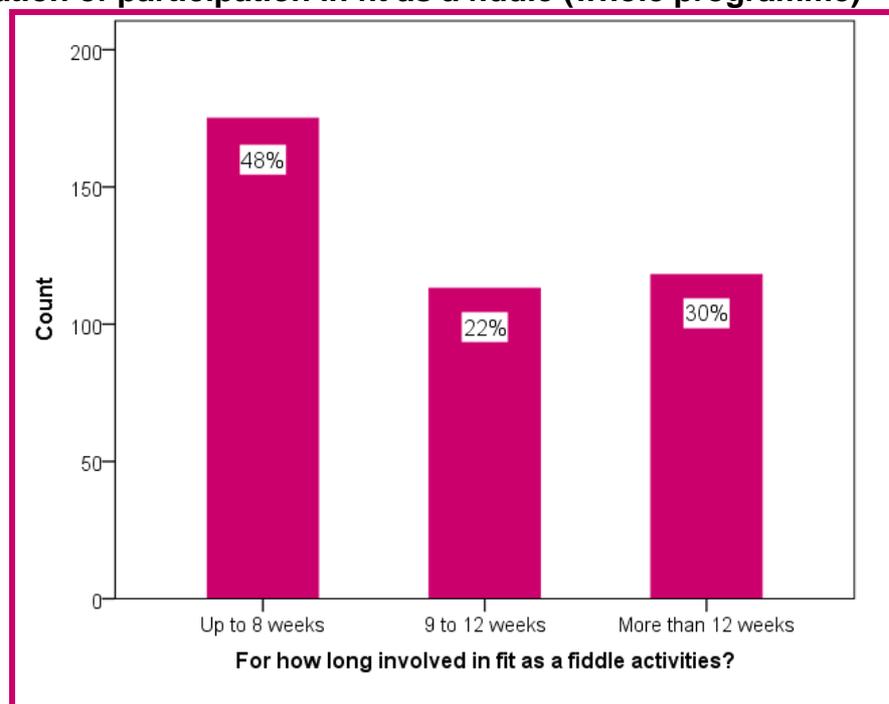
## 2.2 Participation in fit as a fiddle

Of the 853 who responded to the question at the end of the programme, 415 (48%) reported having been involved in **fit as a fiddle** for up to 8 weeks, 185 (22%) for 9–12 weeks, and 253 (30%) for more than 12 weeks (Figure 2.3).

Participants had taken part in the following **fit as a fiddle** activities:

- 60% had undertaken physical activity or exercise
- 35% had undertaken a healthy eating activity
- 2% had completed volunteering or mentoring activity
- 3% stated 'other' activity.

**Figure 2.3. Duration of participation in fit as a fiddle (whole programme)**



The typical period of involvement in **fit as a fiddle** activities varied significantly across regions and projects,<sup>41</sup> with the North West: Arch and North East: Fifty Ways to Health

<sup>40</sup> Considered to be a very useful indicator of health status

<sup>41</sup> Pearson chi-square test,  $p < .001$ .

projects having a large percentage of participants involved for more than 12 weeks whilst the North West: Home not Away project and South East: Active Networks had a large percentage involved for less than 8 weeks (Table 2.2).<sup>42</sup>

**Table 2.2. Duration of participation in individual fit as a fiddle projects; frequency (percentage)<sup>43</sup>**

Project	Up to 8 weeks	9–12 weeks	More than 12 weeks	Total (n)
Eastern: Active Bedfordshire	0 (0)	0 (0)	9 (100)	9
Eastern: Active Health	41 (100)	0 (0)	0 (0)	41
Eastern: Carry on Cooking	10 (100)	0 (0)	0 (0)	10
Eastern: Dancing for Fun	4 (50)	0 (0)	4 (50)	8
Eastern: Healthwise	4 (14)	24 (86)	0 (0)	28
Eastern: Time of Your Life	18 (62)	6 (21)	5 (17)	29
Eastern: Well Mind and Body	11 (19)	25 (44)	21 (37)	57
East Midlands: Rural	20 (50)	13 (33)	7 (17)	40
East Midlands: Urban	14 (30)	18 (40)	14 (30)	46
London: Community Health Engagement	1 (8)	5 (38)	7 (54)	13
London: Healthy Eating	8 (28)	7 (24)	14 (48)	29
London: Tackling Obesity	88 (89)	1 (1)	10 (10)	99
North East: Fifty Ways to Health	6 (8)	19 (25)	52 (67)	77
North West: Arch	3 (11)	5 (18)	20 (71)	28
North West: Eastern Lives	19 (90)	1 (5)	1 (5)	21
North West: Home not Away	18 (100)	0 (0)	0 (0)	18
North West: Men 2 Mentor	1 (5)	15 (75)	4 (20)	20
South East: Active Networks	70 (82)	9 (11)	6 (7)	85
South West: Get Up, Get Out, Get Active	13 (25)	10 (20)	28 (55)	51
West Midlands: Prescription for Health	13 (34)	10 (26)	15 (40)	38
Yorkshire and Humberside: Good for Your Health	34 (63)	2 (4)	18 (33)	54

<sup>42</sup> Results rounded to nearest 0.5%. Data on regions where fewer than 20 survey responses were received have not been included.

<sup>43</sup> The grand total of respondents in this table is greater than that previously quoted for the portfolio as a whole owing to the late inclusion of the data from the National Cascade: Isolated at Home project.

Project	Up to 8 weeks	9–12 weeks	More than 12 weeks	Total (n)
National Cascade: Sporting Equals	3 (19)	8 (50)	5 (31)	16
National Cascade: Come to Tea	5 (50)	2 (20)	3 (30)	10
National Cascade: Isolated at Home	51 (73)	9 (13)	10 (14)	70
National Cascade: Older Men Lancashire	11 (42)	5 (19)	10 (39)	26
Total	466 (50)	194 (21)	263 (29)	923

However, in some instances, project staff reported difficulties in recruiting participants to, and then retaining them in, healthy eating sessions. The challenges of engaging older people in healthy eating over a more sustained period may be explained by a range of factors, including reduced income, lack of transport, loss of local shops, loss of a carer/partner and poor social networks (Eberhardie, 2009). In addition, changes in physical functioning may mean that carrying shopping is difficult and walking any distance can be challenging. Wider research suggests that older (single) men are particularly vulnerable to not eating healthily (Scharf et al, 2006) and many of the **fit as a fiddle** projects have focused on men,<sup>44</sup> as well as older people from black and minority ethnic groups, for example the London: Community Health Engagement project, and the National Cascade: Sporting Equals project working with faith communities.

## 2.3 Impacts on healthy eating

Overall the portfolio has exceeded healthy eating outcomes targets, with 178,521 older people eating more healthily against an overall target of 155,836 older people. However, the target was set lower than the target for physical activity and thus the balance of activity delivered by the programme focused on physical activity rather more than on healthy eating. This may be because physical activities are more suited to prolonged or continued interventions (for example courses run over several weeks or indefinitely), whereas healthy eating messages lend themselves to being delivered in shorter, or more ad-hoc, time periods. There may also be a degree of under-reporting, in that some project workers stated that they delivered healthy eating messages as an 'add-on' alongside physical activity projects.

Healthy eating activities delivered within the portfolio have included cookery courses, gardening projects, smoothie making and fruit tastings. Passing on messages to do with getting your '5 a day', portion sizes, using alternative types of 'fat', keeping hydrated, and lowering salt intake were common. Some projects actively encouraged cooking from fresh ingredients rather than using ready meals.

*"People automatically pour salt on their food, but we've been teaching them to season their food properly during cooking, so there's no need to add more at the end" (Project Coordinator)*

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<sup>44</sup> Over 9000 men (aged 50+) have been part of the Men's National Cascade project and almost 300 volunteers have been trained as a buddy/peer mentor (see Older Men Case Study).

Among those who took up healthy eating activities, a number of positive impacts were evident in first, older people's attitudes and, second, their behaviour in relation to healthy eating.

### Attitudes

Among the participants providing responses at all three timepoints for the programme ( $n=416$ ), there was a significant change towards more positive attitudes both between the beginning of **fit as a fiddle** and the end, and between the beginning of **fit as a fiddle** and three months later, as shown by the increasing percentages giving the more positive responses (see Table 2.3). This overall trend is also illustrated within the qualitative data, as will be shown.

**Table 2.3. Changes in attitudes to healthy eating; frequencies (%) of 'yes' responses.**

	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values
<b>Full sample:</b>				
I don't think healthy eating is important for my health	35 (4)	32 (4)	8 (2)	864, 866, 424
I think ... but I am not doing anything about it at the moment	154 (18)	81 (9)	23 (5)	
I think ... and I am doing something about it at the moment	675 (78)	753 (78)	393 (93)	
<b>Restricted sample:</b>				
I don't think healthy eating is important for my health	17 (4)	15 (4)	7 (2)	416*
I think ... but I am not doing anything about it at the moment	75 (18)	23 (5)	23 (5)	
I think ... and I am doing something about it at the moment	324 (78)	378 (91)	386 (93)	

\* Sign test between timepoints 1 and 2 and timepoints 1 and 3,  $p < .001$  in each case

There were however, no significant changes in attitudes towards healthy eating in the data for individual projects as Table 2.4 shows.

**Table 2.4. Changes in attitudes to healthy eating; frequencies (%) of 'yes' responses to option 'I think healthy eating is important for my health, and I am doing something about it at the moment',<sup>45</sup>**

	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values	<i>p</i> value*
Eastern: Active Health	36 (80)	35 (76)	—	45, 46, 0	.500 ( $n=45$ )
Eastern: Time of Your Life	28 (93)	29 (97)	15 (94)	30, 29, 16	.999 ( $n=29$ )

<sup>45</sup> Note that Table 2.4 only gives responses to this response option.

	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values	<i>p</i> value*
Eastern: Well Mind and Body	48 (81)	52 (85)	25 (89)	59, 61, 28	.581 ( <i>n</i> =57)
East Midlands: Rural	32 (82)	34 (85)	32 (94)	39, 40, 34	.999 ( <i>n</i> =39)
East Midlands: Urban	37 (80)	42 (91)	30 (97)	46, 46, 31	.180 ( <i>n</i> =46)
London: Healthy Eating	21 (70)	27 (93)	4 (80)	30, 29, 5	.065 ( <i>n</i> =29)
London: Tackling Obesity	78 (79)	90 (91)	12 (80)	99, 99, 15	.035 ( <i>n</i> =97)
North East: Fifty Ways to Health	64 (82)	74 (95)	63 (96)	78, 78, 66	.035 ( <i>n</i> =78)
South East: Active Networks	71 (84)	79 (93)	67 (93)	85, 85, 72	.065 ( <i>n</i> =84)
South West: Get Up, Get Out, Get Active	48 (94)	48 (94)	49 (100)	51, 51, 25	.999 ( <i>n</i> =51)
West Midlands: Prescription for Health	31 (84)	33 (89)	31 (97)	37, 37, 32	.687 ( <i>n</i> =36)
Yorkshire and Humberside: Good for Your Health	44 (79)	49 (89)	15 (88)	56, 55, 17	.227 ( <i>n</i> =55)
National Cascade: Isolated at Home	52 (73)	64 (89)	19 (86)	72, 72, 22	.013 ( <i>n</i> =71)

\* Sign test, across first two timepoints only

## Behaviour

The average (median) number of portions of fruit and vegetables per day that older people reported eating before and after **fit as a fiddle** and three months later remained unchanged. However there was a statistically significant increase in the number of portions of fruit and vegetables that participants ate per day between the beginning and the end of **fit as a fiddle**. This was offset by an overall statistically significant fall in the number of portions of fruit and vegetables between the beginning of **fit as a fiddle** and three months later, but the lack of change in the average (median) number of portions indicates that these were only small changes (see Table 2.5).<sup>46</sup> Nevertheless there was a significant increase in the portions of fruit and vegetables eaten per day across the duration of the programme in six of the individual projects (East Midlands: Urban, London: Tackling Obesity, South East: Active Networks, West Midlands: Prescription for Health, Yorkshire and Humberside: Good for Your Health and the National Cascade: Isolated at Home) (see Table 2.6).<sup>47</sup>

<sup>46</sup> In the case of median values, a significant change may occur despite the corresponding median values being the same. Inspection of the mean ranks (not shown in this report) indicates the direction and magnitude of such change. A change across equal medians will normally be of small magnitude, particularly if the interquartile ranges are the same.

<sup>47</sup> For East Midlands: Urban, the medians on which the Wilcoxon test was based were 4 and 4.75 for timepoints 1 and 2, respectively.

**Table 2.5. Number of portions of fruit and vegetables eaten per day for whole programme, median (interquartile range)**

Sample	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values	<i>p</i> value*
Total	4 (3, 5)	4 (3, 5)	4 (3, 5)	830, 838, 407	—
Restricted	4 (3, 5)	4 (3, 5)	4 (3, 5)	384	<.001 <sup>†</sup>

\* Wilcoxon signed ranks test between timepoints 1 and 2 and timepoints 1 and 3,  $p < .001$  in each case

**Table 2.6. Number of portions of fruit and vegetables eaten per day for projects within fit as a fiddle, median (interquartile range)**

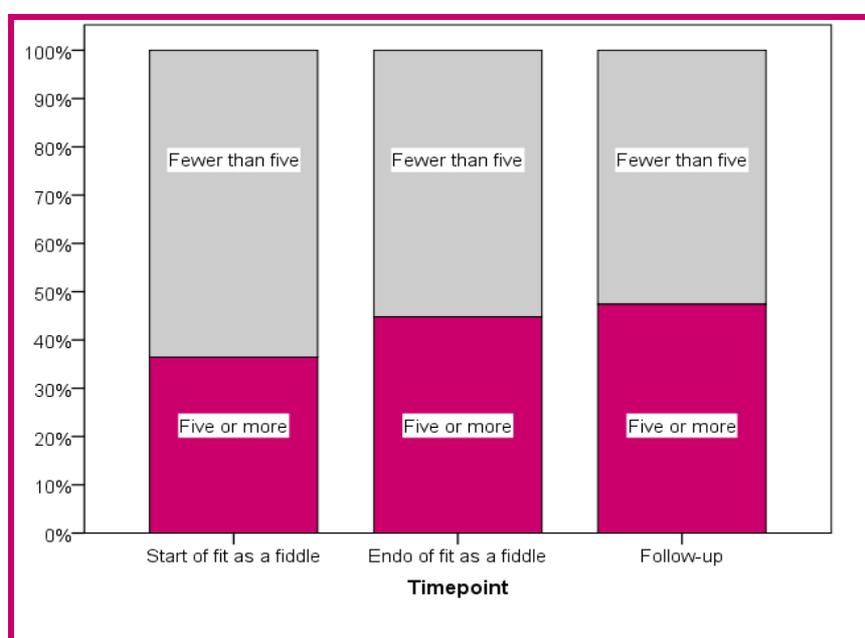
Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values	<i>p</i> value*
Eastern: Active Health	4 (3, 5)	4 (3, 5)	—	41, 45, 0	.034 ( $n=41$ )
Eastern: Time of Your Life	5 (3, 5)	5 (4, 5)	5 (4, 5)	28, 29, 16	.130 ( $n=28$ )
Eastern: Well Mind and Body	4 (3, 4)	4 (3, 5)	4 (4, 5)	61, 60, 26	.052 ( $n=58$ )
East Midlands: Rural	5 (3, 5)	5 (4, 5)	4 (4, 5)	37, 39, 33	.040 ( $n=36$ )
East Midlands: Urban	4 (3, 5)	4.5 (4, 5)	5 (4, 5)	44, 45, 31	.003 ( $n=44$ ) <sup>†</sup>
London: Healthy Eating	3 (3, 4.5)	4 (3, 5)	2 (1, 3.5)	23, 24, 4	.052 ( $n=19$ )
London: Tackling Obesity	4 (3, 5)	5 (4, 5)	5 (3, 5)	94, 98, 14	<.001 ( $n=93$ ) <sup>†</sup>
North East: Fifty Ways to Health	3 (2, 5)	4 (3, 5)	4 (3, 5)	76, 74, 62	.017 ( $n=73$ )
South East: Active Networks	4 (3, 5)	5 (4, 5)	5 (4, 6)	84, 86, 70	.002 ( $n=83$ ) <sup>†</sup>
South West: Get Up, Get Out, Get Active	4 (3, 5)	4 (3, 5)	4 (4, 5)	48, 49, 25	.783 ( $n=46$ )
West Midlands: Prescription for Health	4 (3, 4)	4 (4, 5)	5 (4, 5)	34, 35, 29	.008 ( $n=32$ ) <sup>†</sup>
Yorkshire and Humberside: Good for Your Health	4 (3, 5)	4 (4, 5)	5 (3, 5)	55, 53, 17	.004 ( $n=52$ ) <sup>†</sup>
National Cascade: Isolated at Home	3 (2, 5)	4 (3, 5)	5 (3, 5)	71, 70, 22	<.001 ( $n=69$ ) <sup>†</sup>

\* Wilcoxon signed ranks test across first two timepoints only.

"Most recent trends data from the Health Survey for England show that the average number of portions consumed in adults is 3.5 portions for men and 3.8 portions for women (Aresu et al, 2009)."<sup>48</sup>

The current recommendation is to eat at least five portions of fruit and vegetables a day, and the percentage of participants who reported doing so rose from 37% at the start of **fit as a fiddle** to 45% at the end of **fit as a fiddle** and to 47% three months later ( $n=384$ , see Figure 2.4). The difference in proportions between the beginning of the programme and the end, and between the beginning of the programme and three-month follow-up, was in each case significant.<sup>49</sup> Thus, whilst the median number of portions remained constant over time, there was a change in the percentage of participants eating five or more portions a day over the course of the programme. At the individual project level, only the London: Tackling Obesity project showed a significant increase in the percentage eating five or more portions between the beginning and the end of **fit as a fiddle** (from 36% to 61%).<sup>50</sup>

**Figure 2.4. Percentages of respondents eating five or more portions of fruit or vegetables a day ( $n=384$ )**



The median number of meals a week respondents ate that had been prepared and cooked from basic ingredients was unchanged across the three timepoints (see Table 2.7). However, there was a statistically significant increase between the beginning and the end of the programme, which was sustained at follow-up.<sup>51</sup> Three individual projects (Eastern: Well Mind and Body, Yorkshire and Humberside: Good for Your Health and National Cascade: Isolated at Home) also showed a significant increase over the duration of the programme (Table 2.8).<sup>52</sup>

<sup>48</sup> Source: Aresu M, Bécarea L, Brage S, Chaudhury M, Doyle-Francis M, Esliger D, Fuller E, Gunning N, Hall J, Hirani V, Jotangia D, Mindell J, Moody A, Ogunbadejo T, Pickup D, Reilly N, Robinson C, Roth M, Wardle H (2009) Health Survey for England 2008: Physical activity and fitness. NHS Information Centre for Health and Social Care

<sup>49</sup> McNemar test,  $p < .001$  in each case,  $n=384$ .

<sup>50</sup> McNemar test,  $p < .001$ ,  $n=93$ .

<sup>51</sup> As previously noted, in the case of median values, a significant change may occur despite the corresponding median values being the same.

<sup>52</sup> For the Eastern: Well Mind and Body project, the medians on which the sign test was based were 5 and 5.5 for timepoints 1 and 2, respectively.

**Table 2.7. Number of times a week eaten a meal prepared and cooked from basic ingredients; median (interquartile range)**

Sample	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	n values	p value*
Total	5 (4, 6)	5 (4, 6)	5 (4, 6)	853, 856, 417	—
Restricted	5 (4, 6)	5 (4, 6)	5 (4, 6)	408	<.001 <sup>†</sup>

\* Sign test between timepoints 1 and 2 and timepoints 1 and 3,  $p < .001$  in each case

**Table 2.8. Number of times a week eaten a meal prepared and cooked from basic ingredients; median (interquartile range)**

Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	n values	p value*
Eastern: Active Health	5 (4, 6)	5 (4, 6)	—	43, 42, 0	Not calculable
Eastern: Time of Your Life	5, (5, 6)	5 (5, 6)	5 (5, 6)	29, 30, 16	.791 ( $n=29$ )
Eastern: Well Mind and Body	5 (4, 6)	5 (5, 6)	5 (4.5, 5)	62, 61, 28	.004 ( $n=60$ ) <sup>†</sup>
East Midlands: Rural	5 (4, 6)	5 (4, 5)	5 (4, 5)	39, 40, 32	.481 ( $n=39$ )
East Midlands: Urban	5 (4, 6)	5 (4, 6)	5 (5, 6)	44, 45, 31	.999 ( $n=44$ )
London: Healthy Eating	4, (4, 6)	5 (4, 6)	4 (3, 5)	27, 28, 5	.581 ( $n=25$ )
London: Tackling Obesity	5 (4.5, 6)	5 (5, 6)	5 (3, 6)	96, 98, 14	.302 ( $n=95$ )
North East: Fifty Ways to Health	5 (4, 5)	5 (4, 5)	5 (4, 6)	78, 76, 63	.063 ( $n=76$ )
South East: Active Networks	5 (5, 6)	5 (5, 6)	5 (5, 6)	86, 86, 72	.038 ( $n=85$ )
South West: Get Up, Get Out, Get Active	5 (4, 5)	5 (4, 5)	5 (4, 5.5)	49, 48, 24	.210 ( $n=47$ )
West Midlands: Prescription for Health	5 (4, 5)	5 (4, 5)	5 (5, 6)	37, 38, 32	.035 ( $n=37$ )
Yorkshire and Humberside: Good for Your Health	5 (4, 6)	5 (4.5, 6)	5 (5, 5)	51, 55, 17	.007 ( $n=54$ ) <sup>†</sup>
National Cascade: Isolated at Home	5 (3, 6)	5 (4, 6)	5 (4.5, 6)	71, 71, 20	.008 ( $n=70$ ) <sup>†</sup>

\* Sign test, across first two timepoints only

Qualitative evidence also showed the experiences of healthy eating within the programme; for example, the 'Come to Tea' National Cascade Project illustrates some of the healthy eating outcomes in residential care (Figure 2.5).

## Figure 2.5 Case Study: Come to Tea at Haunton Hall<sup>53</sup>

The Come to Tea project delivered by National Association for Providers of Activities for Older People (NAPA) takes place in a range of residential care locations to encourage residents to eat and drink well, get more exercise and socialise with other residents. One participating location, Haunton Hall in Staffordshire, provides accommodation for up to 105 residents with a wide range of needs, including dementia.

Come to Tea's healthy eating activities at Haunton Hall have focused on enjoyable events such as cheese and wine evenings, afternoon teas and coffee mornings. In addition, they have included activities such as planting days and visits to garden centres to choose produce for growing.

An important part of the events has been making the food look attractive and different to help engage residents' interest in food and social events:

*“When there’s a tea party...we make it special. I make egg and cress on little bridge rolls, knickerbocker glories, handmade cakes – anything to make it that bit special or different.”*  
(Staff)

These events and activities have led to an increase in residents expressing their personal food preferences, particularly around choosing what they want to eat and controlling their intake, as well as serving their own food.

Both the nursing and catering teams at Haunton Hall have been very enthusiastic about the Come to Tea project and keen to get involved. The project team have encouraged staff to see the activities as an integral part of life at the Hall rather than something that is ‘special’ and thereby outside of the remit of care staff.

One ongoing Come to Tea activity that has been successfully integrated into every day life is the allotment. Residents have been encouraged to participate in whatever way they can and footpaths have been broadened to allow for wheelchair access. In addition to choosing which produce to grow, activities include planting vegetables, as well as cooking and serving them at dinner. The impacts on the residents have been multiple, from the practical such as increasing their interest in, and knowledge of, growing vegetables, through to offering them the opportunity to make a valued contribution to the community:

*“They do wonderful things for the home. The kitchen garden produce goes into the kitchen and is used for food. The residents know it comes out of the garden – we’ve had runner beans coming out of our ears and lots of marrows. I’ve used those to make stuffed marrow which is very popular with a lot of the residents here as it’s a real traditional meal”* (Staff)

Participating in the project also allows increased opportunities for social engagement and participation, as this staff member notes:

*“When there’s a tea party, we find that people who don’t usually take part, want to come along”*

Similarly, the impact on staff has been significant, not least in broadening their understanding and appreciation of residents, and opening channels of communication that might not otherwise be available, as the following quote illustrates:

*“One gentleman who has no conversation, came into the allotment and said ‘green beans’*

<sup>53</sup> Source: Case study visit

*and then started to say what was growing in the allotment – before that, he hardly said a word and so we know now that he has an interest and knowledge of gardening which we didn't know before". (Staff)*

## 2.4 Impacts on physical activity

As with healthy eating, impact on physical activity can be identified in both attitudes and behaviour.

### Attitudes

At the programme level, there was a significant change towards more positive attitudes over the duration of the **fit as a fiddle** programme as well as between the beginning of the programme and the follow-up stage, with more people recognising the importance of physical activity *and* doing something about it. This is reflected in the rising proportion of older people giving the more positive responses<sup>54</sup> (see Table 2.9). For three projects (London: Tackling Obesity, North East: Fifty Ways to Health and National Cascade: Isolated at Home) there was a significant change in attitudes to physical activity between the beginning and end of the **fit as a fiddle** project (see Table 2.10).

**Table 2.9. Changes in attitudes to physical activity; frequencies (%) of 'yes' responses.**

	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values
<b>Full sample:</b>				
I don't think physical activity is important for my health	27 (3)	25 (3)	8 (2)	856, 858, 421
I think ... but I am not doing anything about it at the moment	172 (20)	86 (10)	30 (7)	
I think ... and I am doing something about it at the moment	657 (77)	747 (87)	383 (91)	
<b>Restricted sample:</b>				
I don't think physical activity is important for my health	14 (3)	11 (3)	7 (2)	409*
I think ... but I am not doing anything about it at the moment	73 (18)	22 (5)	30 (7)	
I think ... and I am doing something about it at the moment	322 (79)	376 (92)	372 (91)	

\* Sign test between timepoints 1 and 2 and timepoints 1 and 3,  $p < .001$  in each case

<sup>54</sup> Note that there was little evidence of change between the end of the programme and follow-up three months later

**Table 2.10. Changes in attitudes to physical activity; frequencies (%) of ‘yes’ responses to the option ‘I think physical activity is important for my health, and I am doing something about it at the moment’.**<sup>55</sup>

Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	n values	p value*
Eastern: Active Health	30 (68)	31 (69)	—	44, 45, 0	.999 (n=43)
Eastern: Time of Your Life	26 (93)	30 (100)	15 (94)	28, 30, 16	.500 (n=28)
Eastern: Well Mind and Body	55 (89)	56 (92)	24 (86)	62, 61, 28	.754 (n=60)
East Midlands: Rural	29 (74)	29 (73)	26 (77)	39, 40, 34	.999 (n=39)
East Midlands: Urban	40 (89)	43 (94)	29 (94)	45, 46, 31	.625 (n=45)
London: Healthy Eating	15 (56)	21 (78)	3 (60)	27, 27, 5	.227 (n=24)
London: Tackling Obesity	78 (80)	91 (94)	13 (87)	98, 97, 15	.004 (n=95) <sup>†</sup>
North East: Fifty Ways to Health	58 (74)	71 (92)	61 (92)	78, 77, 66	.001 (n=17) <sup>†</sup>
South East: Active Networks	76 (91)	84 (99)	71 (100)	84, 85, 71	.016 (n=83)
South West: Get Up, Get Out, Get Active	48 (94)	46 (92)	24 (96)	51, 50, 25	.999 (n=50)
West Midlands: Prescription for Health	36 (97)	37 (100)	32 (100)	37, 37, 32	Not calculable
Yorkshire and Humberside: Good for Your Health	40 (73)	43 (80)	14 (82)	55, 54, 17	.180 (n=53)
National Cascade: Isolated at Home	33 (46)	56 (79)	18 (82)	71, 71, 22	<.001 (n=70) <sup>†</sup>

\* Sign test, across first two timepoints only

### Behaviour

The improvement in participants' attitude towards physical activity was reflected in improvements in the amount of activity in which people took part across a range of measures of physical activity – the average number of minutes walking, per day; the average number of minutes of activity that made them ‘breathe somewhat harder’, per week; the number of minutes of activity for strength and endurance, per week.

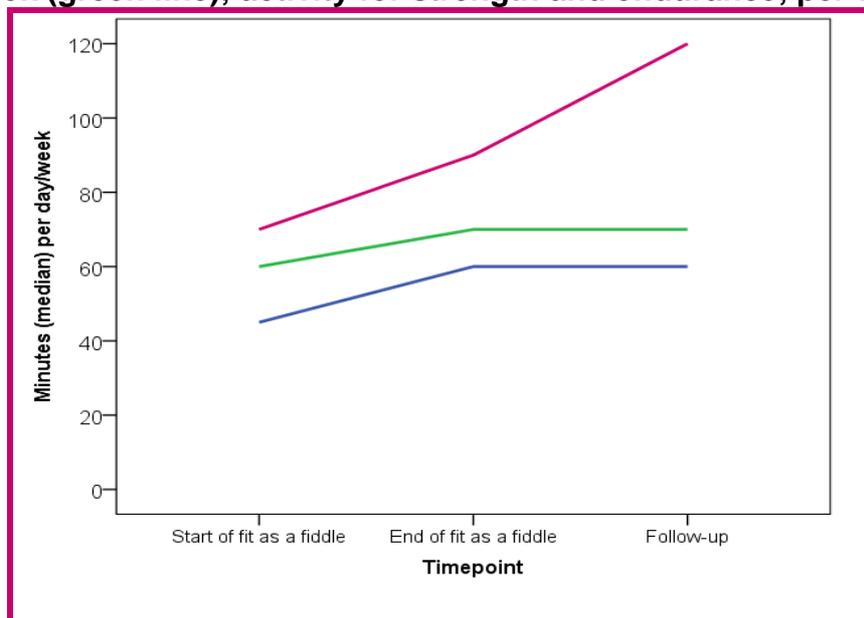
The median values for these aspects of activity across timepoints are shown<sup>56</sup> before, and after **fit as a fiddle** and at three months follow-up (see Figure 2.6). Overall, there was an

<sup>55</sup> Note that Table 2.10 only gives responses to this response option.

<sup>56</sup> For the ‘restricted’ sample

increase in each aspect of physical activity over the course of the programme, following which either this change was maintained or there was a further increase.

**Figure 2.6. Median minutes of: walking, per day (blue line); activity making breathe harder, per week (green line); activity for strength and endurance, per week (pink line)**



For the programme as a whole, self-reported levels of walking among participants showed evidence of a significant increase between the beginning and the end of **fit as a fiddle**, and between the beginning of **fit as a fiddle** and three months later, with people reporting they walked for an average of 45 minutes at the beginning of their involvement with this rising to 60 minutes by the time of the three month follow-up – a 33% increase (see Table 2.11). There was a significant increase over the duration of the programme in four projects (Eastern: Time of Your Life, North East: Fifty Ways to Health, Yorkshire and Humberside: Good for Your Health and National Cascade: Isolated at Home) (see Table 2.12).

**Table 2.11. Minutes walking a day; median (interquartile range)**

Sample	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values	<i>p</i> value*
Total	45 (30, 60)	52.5 (30, 90)	60 (40, 120)	824, 834, 415	—
Restricted	45 (30, 60)	60 (30, 90)	60 (40, 110)	389	<.001 <sup>†</sup>

\* Wilcoxon signed ranks test between timepoints 1 and 2 and timepoints 1 and 3,  $p < .001$  in each case

**Table 2.12. Minutes walking a day; median (interquartile range)**

Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values	<i>p</i> value*
Eastern: Active Health	60 (30, 90)	60 (27.5, 90)	—	41, 43, 0	.219 ( $n=41$ )
Eastern: Time of Your Life	30 (30, 52.5)	45 (30, 120)	60 (50, 120)	28, 29, 16	.002 ( $n=27$ ) <sup>†</sup>
Eastern: Well Mind and	55 (30, 90)	45 (30, 90)	75 (45, 120)	60, 58, 28	.679 ( $n=55$ )

Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	n values	p value*
Body					
East Midlands: Rural	60 (30, 90)	60 (27.5, 90)	60 (30, 120)	35, 35, 32	.741 (n=31)
East Midlands: Urban	60 (30, 60)	60 (40, 90)	60 (50, 80)	44, 45, 30	.837 (n=44)
London: Healthy Eating	60 (30, 60)	40 (20, 60)	30 (30, 60)	25, 27, 5	.049 (n=23)
London: Tackling Obesity	30 (21, 60)	40 (30, 60)	60 (35, 70)	93, 96, 15	.054 (n=92)
North East: Fifty Ways to Health	60 (30, 60)	90 (60, 120)	76 (60, 120)	78, 76, 66	<.001 (n=76) <sup>†</sup>
South East: Active Networks	45 (30, 90)	60 (35, 90)	60 (30, 100)	83, 83, 70	.045 (n=81)
South West: Get Up, Get Out, Get Active	45 (30, 60)	55 (30, 90)	60 (45, 100)	48, 48, 25	.012 (n=34)
West Midlands: Prescription for Health	60 (30, 120)	60 (30, 158)	60 (35, 155)	36, 36, 31	.037 (n=34)
Yorkshire and Humberside: Good for Your Health	30 (20, 60)	45 (30, 70)	60 (25, 105)	53, 54, 16	.001 (n=52) <sup>†</sup>
National Cascade: Isolated at Home	30 (20, 60)	60 (30, 60)	45 (25, 60)	71, 69, 20	<.001 (n=68) <sup>†</sup>

\* Wilcoxon signed ranks test, across first two timepoints only

There was a significant increase between the start of **fit as a fiddle** and the end of **fit as a fiddle** in levels of activity that ‘makes you breathe harder’ (see Table 2.13), and a significant decrease between the beginning of the programme and follow-up, but of small magnitude (the medians were unchanged between these latter two timepoints). The East Midlands: Urban project also showed a significant increase between the beginning and end of the project (see Table 2.14).<sup>57</sup> This may well be due to participants achieving an increased level of fitness by the end of the project, which they then either maintained or slightly lost in the follow-up period (the evidence suggests the former, supported by the significant improvement in strength and endurance reported between the beginning and the end of **fit as a fiddle** and between the beginning and follow-up). The qualitative data also point to this explanation, as a participant in the Older Men project at Springbok Farm Estate reported:

*“It’s things like climbing the stairs, I’ve got one flight of stairs, normally by the time I get to the top I’m knocked out, you know, I have to stop and have a rest, now I’m managing to get up the stairs and walk to my room without a rest... Recently I went out to Portugal and the place we went to was quite hilly... I was finding I was managing the hills a lot better than I would have been perhaps 18 months to two years ago, so the benefits are there.” (Participant)*

<sup>57</sup> The medians on which the Wilcoxon test was based for this project were 60 and 90 for timepoints 1 and 2, respectively.

**Table 2.13. Minutes activity making breathing harder a week; median (interquartile range)**

Sample	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	n values	p value*
Total	60 (15, 120)	60 (30, 120)	70 (40, 150)	758, 790, 387	—
Restricted	60 (20, 120)	70 (40, 180)	70 (40, 150)	341	<.001 <sup>†</sup>

\* Wilcoxon signed ranks test between timepoints 1 and 2 and timepoints 1 and 3,  $p < .001$  in each case

**Table 2.14. Minutes activity making breathing harder a week; median (interquartile range)**

Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	n values	p value*
Eastern: Active Health	60 (7, 145)	45 (17.5, 125)	—	32, 40, 0	.053 ( $n=32$ )
Eastern: Time of Your Life	60 (12.5, 120)	95 (40, 180)	105 (40, 120)	27, 29, 14	.171 ( $n=26$ )
Eastern: Well Mind and Body	60 (15, 120)	60 (18, 200)	100 (60, 425)	37, 54, 27	.076 ( $n=33$ )
East Midlands: Rural	60 (30, 140)	62.5 (23.5, 235)	120 (60, 240)	34, 32, 27	.362 ( $n=32$ )
East Midlands: Urban	60 (40, 135)	85 (30, 200)	55 (30, 200)	43, 46, 30	.005 ( $n=43$ ) <sup>†</sup>
London: Healthy Eating	30 (5, 110)	40 (25, 80)	60 (30, 65)	28, 27, 4	.602 ( $n=27$ )
London: Tackling Obesity	60 (30, 130)	90 (33, 200)	90 (60, 180)	91, 87, 14	.097 ( $n=80$ )
North East: Fifty Ways to Health	60 (10, 150)	98.5 (30, 200)	90 (60, 130)	76, 70, 61	.012 ( $n=68$ )
South East: Active Networks	60 (30, 180)	90 (60, 180)	60 (40, 160)	81, 78, 69	.248 ( $n=74$ )
South West: Get Up, Get Out, Get Active	60 (20, 120)	60 (40, 180)	60 (30, 130)	43, 47, 21	.112 ( $n=40$ )
West Midlands: Prescription for Health	60 (30, 120)	90 (40, 180)	80 (50, 140)	34, 34, 27	.092 ( $n=33$ )
Yorkshire and Humberside: Good for Your Health	37.5 (15, 90)	60 (25, 105)	60 (45, 90)	50, 51, 17	.024 ( $n=47$ )
National Cascade: Isolated at Home	15 (0, 60)	30 (4.5, 60)	60 (20, 130)	70, 63, 19	.095 ( $n=62$ )

\* Wilcoxon signed ranks test, across first two timepoints only

There was also a significant improvement in relation to strength and endurance, with people reporting an average of 70 minutes per week at the beginning, rising to 90 minutes at the end of the project and rising further to 120 minutes three months after **fit as a fiddle** – a

71% increase (see Table 2.15). The Eastern: Active Health, North East: Fifty Ways to Health and National Cascade: Isolated at Home projects also showed a significant change between the beginning and end of **fit as a fiddle** (see Table 2.16).<sup>58</sup>

**Table 2.15. Minutes activity for strength and endurance a week; median (interquartile range)**

Sample	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values	<i>p</i> value*
Total	60 (30, 140)	70 (45, 150)	120 (60, 200)	730, 775, 388	—
Restricted	70 (40, 160)	90 (60, 180)	120 (60, 200)	325	<.001 <sup>†</sup>

\* Wilcoxon signed ranks test between timepoints 1 and 2 and timepoints 1 and 3,  $p < .001$  in each case

**Table 2.16. Minutes activity for strength and endurance a week; median (interquartile range)**

Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values	<i>p</i> value*
Eastern: Active Health	60 (17.5, 135)	32.5 (20, 140)	—	31, 42, 0	.005 ( $n=31$ ) <sup>†</sup>
Eastern: Time of Your Life	65 (20, 200)	85 (60, 160)	100 (60, 180)	26, 28, 16	.596 ( $n=26$ )
Eastern: Well Mind and Body	88 (60, 150)	90 (45, 240)	155 (95, 410)	32, 50, 27	.028 ( $n=27$ )
East Midlands: Rural	60 (35, 150)	60 (33.5, 220)	90 (60, 280)	32, 32, 28	.951 ( $n=30$ )
East Midlands: Urban	120 (60, 195)	120 (60, 300)	110 (60, 190)	43, 46, 30	.110 ( $n=43$ )
London: Healthy Eating	60 (15, 120)	60 (30, 90)	60 (30, 100)	25, 25, 5	.306 ( $n=22$ )
London: Tackling Obesity	60 (30, 150)	80 (45, 175)	80 (35, 120)	83, 86, 14	.327 ( $n=74$ )
North East: Fifty Ways to Health	60 (37.5, 130)	120 (60, 190)	120 (60, 180)	72, 68, 63	.001 ( $n=63$ ) <sup>†</sup>
South East: Active Networks	90 (60, 190)	90 (60, 200)	90 (60, 205)	75, 77, 64	.107 ( $n=69$ )
South West: Get Up, Get Out, Get Active	85 (60, 180)	90 (60, 120)	86 (52.5, 190)	44, 45, 24	.068 ( $n=40$ )
West Midlands: Prescription for Health	95 (60, 140)	100 (60, 140)	95 (60, 180)	34, 36, 30	.848 ( $n=33$ )
Yorkshire and Humberside: Good for Your Health	60 (30, 120)	60 (40, 120)	160 (90, 420)	48, 50, 13	.024 ( $n=45$ )

<sup>58</sup> For the full sample, the median decreased over the first two timepoints, but for the restricted sample on which the statistical test was performed the medians (interquartile ranges) were 60 (17.5, 135) and 60 (30, 177.5), respectively.

Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	n values	p value*
National Cascade: Isolated at Home	30 (0, 60)	60 (21, 120)	50 (30, 110)	69, 70, 21	<.001 (n=70) <sup>†</sup>

\* Wilcoxon signed ranks test, across first two timepoints only

The case study in Figure 2.7 illustrates these various impacts of **fit as a fiddle** of physical activity and the multiple benefits to participants.

### Figure 2.7. Case study, physical activity benefits: Fit as a Fish, Age UK Devon<sup>59</sup>

Over 547 people have taken part in a series of activities across Devon, including aqua aerobics and assisted swimming. The philosophy behind the project has been of inclusivity: *“I’ve always wanted to have an inclusive approach to any of the sessions... gender... all of the issues, ethnicity and homosexuality...”* (Co-ordinator)

The experience of one female participant shows clearly the multiple physical benefits, as well as the side-benefits around pleasure and social engagement::

*“Prior to joining the swimming group I had had two hip replacements and a complete shoulder replacement. My mobility, stamina and confidence were poor. Definitely one of Bryony’s – (the instructor) – successes, as I can now swim both breast stroke and crawl again, can complete an hour’s exercise in the water... I really enjoy myself and have made friends and now bring two more ladies to the sessions. All this has made a great difference to my life, I can now walk anywhere including uneven ground, manage steps, stairs, run and dance; I recommend exercise swimming to everyone.”*

This broad range of benefits was also reflected in this man’s experience:

*“There is a stroke survivor, he’s in his late 50s now and when he first attended he led a very isolated life, all he had were his carers coming in... And from that he attended the only social session of his week, which was... our swimming session. He would use his Zimmer to walk up to the shallow end ... and with support he would enter the pool down the steps. His balance was very much affected by his condition, his swallowing, his speech as well and muscle tone, he would only sort of nod or shake his head to start with... The whole group really encouraged him and praised every improvement that he made. He was unable to stand unaided in the pool and so I set up a programme for him, specifically to his needs, and the outcome of it is that although he had been a strong swimmer he had to re-learn how to swim. He’s now got his 200 metres certificate to great cheers amongst the group. He’s able to walk unaided, he is able to undress and dress unaided and walk unaided up to the shallow end from the deep end, pool side that is of course. And he’s actually conversing, his swallowing mechanism is better so he was able to go out, whereas he felt embarrassed, he started joining us for a cup of tea although the dribbles are still there and whatever we just totally ignore it and he felt more comfortable in our presence, as it were. His strength and his balance and his whole demeanour has just increased and uplifted and he’s a much happier guy.”* (Staff feedback)

<sup>59</sup> Source: case study visit

## 2.5 Impacts on mental wellbeing

In 1948 the World Health Organization defined health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease” (WHO, 1948: 100). The definition remains unchanged to date and points to the complex relationship between these different functional domains in supporting optimal ageing. Reflecting this interwoven set of relationships, **fit as a fiddle** offers participants opportunities to engage on a variety of levels and in different ways and, unsurprisingly, even when taking part in one particular activity, participants often spoke of myriad benefits, as the case studies illustrate and as this case worker noted:

*“In fact, I think that’s the biggest impact it has really, you see the people coming in and they always say things like ‘I am so glad I came to this group’ and ‘I haven’t been going out’... You see them starting to make friends and it’s just fantastic.” (Case Study East Midlands)*

Mental wellbeing is arguably the defining aspect of ageing well. Such an argument is based on the notion that physical health, as evidenced in eating well and physical activity, is a means to an end – quality of life – rather than an end in itself. While **fit as a fiddle** does not provide specific mental health services, one of its aims has been to build on the evidenced link between improvements in physical activity and healthy eating, and improved mental wellbeing:

*“I would say, I don’t actually run any sort of mental wellbeing groups, or classes, but I would like to consider that it’s part of every group. But it’s also helping them with, ... raising the heart rate, building their fitness levels and motivating them to do other things and giving them confidence to do other things.” (Project Coordinator)*

The positive mental wellbeing outcomes from the programme were clearly evident in both the survey data and the qualitative data, as illustrated in all the case studies.

The Warwick Edinburgh Mental Wellbeing Scale was used in the survey as a measure of mental wellbeing<sup>60</sup>. Unsurprisingly analysis of the Warwick Edinburgh Mental Well Being Scale shows a significant increase in mental wellbeing across the duration of the programme and also between the beginning of the programme and follow-up (see Table 2.17). Among the individual projects, the London: Tackling Obesity and National Cascade: Isolated at Home projects showed a significant increase in wellbeing between the beginning and end of the project (Table 2.18).

**Table 2.17. Warwick Edinburgh Mental Well Being Scale; mean (standard deviation).**

Sample	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	n values	p value*
Total	33.51 (6.99)	34.97 (6.88)	36.16 (6.54)	754, 770, 391	—
Restricted	33.53 (6.68)	35.07 (6.52)	36.25 (6.43)	337	<.001 <sup>†</sup>

\* Related *t* test between timepoints 1 and 2 and timepoints 1 and 3, *p*<.001 in each case

<sup>60</sup> This scale comprises nine items and produces a possible range of scores from 9–45, with higher scores indicating greater mental wellbeing.

**Table 2.18. Warwick Edinburgh Mental Well Being Scale; mean (standard deviation).**

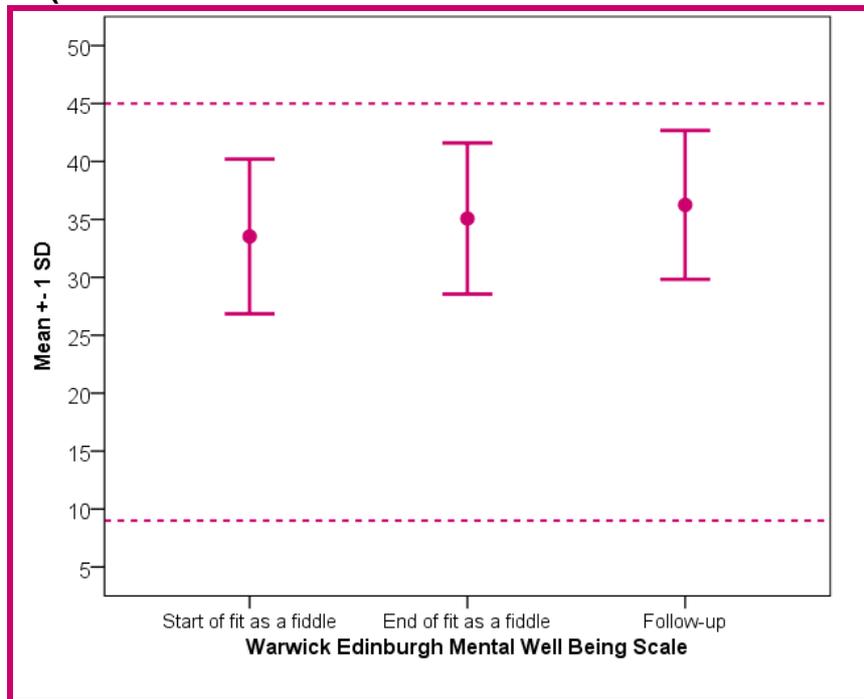
Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values	<i>p</i> value*
Eastern: Active Health	34.19 (8.13)	35.69 (6.59)	—	27, 39, 0	.156 ( <i>n</i> =27)
Eastern: Time of Your Life	36.23 (6.49)	35.00 (5.89)	34.29 (6.39)	30, 26, 14	.143 ( <i>n</i> =26)
Eastern: Well Mind and Body	35.68 (6.92)	35.67 (6.23)	36.11 (6.53)	53, 57, 27	.737 ( <i>n</i> =50)
East Midlands: Rural	36.20 (7.76)	37.55 (8.56)	36.72 (7.50)	30, 33, 25	.088 ( <i>n</i> =29)
East Midlands: Urban	34.62 (5.64)	36.58 (4.99)	37.87 (5.22)	45, 41, 30	.013 ( <i>n</i> =41)
London: Healthy Eating	31.52 (8.27)	33.29 (7.62)	30.40 (8.41)	23, 24, 5	.272 ( <i>n</i> =26)
London: Tackling Obesity	32.12 (6.29)	35.51 (5.95)	36.71 (6.60)	81, 80, 14	<.001 ( <i>n</i> =65) <sup>†</sup>
North East: Fifty Ways to Health	34.07 (5.60)	35.26 (6.34)	36.76 (5.84)	72, 74, 63	.015 ( <i>n</i> =69)
South East: Active Networks	34.71 (6.52)	37.24 (5.45)	37.27 (5.70)	78, 78, 67	.001 ( <i>n</i> =71)
South West: Get Up, Get Out, Get Active	32.21 (6.36)	33.80 (6.24)	35.58 (7.79)	42, 44, 24	.074 ( <i>n</i> =38)
West Midlands: Prescription for Health	32.26 (6.73)	32.69 (6.85)	35.17 (5.61)	35, 36, 30	.607 ( <i>n</i> =34)
Yorkshire and Humberside: Good for Your Health	35.22 (6.31)	35.90 (5.95)	35.56 (5.83)	50, 49, 16	.207 ( <i>n</i> =44)
National Cascade: Isolated at Home	30.1 (8.3)	34.0 (7.9)	35.4 (6.8)	71, 69, 21	<.001 ( <i>n</i> =67) <sup>†</sup>

\* Related *t* test, across first two timepoints only

Figure 2.8 shows the mean values for the whole programme, for those responding at all three timepoints,<sup>61</sup> and illustrates the increase in mental wellbeing across the three timepoints.

<sup>61</sup> The restricted sample

**Figure 2.8. Mean (standard deviation) values on the Warwick Edinburgh Mental Well Being Scale (the horizontal reference lines indicate the limits of the scale; 9–45)**



In addition, respondents were asked to provide a rating of their satisfaction with their 'life as a whole nowadays'.<sup>62</sup> As was the case with the Warwick Edinburgh Well Being Scale, there was a significant positive increase across the duration of **fit as a fiddle** and between the beginning of **fit as a fiddle** and follow-up stage (see Table 2.19). Five individual projects showed a significant increase between the beginning and end of the project (see Table 2.20).<sup>63</sup>

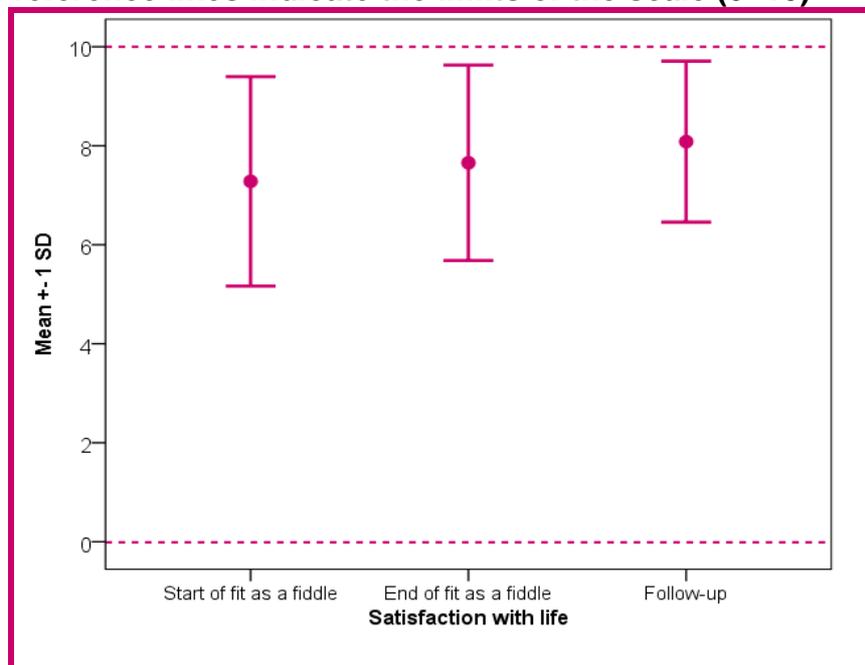
Figure 2.9 shows the programme-level mean values for those responding at all three timepoints<sup>64</sup> and shows the raise in wellbeing across the three timepoints.

<sup>62</sup> On a 0–10 scale where 0 was 'extremely dissatisfied' and 10 was 'extremely satisfied'

<sup>63</sup> For the South West region, the means on which the *t* test was based were 6.96 and 8.20 for timepoints 1 and 2, respectively.

<sup>64</sup> For the 'restricted' sample

**Figure 2.9. Mean (standard deviation) values on the satisfaction with life scale (the horizontal reference lines indicate the limits of the scale (0–10))**



**Table 2.20. Satisfaction with life scale; mean (standard deviation).**

Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	<i>n</i> values	<i>p</i> value*
Eastern: Active Health	7.53 (1.96)	7.46 (1.86)	—	36, 41, 0	.160 ( <i>n</i> =36)
Eastern: Time of Your Life	8.23 (1.55)	7.97 (1.81)	7.87 (1.46)	30, 30, 15	.928 ( <i>n</i> =30)
Eastern: Well Mind and Body	7.56 (2.25)	7.71 (1.87)	8.04 (1.89)	59, 59, 27	.370 ( <i>n</i> =56)
East Midlands: Rural	7.76 (2.28)	7.97 (2.40)	8.36 (1.87)	33, 30, 28	.257 ( <i>n</i> =28)
East Midlands: Urban	7.63 (1.88)	7.93 (1.77)	8.06 (1.98)	46, 43, 31	.119 ( <i>n</i> =43)
London: Healthy Eating	7.21 (1.66)	7.00 (2.33)	7.40 (1.82)	29, 29, 5	.389 ( <i>n</i> =28)
London: Tackling Obesity	6.88 (2.17)	7.68 (1.96)	8.47 (1.55)	99, 97, 15	<.001 ( <i>n</i> =95) <sup>†</sup>
North East: Fifty Ways to Health	7.28 (2.31)	7.86 (1.93)	8.26 (1.59)	76, 76, 66	.001 ( <i>n</i> =74) <sup>†</sup>
South East: Active Networks	7.82 (1.79)	8.28 (1.53)	8.24 (1.58)	82, 80, 66	.002 ( <i>n</i> =76) <sup>†</sup>
South West: Get Up, Get Out, Get Active	7.50 (2.01)	7.90 (2.23)	8.28 (1.79)	46, 50, 25	.007 ( <i>n</i> =45) <sup>†</sup>
West Midlands:	6.92 (2.03)	7.05 (1.97)	7.90 (1.25)	37, 37, 31	.815 ( <i>n</i> =36)

Project	At the start of fit as a fiddle	At the end of fit as a fiddle	Follow-up	n values	p value*
Prescription for health					
Yorkshire and Humberside: Good for Your Health	7.63 (1.69)	7.98 (1.52)	7.56 (1.55)	54, 54, 16	.014 (n=51)
National Cascade: Isolated at Home	5.7 (2.7)	6.6 (2.5)	7.1 (2.2)	72, 71, 21	<.001 (n=70) <sup>†</sup>

\* Related *t* test, across first two timepoints only

Building on the work of Maslow (1999), and as part of their involvement in the English Longitudinal Study on Ageing, Higgs and colleagues (2003) have conceptualised quality of life in relation to four domains: control, autonomy, self-realisation and pleasure. Control is defined in terms of an individual's ability to intervene in his or her environment, whereas autonomy is freedom from unwanted interference from others. Higgs et al. (2003, p.245) argue that "...once these requirements (control and autonomy) have been met..." then individuals are in a position to use them to "...pursue the reflexive process of self-realization through activities that make them happy." The capacity to engage with this process of self-realisation, inherent within which is the achievement of meaning and purpose, is indicative of an individual's degree of overall wellbeing.

Taking part in **fit as a fiddle** clearly brought participants – including those who were clearly physically frail – a number of benefits in relation to the four domains outlined above:

- **Control and autonomy:** there were frequent examples of older people being consulted about the type of activities projects would offer, as well as the details of how they would be structured. Furthermore, taking part in the activities clearly gave people a sense of being better able to deal with – and indeed at times overcome – impairments related to their health or mobility.
- **Meaning and purpose:** there were reports throughout of participants feeling valued and contributing to their communities in ways that had not previously been available to them. The most obvious examples centred on the healthy eating initiatives that encouraged participants to grow produce that their communities then used. In addition, participation gave many people a meaning-making structure to their daily lives that had previously been missing.
- **Pleasure:** participants spoke frequently of how much enjoyment they got from participation. Such enjoyment was on a variety of levels, from a general improved sense of wellbeing, through to making new friends and experiencing increased self-esteem and confidence.

Even when taking part in one particular activity, participants often spoke of additional benefits, as one project coordinator noted:

*"I think that's the biggest impact it has really, you see the people coming in and they always say things like 'I am so glad I came to this group' and 'I haven't been going out'... You see them starting to make friends and it's just fantastic." (Project Coordinator)*

Another project coordinator reflected on the relationship between the various activities and overall wellbeing in broader terms:

*“Also the fact that it's a social thing, you know, it's something that somebody can attend on a social level with other participants also helps to alleviate any, perhaps, negative feelings, feelings of isolation and so on and I've got evidence of this through letters and testaments and so on.” (Project Coordinator)*

The case study in Figure 2.10 shows the types of mental wellbeing benefits the programme is providing.

### **Figure 2.10. Case study of mental wellbeing benefits: Ella**

Ella is 88 and has lived in Cranfield, a sheltered housing complex, for 35 years. She doesn't participate in any activities outside the complex. Ella and other residents took part in armchair exercise classes based on site, which were therefore easy to access. For other activities, such as swimming, which were offered off site and which she would have considered joining in, she was unable to participate because of a lack of appropriate transport. As Ella put it

*"I can't really get on the bus because if I get on, I can't get off".*

#### **What the sessions offer**

The classes are well organised and Ella speaks very highly of Barbara who organises many of them: *"Barbara is just marvellous and I don't know what we would do without her"*. During the class and afterwards there is a lot of socialising and talking, which Ella finds very enjoyable. Furthermore, **fit as a fiddle** has provided the opportunity for people living in the local community to come into the housing complex and build relationships: *"Now we chat away like we are bosom pals"* and Ella and other members of the group extend their socialisation beyond the class: *"I go shopping into town with the other girls."*

#### **Beyond the individual participant**

Ella has a partner of 86 who suffers from osteoporosis. At home she encourages him to try some of the exercises. Barbara produces a written outline of the exercises so that participants are very clear about what they are doing in each class. Ella finds this very helpful on the day but it also acts as a memory aid for practising between sessions, and as a tool to help her explain the exercises correctly to her partner.

#### **What fit as a fiddle means**

Without **fit as a fiddle**, none of this would happen for Ella: the activities have resulted in making Monday *"a special day and have provided me with an extension of my life."* And Ella felt that *"If fit as a fiddle does pack up I think we will all go back into our little shells."*

Moreover, there were frequent examples – as illustrated in the above case study – of a cascade effect, whereby participants brought along others and/or disseminated the information to friends and family unable to participate formally themselves.

Perhaps the most striking examples of success over all three strands of the programme<sup>65</sup> was the work undertaken by the Tackling Obesity project in London and the National

<sup>65</sup> Within the healthy eating, physical activity and mental wellbeing strands, the London: Tackling Obesity project showed significant improvements on 1, 1, and 2 variables, respectively; the National Cascade: Isolated at Home project showed significant improvements on 2, 3 and 2 variables, respectively. It should be borne in mind that these two projects were

Cascade: Isolated at Home project, which were the only projects at an individual level to show statistically significant positive results in all three strands between the beginning and the end of **fit as a fiddle**.<sup>66</sup> For the Tackling Obesity project, the programme comprised ten six-week courses with each two-hour weekly session including an hour of physical exercise emphasising flexibility, strength, balance, co-ordination and muscle tone, such as Nordic Walking and Line Dancing, and a healthy lifestyle workshop focusing on healthy eating, menu planning, sharing recipes, and a weigh-in. This broad ranging, integrative approach is key to the project's success and points to how best to maximise impact from initiatives such as **fit as a fiddle**.

Finally, in addition to the benefits to older people themselves, it is also important to note that staff involved in particular projects such as those illustrated here often reported positive effects, including an increased sense of professional support and achievement.

## 2.6 Summary

Overall the portfolio had achieved positive outcomes for older people and tracking survey data shows clear impact on levels of physical activity, healthy eating and improvements to mental wellbeing as measured by a series of recognised scales. Some of these changes were sustained three months after the projects ended. There were few recorded instances of negative outcomes, such as injury or illness as a result of participating in **fit as a fiddle**. The needs-led nature of the portfolio, with emphasis on activities designed and led by older people was key.

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among the four largest in the portfolio (in terms of responses to the survey), giving them a greater potential to demonstrate significant changes than other smaller projects

<sup>66</sup> [www.ageuk.org.uk/BrandPartnerGlobal/londonVPP/Documents/London\\_Opening\\_Up\\_Lives\\_8pp\\_A4.pdf](http://www.ageuk.org.uk/BrandPartnerGlobal/londonVPP/Documents/London_Opening_Up_Lives_8pp_A4.pdf)

## 3 Volunteering

This chapter examines the role of volunteers in **fit as a fiddle**. Sections 3.1 to 3.4 explore how volunteers were recruited, managed and involved in delivery of the portfolio. Sections 3.5 and 3.6 consider the impact that volunteering had, including impacts on the volunteers themselves and the impact on the portfolio. This chapter draws on evidence gathered during case study visits to a range of both regional and national **fit as a fiddle** projects, and an in-depth case study conducted of volunteering selected from the North East. It also draws on responses to the project coordinator and partner survey and stakeholder interviews.

### 3.1 Overview of volunteering activity

Volunteering was an important part of the delivery of **fit as a fiddle**. Volunteers were involved in a range of roles within **fit as a fiddle**, ranging from administrative roles, befriending roles, and assisting paid instructors, to leading classes. Just over two thirds (77%) of respondents said that their project involved volunteers.<sup>67</sup>

In particular, volunteering played a major role in the delivery of the National Cascade Training Programme, which was a distinct set of national **fit as a fiddle** projects. The aim of the National Cascade Training Programme specifically was to train and support volunteers to deliver a model where volunteers are trained to deliver health and wellbeing sessions and then work in local communities or with specific target groups to deliver wellbeing sessions and road shows.

Some 4,656 individuals were involved as volunteers within **fit as a fiddle**.<sup>68</sup> The number of volunteers involved in individual **fit as a fiddle** projects varied from very small numbers to over 300 in one projects. Typically the National Cascade **fit as a fiddle** projects involved greater numbers of volunteers reflecting the scale and aims of these projects.

The level of involvement of volunteers varied, from providing two hours a month, to one instance of over 400 hours involvement in **fit as a fiddle** activity per month where larger numbers of volunteers were involved. More commonly volunteers were providing eight to twelve hours of volunteer activity per month.

There were no overall figures available giving background demographic data for volunteers involved with **fit as a fiddle**,<sup>69</sup> although locally many **fit as a fiddle** coordinators collected this information. Two thirds of respondents to the project coordinator and partner survey (66%) stated that their volunteers were retired. A smaller number (13%) were unemployed, and around a tenth were part-time employees. Anecdotally it was reported that volunteers were more likely to be aged over 50, usually retired, and typically it was reported that there tended to be more female than male volunteers, from across a wide range of ethnic minority groups.

### 3.2 Recruitment of volunteers

Volunteers were recruited to **fit as a fiddle** through a range of mechanisms, and this varied greatly across regions and different types of activities. Typically, volunteers became involved with **fit as a fiddle** through one the following routes:

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<sup>67</sup> Source: Ecorys project coordinator and partner survey base = 221

<sup>68</sup> Source: Age UK programme data (2012)

<sup>69</sup> In terms of age, gender etc.

- *recruited directly for **fit as a fiddle***
- *existing volunteers from within Age UK or partner organisations*
- *targeted recruitment of volunteers with specialist skills (e.g. sport instruction)*
- *previous participants of **fit as a fiddle***

Just under a quarter of respondents (21%) reported that volunteers were all recruited specifically for **fit as a fiddle**. Much more common (60%) was a profile of volunteers that included volunteers who were already engaged with the organisation and those who were recruited directly for **fit as a fiddle**. In some instances volunteers were part of wider Age UK programmes such as ActivAge or Get Active<sup>70</sup> where there was strong cross over between the remit of **fit as a fiddle**, or individuals who had volunteered elsewhere in local Age UK's or Age Concerns. Using previous participants as volunteers was a good way of engaging volunteers as these individuals proved to be "*great ambassadors*" of the portfolio.<sup>71</sup>

Where project coordinators specifically advertised for volunteers for the **fit as a fiddle** project different approaches were taken. For example, posters, leaflets or advertisements were placed in GP surgeries or local libraries, and in one instance a feature was secured on a national breakfast television programme. In other projects, coordinators made links with local volunteer centres to facilitate referrals onto **fit as a fiddle**. Anecdotal evidence suggests that projects that placed advertisements with volunteer centres found it was not a productive source of volunteers. Often these volunteers did not fully understand the nature of the volunteer opportunity or the time required so few of those referred were recruited in the end. As the final project report of one of the National Cascade projects suggests, use of existing volunteers or those with a link to the organisation was preferred.

*"It seems that trying to find a new volunteer...is not as productive as developing and deepening the relationships with the community around you."* (Project Coordinator)

Where volunteers were actively recruited, project coordinators reported there to be a cost involved, principally incurred through production of materials and advertising. The costs reported varied from a relatively modest £25 to £1,400 in one case. These costs are further examined in Chapter Seven.

In the main, projects were ambivalent about whether they found the process easy or difficult (50% reporting neither easy nor difficult). However, just under a quarter (24%) of project coordinators and partners reported difficulties in recruiting volunteers. Case study evidence showed that one of the more problematic areas was the recruitment of volunteers with sufficient existing skills and expertise to lead the delivery of activities. Projects commonly offered training to their volunteers as a way to overcome this, however, projects found some volunteers, who were initially positive about volunteering opportunities in **fit as a fiddle**, were put off by the amount of training that was required to acquire the relevant skills. This led to some cases of volunteers dropping out because it was more rigorous and time consuming than they had anticipated. This issue related to training for a specific activity such as being a walk leader, chair exercise instructor or other fitness instructor; generic training such as first aid or health and safety training was provided to the majority of volunteers. As many of the volunteers were older and tended to be retired, there was also recognition that the reluctance to complete training was partly explained as this was a group who had not

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<sup>70</sup> The ActivAge unit was established by Age Concern England in 1997 and has developed a number of initiatives to promote healthy living through partnership working. Get Active runs activity classes for older people who wish to take part in physical activity.

<sup>71</sup> Source: Interviews with project coordinators

been in a learning environment for a long time. In more isolated cases, drop out of volunteers at this stage was due to the volunteers' unavailability to attend the training sessions which occurred over a number of sessions. While this was frustrating for project coordinators they did recognise that this allowed them to find out at an early point that volunteers were unable to commit the time required before more investment was made.

Similarly, there was evidence of some volunteers dropping out once the level of responsibility became clear. Generally, project coordinators matched volunteers to opportunities in order to avoid volunteers being unnecessarily burdened. However, there were a small number of reported instances of volunteers leaving because of having to take on too much responsibility. The requirements around form filling, monitoring and the requirement for CRB checks as part of the **fit as a fiddle** programme were frequently cited by volunteers as being the aspects of their role that they least anticipated.

*“Some volunteers don't want to take on a lot of responsibilities in their role, they tend to want to turn up, do something and then go home again.” (Project staff)*

This experience of difficulty in recruiting volunteers clearly demonstrated the need for projects to ensure volunteers were fully aware of what the project would entail before they started, illustrating the need for detailed information to be given when volunteers when they first enquire about the opportunity (Figure 3.1).

### Figure 3.1: Lighter touch volunteer opportunities: case study

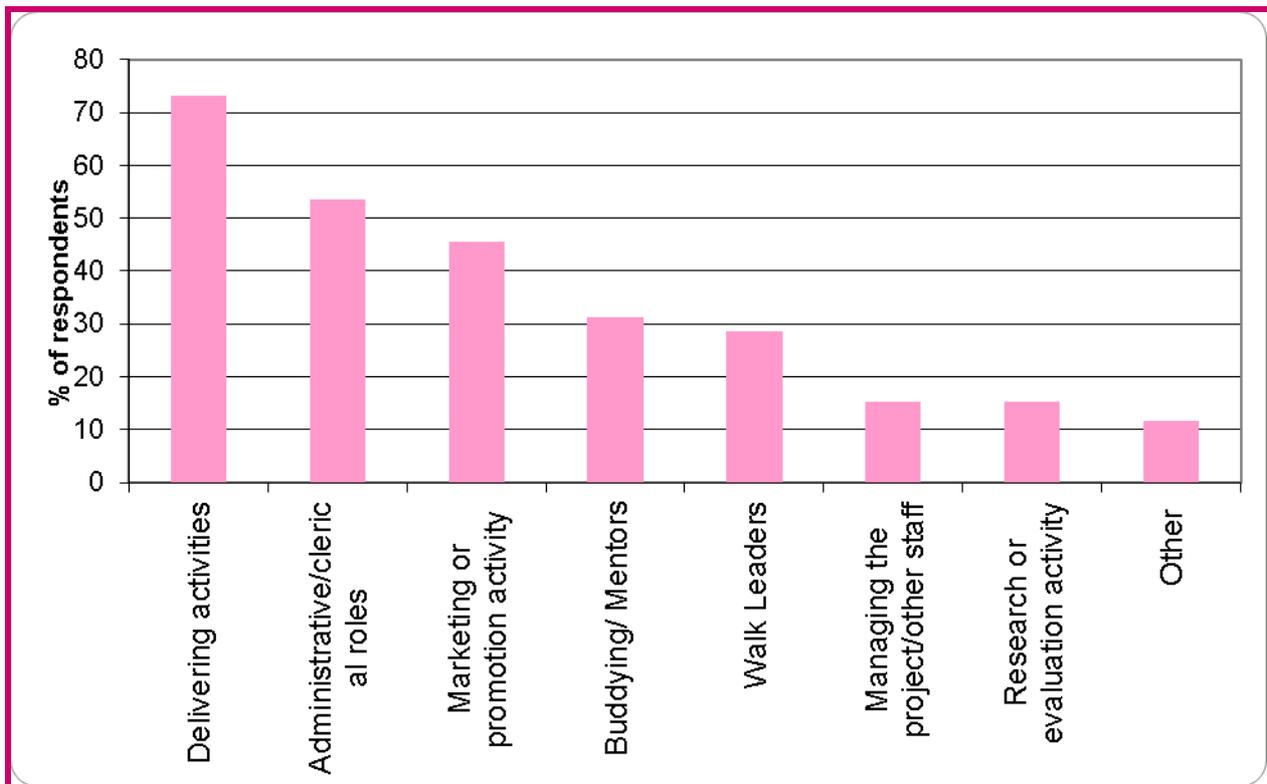
The Come to Tea project, one of the national cascade projects, delivered by the National Association for Providers of Activities for Older People (NAPA) aimed to recruit volunteers who were then offered two days training to support delivery of small-scale tea parties or similar gatherings that engage hard-to-reach care home residents. Early on, it became clear that visitors to the care homes were keen to be involved in the project as volunteers but few were able to commit to attend the two day training. In response the project developed the Friends and Family stream of the project. These Friends and Family days asked for one day's involvement and required no paperwork or record keeping after the event. In total 411 friends, family members or volunteers were involved across the three years of the projects alongside 163 volunteers who completed the two day training.

While taking on a lot of responsibility, or undergoing intensive training did put off some volunteers, in other instances volunteers enjoyed the responsibility and challenge of leading a class. In many examples class participants progressed onto volunteering to support the continued delivery of the class.

### 3.3 Volunteer roles

Volunteers involved with **fit as a fiddle** undertook a number of roles from assisting classes, leading activities, or mentoring or befriending other beneficiaries (Figure 3.2).

**Figure 3.2 Where volunteers were used, what roles have they undertaken in your project?**



Source: Ecorys project coordinator and partner survey total base: 112

Delivering activities was the most common role for which projects used volunteers (73%), followed by administrative work (54%), and undertaking marketing or promotional activity (51%). The diverse variety of volunteering opportunities and roles in **fit as a fiddle** was considered by stakeholders to have been one of the key factors in its success in attracting volunteers.

*“Part of the reason it’s worked so well is the variety of volunteering opportunities that the programme has been able to offer” (Stakeholder)*

Older people in particular were able to use skills they had developed during their working lives, for example an individual who used their IT skills to help out. The variety of roles which were available is considered in more detail below.

#### *Instructors/Leading activities*

Volunteers acted as trained instructors to deliver a variety of different classes involving a number of different skills. This included swimming instructors, chair based/seated exercise instructors, Tai-Chi instructors and walk leaders. Volunteers with the necessary skills were either recruited, or volunteers were provided with training (Figure 3.3).

### Figure 3.3 Case Study: Trained instructors

Margaret was an existing North Tyneside Age UK volunteer at a luncheon club when she was asked if she would like to participate in some training to run a chair based exercise class. Margaret was keen to take on a new challenge and decided to take up the training offered by the Keep Fit Association (KFA). Although she found it *'tough'*, she enjoyed the training and hadn't previously seen any volunteering opportunities which provided this level of training.

Margaret qualified as an instructor, and now runs a chair based exercise class once a week in sheltered accommodation. She enjoys the sessions that she delivers, in particular knowing that she had made a difference to the lives of the older people that take part. Volunteering provides her with a link to the local community, and fitness is important to her, so running the class provides her with an opportunity to engage with this activity. While she was concerned that she might have to commit to more hours than she wanted to, she is able to balance this with the volunteer coordinator who supports her to get cover where needed. Margaret would recommend that others take up this type of opportunity, but only if they are prepared to undergo the extensive training.

#### *Class assistants*

Volunteers contributed to delivery of **fit as a fiddle** activities by supporting the paid instructors. Roles here included taking the money for classes, taking class registers and serving refreshments. In some cases, volunteers who did not want the responsibility of taking on a full class preferred this type of role. Some of the volunteers had participated in the classes themselves, and took up the opportunity to volunteer because they had enjoyed it so much. Project coordinators described the role as *"invaluable,"* because it freed the trained instructors to deliver activities, while volunteers could take care of the administrative and monitoring requirements for the portfolio.<sup>72</sup> In Darlington, for example, partnership working between **fit as a fiddle** and the 'Get Everyone Moving' Team at Darlington Council provided access to trained instructors from within the Council's pool of trainers, and **fit as a fiddle** volunteers were able to support them effectively.

*"[Trained instructors] really appreciate having the volunteers there, and the group also really appreciate it." (Project partner)<sup>73</sup>*

Volunteers assisting at classes were also praised for promoting the **fit as a fiddle** brand and raising awareness of the portfolio especially as other beneficiaries were not always aware of how the activities were funded.

#### *Walk leaders*

Training volunteers to lead walks was viewed as one of the more successful elements of volunteer training within the portfolio. The training included 'how to manage a group', and 'how to conduct walks' and volunteers were trained to run health walks. In a number of instances, accreditation was gained for the completed training. In the South East, for example, volunteers played a central role in the delivery of Nordic Walking groups which could not have taken place without them. Volunteers were trained to run eight week courses by a qualified walk leader instructor. This worked well because volunteers chose whether to lead a walk or whether to assist if they did not want the responsibility of being a walk leader.

<sup>72</sup> Source: Interviews with project coordinators

<sup>73</sup> Source: case study interviews with partners conducted by Ecorys

Since the groups were led by volunteers, and the equipment had already been purchased, the activity will continue once BIG funding has come to an end<sup>74</sup> (see section 3.7 below).

Achieving a balance between inputs from paid staff and from volunteers was sometimes a challenge. As discussed above, recruiting trained instructors was not always straightforward, but likewise, project coordinators also found that trying to run a fully volunteer-led series of activities had its own challenges. Project coordinators therefore balanced this by mixing paid instructors with volunteers, and using those volunteers who did want to undertake training or to lead a class where they could.

### *Health Mentors or Buddies*

A number of **fit as a fiddle** volunteers participated in the portfolio as 'Health Mentors' at different events and classes. This model of volunteering was used commonly in the National Cascade projects where volunteers were trained to become buddies to mentor or support others to engage in activities. In other projects in the North East, for example, a number of volunteers took up the role of Senior Health Mentor in addition to more general volunteer roles such as assisting or leading a class. In Age UK Gateshead, Physical Activity Mentors (PAMs) supported older people who attended a GP referral programme subsidised by the NHS, at a local gym. PAMs supported older people to use the equipment for the first time, and encouraged them to continue attending once subsidy for the project from the NHS through the GP surgery had come to an end.

Volunteers felt that providing support as a mentor was beneficial to older people for a number of reasons. For many older people **fit as a fiddle** activities were new to them. Many older people accessing the portfolio were attending a gym or exercise class for the first time, were recovering from some sort of illness or had not exercised in a long time. Volunteers could help older people to use the equipment and learn what to do, and support them until they felt confident enough to participate in on their own. Mentors or befrienders also provided a "*friendly face*" that could encourage older people to attend.<sup>75</sup> This role was also evident on a more informal basis with participants encouraging and supporting each other to attend sessions.

Health mentors also supported participation in healthy eating sessions, again helping to develop confidence amongst participants to attend sessions. Examples of support included volunteers escorting participants to a session and introducing new members to a group. In one community health project in London, volunteers ran a monthly coffee morning where they advertised a range of **fit as a fiddle** activities. At the coffee morning the volunteers acted as buddies, inviting participants to take part, supporting them to attend and giving them confidence once they arrived. This support helped to build confidence and improve outcomes around mental wellbeing (discussed in Chapter Two).

### *General volunteers*

Volunteers occasionally undertook more general or informal volunteer activity. This included volunteer drivers providing transport for participants to access activities, assisting with catering at events and generally being an 'extra pair of hands.'

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<sup>74</sup> For more information on volunteer roles in sustainability see Chapter Five

<sup>75</sup> Source: Interviews with project coordinators

### Volunteers within the National Cascade Programme

A large pool of volunteers was recruited and trained through the five **fit as a fiddle** National Cascade projects.<sup>76</sup> The aim of this strand of **fit as a fiddle** was to train and support volunteers to deliver a cascade training model by seeking to equip volunteers with skills and knowledge to in turn engage members of particular communities in a range of activities related to health and wellbeing. As such volunteers under this strand variously undertook a range of the roles described above, but most commonly acted as mentors or buddies. For example, the project targeting faith communities, trained 289 volunteers to become mentors. These in turn worked with between four and six BME older people to involve them in a range of activities from sports through to cookery.

Developing volunteering resources and supporting smaller, population-specific, voluntary organisations in this way was key to reaching groups who are harder to engage. For example, the National Cascade project focusing on men successfully trained male volunteers. These volunteers have, in turn, targeted a range of potentially vulnerable or isolated older men, including men in prison, gay men, and older men living in residential care or sheltered accommodation to encourage and support these individuals into activity and wellbeing activities.

### 3.4 Management of volunteers

The policies and practices around management of volunteers within **fit as a fiddle** varied greatly between projects and between the different organisations delivering **fit as a fiddle** (Age UK's, Age Concerns and others). In some instances management was taken on by a volunteer coordinator who had a distinct volunteer management role. However more commonly, the role was taken on by the coordinator for **fit as a fiddle** in each local area (Figure 3.4).

#### Figure 3.4 Case Study: Volunteer Management in the North East

In the North East **fit as a fiddle** was delivered in South Tyneside, North Tyneside, Gateshead, Northumberland, Sunderland, Darlington, Newcastle, Durham and Teesside.

##### Volunteer management

Within each local area a coordinator had responsibility for the project, and in most instances the volunteer management was part of this role. Volunteers had good links to the **fit as a fiddle** coordinators in their region, and were able to ask for help where necessary. Volunteers in the North East felt that any queries that they had were always dealt with in a timely fashion by the relevant coordinator for their area including taking on responsibility for a class if the volunteer was unable to run the session.

##### Ongoing management of volunteers

Coordinators said that they kept in regular contact with the volunteers via phone or email and where possible made regular visits to the volunteers to see how they are getting on.

<sup>76</sup> National Cascade projects include: Isolated at home strand, delivered by three organisations (Independent Age, Community Network and Age UK West Cumbria); older men strand delivered by Age Concern Lancashire; a projects for faith communities led by Sporting Equals; 'Life and Soul' led by NAPA for older people in sheltered and supported accommodation and 'Come to Tea' for residential care.

## Acknowledging volunteers

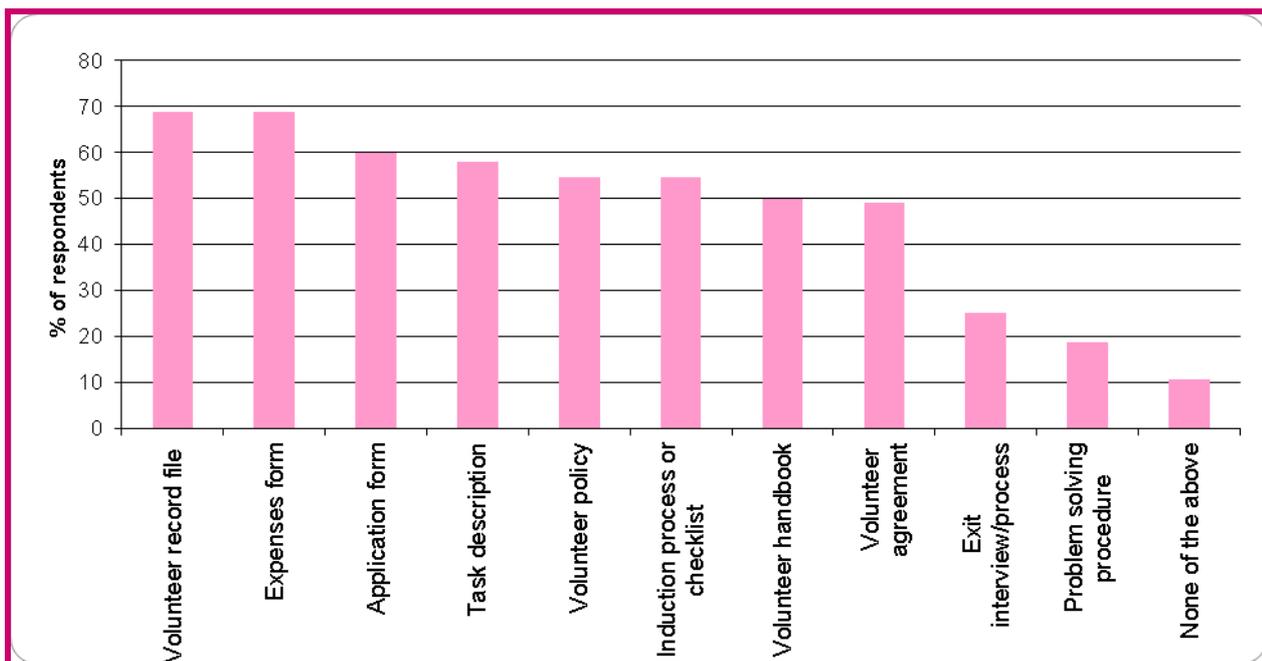
A mechanism for acknowledging the inputs of volunteers and thanking them for their time was built into the North East region's model. For example, there were opportunities for volunteers to attend social events and presentation evenings. In Teesside, an award ceremony was held for volunteers with a presentation by the Mayor of Teesside as a way of thanking volunteers for their contribution.

*"I love the fact that I am doing something useful and helping other people." (Volunteer)*

*"It's nice because I meet lovely people that I would not have otherwise met." (Volunteer)*

Most volunteers were offered and received some form of training. Volunteers participated in a range of training including, health and safety (55%), healthy eating, physical activity and mental wellbeing training (55%), and administration skills (24%). Around three out of five volunteers received an induction (53%). In addition to these specific training courses, just over half of respondents (54%) reported that their project delivered on the job training to volunteers.<sup>77</sup> Figure 3.5 below shows the extent to which **fit as a fiddle** project coordinators and partners held volunteer documents and policies.

**Figure 3.5 Volunteer documents and policies**



Source: Ecorys project coordinator and partner survey total base: 112

Most commonly, project coordinators held a 'volunteer record file' (69%). This usually contained at least the personal details of the volunteer and it was also common for organisations to also have in place expenses forms (69%) and a volunteer application form (67%). While approximately four in five organisations held some sort of document or policy linked to volunteering, 11% did not have formal volunteer policies or documents.

<sup>77</sup> Source: Ecorys project coordinator and partner survey base = 112 and case study interviews in all 9 regions

There was also a variety of approaches to volunteer policies around safeguarding vulnerable adults and requirements for Criminal Record Bureau checks. Some delivery organisations insisted all volunteers undertook screening and others assessed on a case by case basis.<sup>78</sup>

A number of projects highlighted the importance of recognising and acknowledging volunteers contributions as an element of volunteer management.<sup>79</sup> While there were examples of projects holding volunteer celebration events towards the end of delivery, other projects undertook a range of activities to show appreciation to volunteers throughout the delivery phase. One project, for example, sent all their volunteers flowers as a gift to thank them for taking part in the initial training and to wish them luck before they delivered their first session to beneficiaries. Other projects held social events for volunteers, such as a Christmas dinner or coffee mornings. As well as making volunteers feel appreciated, these events also allowed coordinators to speak to volunteers on an informal basis about how they were getting on and offer support.

Other projects highlighted the importance of getting volunteers together on a more formal or regular basis. Under one of the National Cascade projects, in each region, volunteers trained under the project were brought together for regular meetings which were held every six weeks. These meetings were useful for the coordinators to maintain regular contact with volunteers who were working across geographically dispersed organisations but they were also reported by volunteers themselves to be beneficial allowing them to share experiences and to encourage and support each other.

Lessons were learnt from the **fit as a fiddle** projects around the importance of providing accredited training where appropriate or at least some form of recognition for volunteers having completed training. Given the responsibilities associated with the specialist volunteer or instructor roles, organisations increasingly recognised the need to ensure that the training they delivered was thorough enough to equip the volunteers with appropriate skills. This was evidence of organisations' moves more widely to formalising and increasing the support available for volunteers across their organisation, not just those involved in **fit as a fiddle**.

*“One of the things which is a positive coming out of the programme is the lessons learned on organisations needing to have the right structures, they need to make sure that if they're going to train volunteers in a very specialist area that they need to have the right qualifications, you just can't do it in half a day or a day.” (Stakeholder)*

In spite of a lack of consistency in the approach to managing volunteers, the process worked well overall. Volunteers involved in the evaluation did not identify management issues when discussing their volunteering experience. Project coordinators also reported that their projects had experienced a relatively low turnover of volunteers and this indicated that volunteering as part of **fit as a fiddle** was a rewarding, and well managed experience for most.

### 3.5 Impact on the volunteers

Volunteering within **fit as a fiddle** had a range of positive impacts on volunteers (Figure 3.6).

*“This is the best bit! It's brilliant. Research tells us people who volunteer become more physically active. Not only is it a free workforce, but it gives older people a role, gives control to them and feeling of being needed.” (Stakeholder)*

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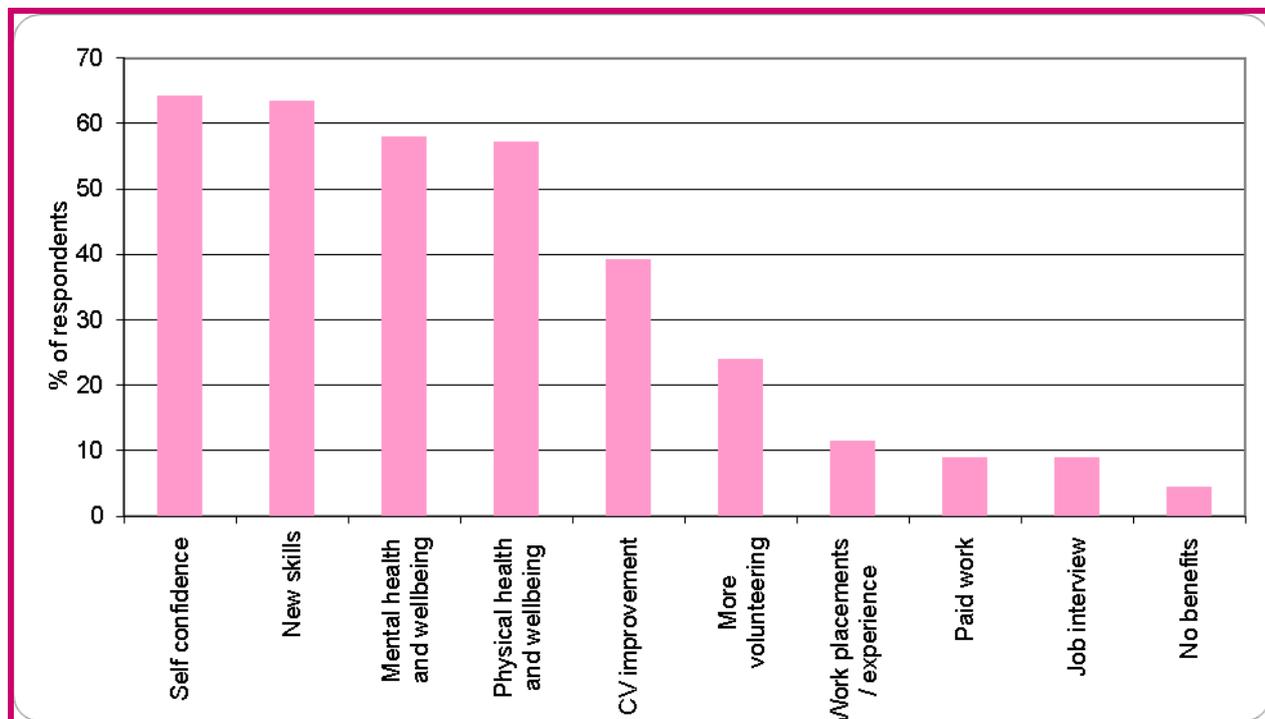
<sup>78</sup> Source: Stakeholder feedback

<sup>79</sup> Source: Stakeholder feedback

From analysis of the survey, key benefits for older volunteers included improvements in outcomes, such as improved self-confidence and self-esteem, skills development, and better mental wellbeing outcomes and improved physical health.

Benefits such as acquiring paid work, job interviews and work experience were relatively low (fewer than one in ten respondents highlighted this benefit), but this was not surprising since **fit as a fiddle** volunteers were more likely to be retired and not looking to progress into work.

**Figure 3.6 Benefits for volunteers**



Source: Ecorys project coordinator and partner survey, Base = 112

In addition to the survey data, qualitative evidence also supported volunteers experiencing beneficial increases in outcomes, such as self-confidence and self-esteem as a result of participating in volunteering activities.<sup>80</sup> This included increased self-esteem from helping others and seeing the benefit of their work to their peers.

*“The **fit as a fiddle** programme gives older adults a fantastically useful resource to be able to volunteer and support their peers. Older people like giving their commitment and being relied upon, this has self-esteem and wellbeing benefits in itself.” (Stakeholder)*

Volunteering also had positive impacts for volunteers in terms of improving their own social interaction and social support networks. This enabled them to meet new friends and build new relationships by providing regular opportunities for socialising during class activities and outside of the funded activities.

A number of volunteers commented that they had become involved with volunteering because of changed personal circumstances, such as a bereavement or having to leave work due to health difficulties. One volunteer who lost her husband very unexpectedly spoke of her fear at being on her own for the first time in her life and feeling *“lost without him.”* Volunteering with **fit as a fiddle** gave her new purpose and helped her to rebuild her life following her husband's death. Volunteering not only helped to develop her confidence in the

<sup>80</sup> Source: feedback from volunteer coordinators and volunteers in case studies

delivery of activities, but she had made friends with a group of other older people who now meet up regularly outside of **fit as a fiddle**.

Participating in **fit as a fiddle** as a volunteer was also providing important structure and routine in many volunteers' lives, as one couple who volunteered described:

*"It has given us a structure to our weeks. We are both fit and healthy and we wanted to do something positive and this has been just the thing for us" (Volunteers)*

### Figure 3.7 Case Study: Walk Leader in the North East

Rory became a volunteer for **fit as a fiddle** 'by accident'. While unemployed Rory was volunteering as a driver for a local community group when he was asked by Age UK if he would like to get involved with **fit as a fiddle**. Rory became a driver for a walking group in Teesside. He enjoyed doing the driving for the group so much that he decided to undertake the walk leader training so that he could lead the group himself. The training was accredited, and covered how to lead and manage a group and how to ensure group safety. The group became an important part of Rory's social life, and all of the members get on well. They meet throughout the year even going out walking in the rain and snow.

When Rory began leading the walks he was still unemployed, however during this time he found a job, he agreed with his employers that he didn't have to work on Tuesdays so he could continue participating in the walking group. He encouraged a colleague of his to get involved with the group, and he also now volunteers for a **fit as a fiddle** walking group.

Volunteering with **fit as a fiddle** had a positive impact on Rory's mental wellbeing and also helps him to stay fit and active himself:

*"Taking the group out keeps me happy". (Volunteer)*

Together the improvements outlined above led to improvements in volunteers' mental wellbeing, supporting wider portfolio outcomes. Volunteers have experienced better mental health through feeling part of a group, and through giving something back to their communities. Volunteers also commented that seeing the difference they were making to older people's lives and in some instances being 'needed' had a positive effect on them.

*"I feel that I have become sufficiently more patient and relaxed as an individual, as well as much more understanding of the needs of older people." (Volunteer)*

*"I love that fact that I am doing something useful and helping older people." (Volunteer)*

Some volunteers also went on to raise or maintain their own level of physical activity through the portfolio, for example, through participating more regularly in exercise classes or activities, again supporting wider portfolio outcomes.

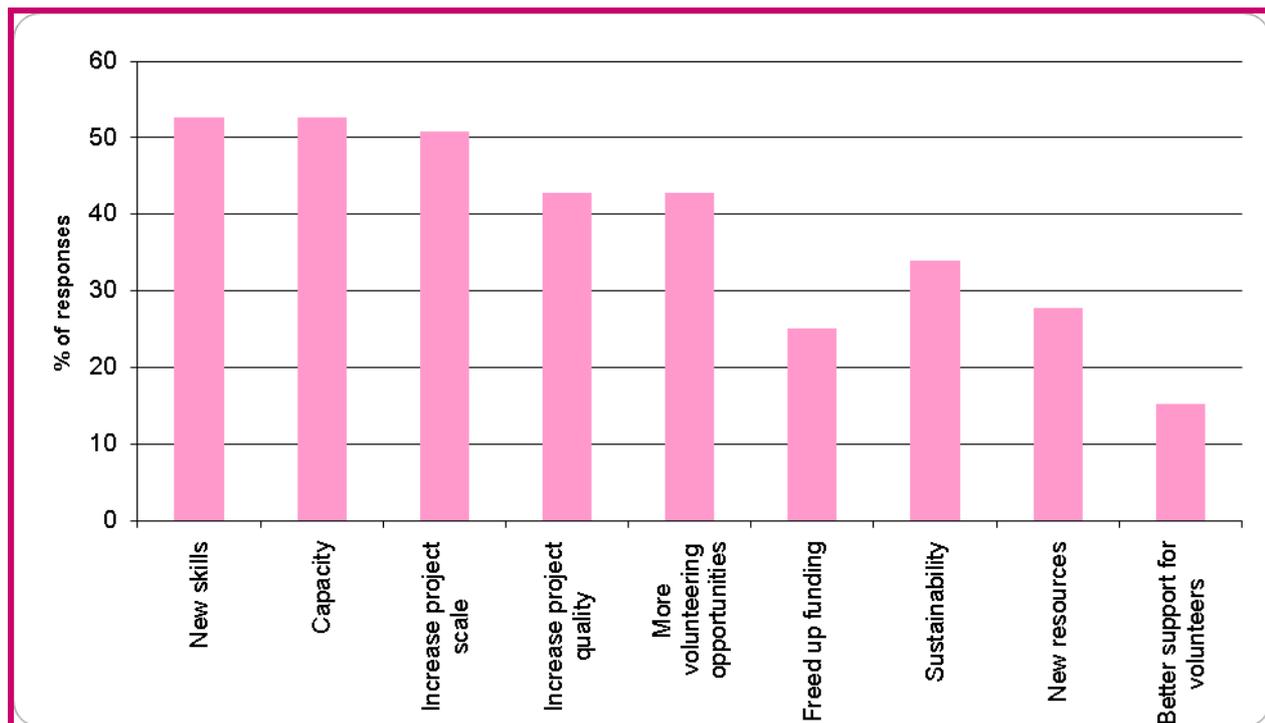
Less frequently, volunteering provided or improved more practical outcomes, particularly around skills. For example volunteering gave some the opportunity to develop employment skills, and provided opportunities for individuals to get involved in activities that they would not normally have the chance to do. Examples of skills developed included leadership skills and the achievement of qualifications such as Keep Fit Association training courses and walk leader accreditation, as well as acquiring IT skills around the use of software packages such as Excel.<sup>81</sup>

<sup>81</sup> Source: Ecorys case study evidence

### 3.6 Impact on the portfolio

Project coordinators and partners identified the key benefits of volunteers and volunteering for the wider portfolio as: volunteers bringing new skills into the organisation (53%), and enabling the freeing up of resources that would have otherwise been used for staff costs; and increasing the capacity of organisations to deliver more activities and reach more older people (53%). Involving volunteers in **fit as a fiddle** appeared to have less impact upon developing resources within an organisation to effectively support volunteers (15%) i.e. on development of volunteer policies or processes (Figure 3.8).

**Figure 3.8 What have been the benefits for your organisation of involving volunteers?**



Source: Ecorys project coordinator and partner survey, base = 112

The high level of volunteer time impacted positively on the **fit as a fiddle** portfolio as a whole, locally and at the national level, primarily to expand the reach of **fit as a fiddle** activities, promote the aims and objectives of the portfolio; and help to deliver its outcomes effectively and efficiently. Overall there was a high level of praise from project staff about the contribution of volunteers.

*“The personality, passion and knowledge of our volunteers have made the service a great success.” (Project Coordinator)*

*“The volunteers are the backbone of the project. We couldn't do it without them.” (Project Coordinator)*

The additional capacity that was afforded through the involvement of volunteers was particularly welcomed by projects and partners.

*“Having this body of volunteers we've been able to expand our growing capacity which is something I never thought we'd be able to see.” (Project Coordinator)*

The availability of additional capacity through volunteering allowed projects variously to offer a wider range of activities and/or deliver more resource intensive activities. In particular, being able to offer one to one support or activities for beneficiaries as a result of volunteer

capacity was a theme that staff kept returning to in the case study visits. There was acute recognition by project coordinators and partners that this was an opportunity often sorely lacking in collective care settings for older people particularly and something that it would not have been possible to offer through **fit as a fiddle** without the involvement of volunteers.

Volunteers have also helped to promote the **fit as a fiddle** brand amongst participants, thus enabling projects to expand the reach of their services.<sup>82</sup> Specifically, project coordinators highlighted the impact of volunteers in supporting projects to engage with beneficiary groups that are traditionally hard to reach, for example men. Volunteers were crucial in this aspect as it was recognised by project staff and stakeholders that such groups were more likely to engage with someone from their own community and/or with whom they can identify and trust.

*“People seeing activities run by someone pretty similar to themselves, who live in the next village or something, that’s quite an important factor in their decision to get involved.” (Stakeholder)*

The recruitment of male volunteers was commonly highlighted as an example of the impact of this approach. For example, in social care settings, male residents are viewed as difficult to engage, and typically existing activities are designed with the majority of residents in mind, mostly women. The recruitment and matching of male volunteers with male residents by several **fit as a fiddle** projects was highlighted as being a key factor in their success in engaging with this population.

*“It’s great that one of the volunteers is a man. He’s been able to provide one-to-one or activities for men here. I always felt our male residents were missing out before as the activities before were really focused on the ladies.” (Project Partner)*

A significant example of success in this area was demonstrated by the National Cascade project that targeted men (Figure 3.9).

### Figure 3.9 Case Study: Men’s National Cascade Programme

The Men’s National Cascade strand of **fit as a fiddle** was a programme designed to specifically target older men through a range of innovative community based approaches to attracting older men into physical activity and wellbeing for example: working with Premier League and Championship football clubs; rugby and cricket clubs; Older Gay Men’s groups; local Age UKs; independent Men’s groups; various local authorities and NHS; as well as Preston Prison service.

Male volunteers were specifically recruited from these settings and trained as ‘buddies’, to encourage and support older men into relevant activity and wellbeing activities. Older men helped to shape this training programme, and have been consulted on the style, layout, language, images used and provided feedback.

One example of the range of activity in this programme was the activity delivered by the Merchant Seamen War Memorial Society, which recruited and trained 12 male volunteers from an independent living residential setting for retired seafarers. These volunteers were tasked with engaging with others and encouraging them to take part in gym sessions or being involved in a garden project on the estate. Volunteers were deliberately paired with people who share similar interests or who got on which proved successful encouraging participants to take part. Volunteers leading by example and being seen to be engaging

<sup>82</sup> Source: Case study interviews with volunteers and staff

themselves in activities also had the effect of encouraging participants:

*“Merchant Seaman by the pure nature of the job they did are fiercely independent people, they will not be pushed to do anything. People needed to see others doing something and enjoying it before they will join in.” (Volunteer)*

Over 9000 men (aged 50+) have been part of the while cascade and almost 300 volunteers have been trained as a buddies. The specific recruitment of male volunteers and the focus on activities and organisations older men are linked to the project are highlighted as key success factors in achieving these outcomes.

Volunteering was also a route for organisations to link and work with local partner organisations. Efforts were made to engage with volunteers from a range of partner organisations to find volunteers to work with to help deliver sessions or activities.

*“[We] haven't actually recruited any volunteers through [our local] Age UK, but what I do is work with [other] volunteers, the Community Centre as an example, there are many volunteers there and so whenever we go to these events, such as the Fun Day then I will use the volunteers from there, they're happy to come along.” (Project Coordinator)*

This helped expand the reach of **fit as a fiddle** without the burden of recruiting and managing an 'in house' pool of volunteers. The approach does however require close and continued partnership working with other local organisations.

### 3.7 Sustainability through volunteering

Volunteers had an important role in delivering, developing and sustaining **fit as a fiddle** activities and evaluation evidence shows that a lot of **fit as a fiddle** activity would not have been possible without volunteers. For example, as previously highlighted, many walking groups relied upon trained volunteer leaders to lead walks, and many classes relied on volunteers assisting in delivery (such as providing transport, taking registers or being an extra pair hands) and helping them to run smoothly. Some classes relied *solely* on volunteers. Overall, using volunteers to deliver activities was one of the key elements highlighted by project staff and partners for ensuring the future sustainability of **fit as a fiddle**.

*“Volunteers are involved because they save on costs and mean that activities have the potential to be sustainable if they are run by volunteers.” (Project Coordinator)*

However, it was not always the case that where volunteers have been delivering an activity the activity was automatically sustained once BIG funding came to an end (see Chapter Five for further discussion).<sup>83</sup> This was partly, as reported above, because volunteers did not always want to take on responsibility for activities or were not able to commit sufficient time so paid staff would still be needed in some capacity.

*“You do need a certain core of permanent paid staff who are enhanced by the work of volunteers.” (Stakeholder)*

Additionally, it was not always possible to sustain all the structures that enabled services to be delivered, such as room hire, insurance and adhering to health and safety requirements.

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<sup>83</sup> Source: Ecorys interviews with project coordinators

Equally the importance of volunteer management and support structures were identified and this infrastructure likewise attracts a cost.

*“There is an assumption that volunteering is free, however the structure behind volunteering is important and that usually requires a paid volunteer coordinator post. It’s also important to ensure that you have the budget there to support volunteer training rather than it being a token gesture that it’s actually properly built in.” (Stakeholder)*

While project coordinators have highlighted the difficulties associated with sustainability, outlined here, there are a number of examples where **fit as a fiddle** activity will be sustained by volunteers. For instance Nordic Walking groups in the South East and in London which were led by volunteers will continue to run after the end of BIG funding (as described above); volunteers have been trained to lead the group, and the equipment had already been purchased. Other groups were continuing to run sessions through the support of volunteers, in particular where equipment was purchased to deliver the sessions for example a 'Wii fit' or flotation devices for swimming or Aqua-fit classes. There were a number of examples in Devon in the South West portfolio where groups have found that with a small charge and a volunteer trainer the activity can become sustainable (also see Chapter Five).

## 4 Health Literacy

This chapter examines the use of the health literacy materials and educational resources produced as part of the **fit as a fiddle** portfolio. It provides an overview of the materials produced, and then goes on to consider the awareness and use of the materials as well as their effectiveness and impact. The chapter draws on evidence gathered through case studies<sup>84</sup> and responses to the project coordinator and partner survey. Materials and resources were developed against a background where England has low levels of general literacy and numeracy in comparison to other developed countries.<sup>85</sup> The significance of this is reflected in evidence that those with low health literacy have less understanding about their health<sup>86</sup> and poorer health<sup>87</sup> and that older people with low health literacy have higher mortality than those with adequate health literacy.<sup>88</sup>

### 4.1 Overview of health literacy strand and educational resources

The health literacy strand of **fit as a fiddle** was part of the portfolio's aim to produce a range of materials that improved older people's health literacy, with consequent improvements to health more generally, and to help inform staff and professionals. The materials were intended to ensure broad access to information across the diversity of groups of older people, to encourage older people to overcome barriers to accessing more healthy lifestyles and to try something new (for example a new activity or new food). Specific educational resources were developed, to be targeted at professionals working with older people, and care home staff and residents. In particular, they aimed to help improve awareness of the importance of healthy eating and physical and mental wellbeing. The **fit as a fiddle** health literacy materials and educational resources were identified as filling a gap in providing health and wellbeing information for older people.

In total, the health literacy strand had a target that over 300,597 older people would become more informed through the educational resources and health literacy work.<sup>89</sup> It aimed to produce a range of materials including:

- *Three leaflets developed with the Blood Pressure Association (BPA), for distribution in care homes entitled, 'Zest for Life', 'As Much as You Can', and 'Add Flavour'*
- *'A recipe for healthy living' book featuring range of recipes from the **fit as a fiddle** projects*
- *An exercise DVD aimed at frail older people in residential care*
- *'Equalities and Human Rights Good Practice Guide' for professionals*
- *Promotional leaflets*

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<sup>84</sup> Case studies were conducted to explore in depth the Blood Pressure Association (BPA) leaflets and the 'A recipe for healthy living' packs. A short web survey was sent to users of the BPA leaflets in residential homes. 52 responses to the survey were received and follow up depth telephone interviews were completed with seven respondents. A similar web survey was sent to users of the recipe book. 57 responses to the survey were received and follow up depth telephone interviews were completed with six respondents.

<sup>85</sup> Public Accounts Committee, 2009

<sup>86</sup> Williams et al, 1998; Berkman et al, 2011

<sup>87</sup> Rothman, 2002; Sudore et al, 2006

<sup>88</sup> Baker et al, 2007; Bostock & Steptoe, 2012

<sup>89</sup> **fit as a fiddle**: Strategy Application, Age Concern (undated)

- *Newsletters (both themed versions and regional updates)*
- *Monitoring and evaluation pack for projects*
- *Information pack*
- *Health promotion material and links to further information/resources via the Age UK website*
- *Promotional material, such as **fit as a fiddle** T-shirts and squeezable stress-relieving fruit*

## 4.2 Awareness and reach of health literacy materials

Overall, 279,273 people were better informed as a result of receiving health resources.

Materials were only distributed on request to **fit as a fiddle** projects in the regions and to care homes; this helped to ensure materials had a better chance of being used.

Monitoring data<sup>90</sup> shows that large numbers of the educational resources were distributed:

- *15,941 copies of the 'A recipe for healthy living' recipe books*
- *47,033 newsletters*
- *47,942 healthy eating guides*
- *168,357 BPA leaflets sent to more than 56,000 care homes*

At the national level, health literacy resources were promoted on the **fit as a fiddle** website while it existed,<sup>91</sup> then on the **fit as a fiddle** area of the Age UK website. They were also promoted to care homes in particular through the portfolio's partnership with National Association for Providers of Activities for Older People (NAPA), which proved effective (see Section 4.6 below). At the national level there was a significant drive to 'reach' larger numbers of older people through these materials and achieve some sort of 'scale impact'. The effectiveness of this activity is discussed below.

At the local project level, the reach and awareness of the health literacy materials varied. Half of respondents to the project coordinator and stakeholder survey (53%) were aware of the health literary materials, with 66% being made aware of the materials by Age UK national and 44% made aware by local project staff or partners. Observations showed that leaflets were distributed by Age UK/Age Concern staff and partners during classes, activities and awareness raising events, and used in the entrance of venues where activities took place. T-shirts were worn by some participants and instructors, and squeezable fruit was used as part of structured routines, for example as part of chair-based exercise classes observed in Yorkshire. Some regional and project coordinators made good use of the health literacy materials, including distributing leaflets and using materials to educate older people and using novelty items to engage them.

*"People love the stress balls because they're fun, because they give the message but in a fun way and they can be using it... they're colourful and people just literally wherever you go pick them up, so again that's been part of the approach." (Stakeholder)*

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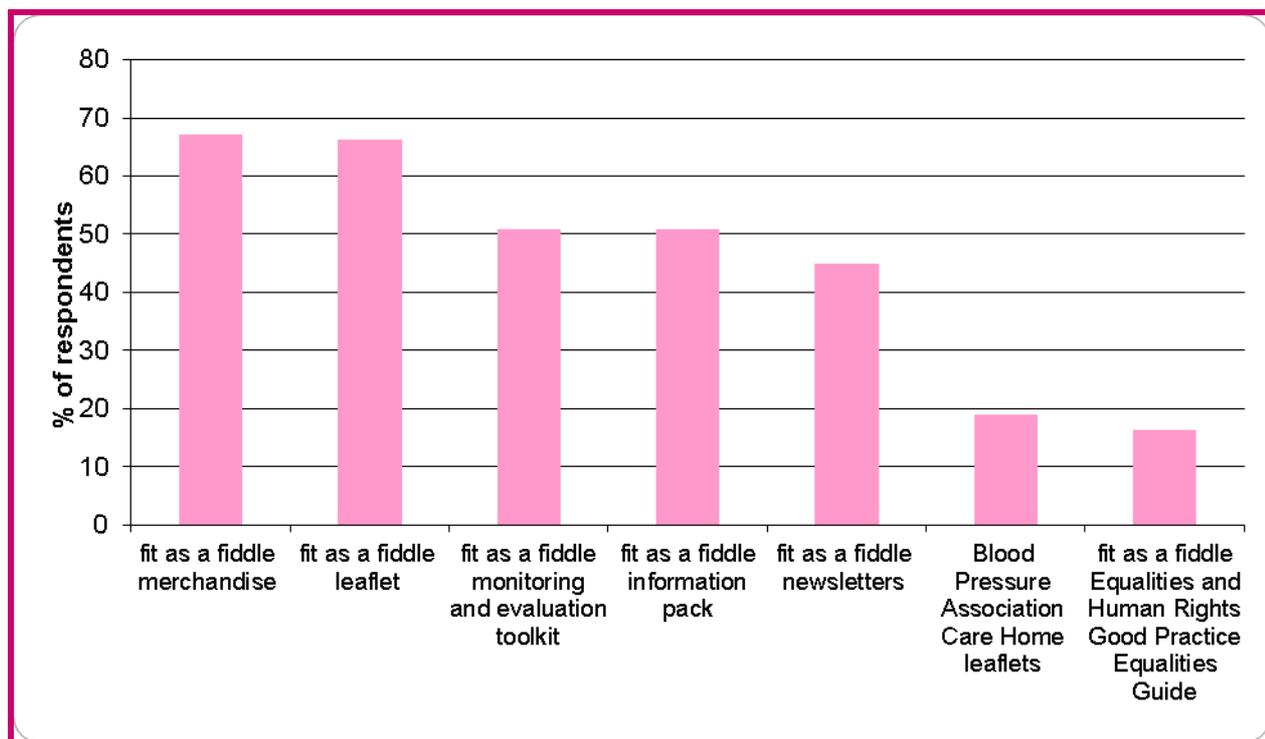
<sup>90</sup> Source: data provided by Age UK (2012)

<sup>91</sup> **fit as a fiddle** originally had its own website, but then during the change to Age UK the website was incorporated into the wider Age UK website.

Some beneficiaries did not recognise, recall seeing, or receiving the health literacy materials. Therefore there appeared to be some lost opportunities to share educational resources and further embed the healthy eating and physical activity messages – particularly in a cross cutting manner where physical activity classes could have been enriched with healthy eating advice and vice versa.

Those project coordinators and stakeholders that were aware of the resources reported that they used a range of the health resources (Figure 4.1), in particular the promotional materials, such as squeeze fruit and T shirts (67 respondents). Project coordinators and partners were least likely to use the more formal resources, like the Equalities and Human Rights Good Practice Guide or the Blood Pressure Association leaflets (11% and 14% respectively).

**Figure 4.1 Health Literacy Resources Used**



Source: Project Coordinator and partner Survey base = 116

Overall, while evidence shows that at the national level there were some good examples of awareness-raising of the various materials, at the local level, use of the health literacy materials was more mixed. While there were some examples of health literacy materials being widely used to promote and raise awareness of the portfolio, and its messages, some participants and partners remained unaware of these resources.

*“I have not seen the full list before...” “These would have been good to know more about.”*  
(Project Coordinators)

### 4.3 Effectiveness and usefulness of health literacy materials

Where the health resources were used, they proved to be very useful; the vast majority of respondents (95%) found the health literacy materials to be either 'very' or 'fairly useful'.<sup>92</sup>

<sup>92</sup> Source: Ecorys survey of project coordinators and partners (2012) base 162

Project coordinators used resources for a range of purposes. They helped local coordinators promote their projects and helped to raise awareness of **fit as a fiddle** amongst participants who were not aware of where the funding had come from. They were a useful way to raise awareness and reinforce positive messages. Some project coordinators welcomed the materials as a 'way in' to speak to new beneficiaries, as well as a way to promote healthy eating messages during physical activity sessions.<sup>93</sup> One project coordinator spoke about using the materials as a useful tool to initiate discussion with participants, in particular if people were initially hesitant or shy about joining in with a group. Some commented that materials could have been more useful in a wider range of languages, or they were too vague or too general to be of use locally.

*“Leaflets very general, or described activities not available to the older adults in their locale – therefore raises false hopes/interest. We provide course related leaflets, information, hand-outs; these general leaflets just confuse and overload” (Project Coordinator).*

#### 4.4 Branding and marketing

The **fit as a fiddle** brand, which spread across all the health literacy materials and educational resources was specifically designed to bring healthy eating and physical activity messages to life through bright colours, real life photos and positive imagery and messaging.

*“I think the thing that's been key to the educational resources and the merchandise has been this kind of fun active element and colour, I mean it sounds silly to say this but there's definitely a theme there which people have really reacted well to... to try and make the most of the 'enjoy-ability' and the positive aspect of the messages that we're trying to give out. How you engage has been I think a really key part of the national educational resources and the promotional activities, about how you engage through the product. It's not about what you say but it's about how you say it.” (Stakeholder)*

The bold and positive brand and style of the materials and resources was generally viewed as being helpful in reinforcing the healthy messages being promoted; and the portfolio made good use of positive imagery to promote its messages, for example the promotional DVD produced at the end of the portfolio.

The branding was also available for projects within **fit as a fiddle** to use as well as for health literacy materials described above. Local projects used the branding to market themselves (see Chapter Six) mainly to attract beneficiaries. Use of the brand was varied with some projects making extensive use of the branding and finding that it worked well. In the South East for example, having a *'successful and easily adoptable brand'* was viewed as contributing to the overall success of the portfolio.<sup>94</sup>

But while all projects were required to show the Big Lottery Fund branding, a few projects used their own branding and did not always use the main **fit as a fiddle** name or brand. This meant that on the odd occasion, beneficiaries were not always aware that the activity they attended was part of the **fit as a fiddle** brand. In the early days, some projects struggled with the guidance on what branding should be used and how the logos on materials should be displayed. Some of this occurred earlier in the portfolio, partly due to delays around branding when Age Concern merged with Help the Aged to become Age UK and was less of a problem later on in the portfolio. This meant there were delays with materials being sent out. Some projects said they wanted the national health literacy materials sooner, and the

<sup>93</sup> Source: Ecorys interviews with project staff

<sup>94</sup> Source: End of project report for the South East (Sept 2012)

delays meant they could not hand out as many of the health resources as they would have liked.

The various elements of the brand were used in different ways by projects. One project reported that they used the Big Lottery Fund branding as a way to demonstrate that the project was Lottery supported because they felt this may help to attract new beneficiaries (perhaps those who would not normally be attracted to an Age UK activity - also see Chapter Six). Some projects also used the **fit as a fiddle** brand alongside other leaflets or materials. This included materials from local NHS organisations, local Age Concerns or Age UK's; or materials from national organisations such as the Food Standards Agency (e.g. the Eat Well Plate) or the British Heart Foundation. Sometimes this was because project staff were not aware of the branded leaflets or because existing materials were felt to be useful. A few projects said they had not received any nationally branded materials or resources or claimed they had never seen or heard of the resources, but this was often down to poor communication locally or projects working across dispersed sites.

At the national level efforts to get the brand out and raise awareness did happen but could have been promoted even further. One notable national success was a *Hello* magazine article, and there was also some press attention when the portfolio won various awards during 2011-12. Stakeholders felt that **fit as a fiddle** had generated a range of case studies and good news stories that could have been publicised even more, with help from Age UK's own press and PR resources. For example press opportunities in magazines and periodicals (for example *Women's Weekly*).

*"I think there's been a reasonable amount of media coverage very locally, but I think nationally we could have probably done a bit more on that. We were in Hello, the Queen, the Jubilee weekend ... Hello did an article about what a good example she is, she's mid 80's and how active she is and healthy and how she [the Queen] eats well and blah de blah, and they mentioned fit as a fiddle and Age UK in that." (Stakeholder)*

Websites and social media were not used in the portfolio to any great extent. When the portfolio was conceived social media such as Twitter, Facebook, YouTube were much less widely used, but as the portfolio reached its final years more could have been made of social media to promote the brand. The portfolio had its own website to begin with, with an interactive map of activities in each area for users to search. However when Age UK branding was developed the portfolio had to move its web content to the main Age UK website where it was less prominent and the interactive map facility was no longer available. The national team also lacked staff resources to be able to maintain a website presence alongside other materials in the health literacy strand.

The end of portfolio conference in March 2011 was high profile and well attended, but some stakeholders pointed out its audience were predominantly those already knowledgeable about the programme and the brand. However overall, towards the end of its lifespan the **fit as a fiddle** brand had begun to resonate with key audiences at national level (also see Chapter Five).

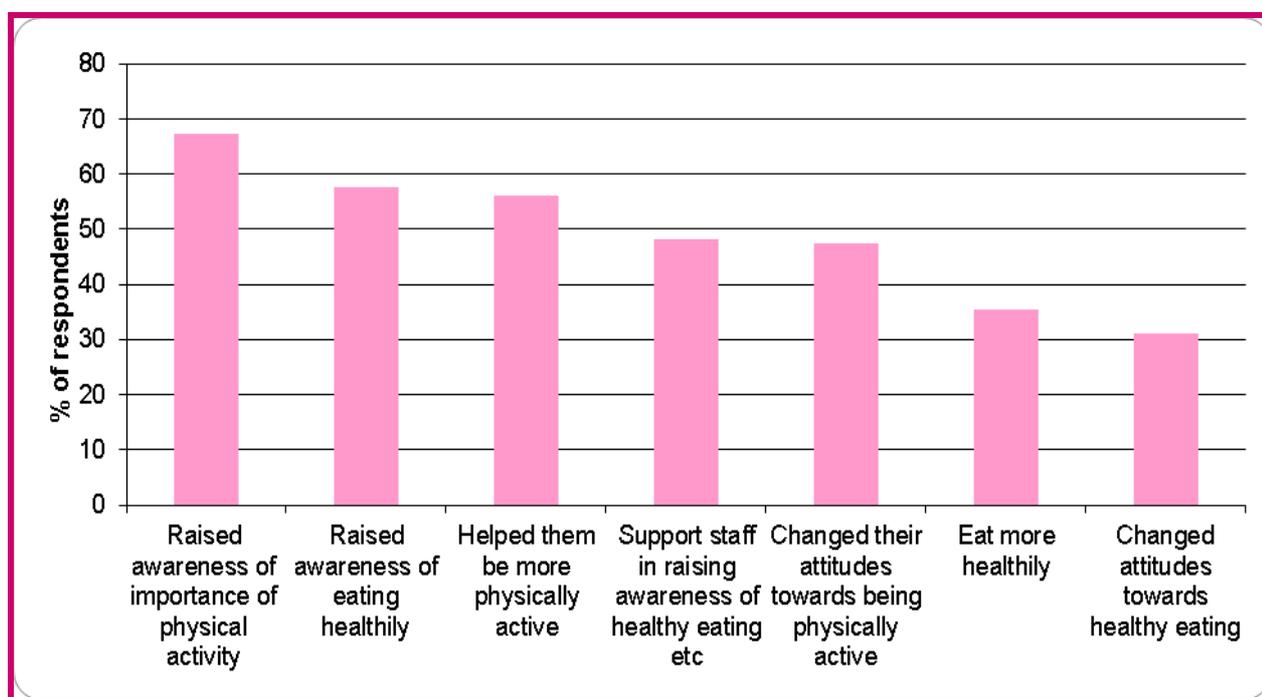
In terms of the future of the brand, Age UK at the time of writing were entering negotiations with Big Lottery Fund to keep the brand so that it can be used in future, beyond the life of the Lottery funding. This indicates high level commitment to the brand within Age UK.

#### 4.5 Impact of health literacy materials

Project coordinators and partners reported that health literacy materials had a range of impacts on beneficiaries. These centred on awareness raising – such as raising awareness

of the importance of doing physical activity (67%), followed by raising awareness of healthy eating (58%) (Figure 4.2).

**Figure 4.2** What impact, if any, have these resources had on this project's beneficiaries?



Source: project coordinator and partner survey base = 116

More generally materials were used to give out information and to reward volunteers.

*“Modest impact. Pens, bags, t-shirts predominantly only used to “reward” volunteers and instructors.” (Project Coordinator)*

Qualitative evidence provided isolated examples of where the use of leaflets had inspired individual older people to make major dietary changes, ultimately resulting in improved diet and weight loss<sup>95</sup> or improve levels of exercise or activity.

These results fit with wider evaluation findings about the impact of the health literacy resources around awareness raising activities and the role of the resources in reinforcing messages from the portfolio more widely. A link to any direct impact on improving the level of physical activity or improving health eating was not evident but isolated examples were reported in interviews. While more than half of survey respondents reported that using the leaflets had led to people being 'more physically active' (56%) in qualitative interviews many respondents found it difficult to evidence the link between the health literacy materials and increases in physical activity and healthy eating.<sup>96</sup> Furthermore, the health literacy resources were often used alongside a range of activities as part of **fit as a fiddle** and separating out any impact of the health resources versus programmes of activity was not possible.

## 4.6 Blood Pressure Association leaflets

Three leaflets 'Zest for Life', 'Add Flavour' and 'As Much As You Can' were developed for residential care homes, in collaboration with the Blood Pressure Association (BPA) and over

<sup>95</sup> Source: case study evidence

<sup>96</sup> Source: qualitative interviews with older people and staff in case studies

168,000 of were sent out to care homes in England. The leaflets were marketed by NAPA in their newsletter. In addition the leaflets were used by a number of regional projects for awareness raising or information sharing activities. The leaflets were also used within the National Cascade projects, notably, 'Come to Tea' which worked in residential care.

The development of the leaflets in tandem with the BPA worked well and high quality and ultimately very popular leaflets were produced.

*“The free care home leaflets we’ve produced with The Blood Pressure Association quite early on - that was a really good partnership ... we worked very much jointly to produce these leaflets and they turned out to be brilliant. It was a really good combination of their ideas and their different way of looking at things, and then our branding and the **fit as a fiddle** look and the colour and bringing in the life and the enjoyment and all that. I think those two things work really well, and they’ve been really, really popular, incredibly, and 4 years later we’re still getting requests even though we don’t do any publicity!” (Stakeholder)*

The leaflets were marketed effectively through a solid partnership with NAPA that enabled the **fit as a fiddle** portfolio to target marketing directly to activity coordinators in care homes who would want the leaflet through the NAPA newsletter.

*“We did really good marketing with NAPA actually, we used their membership and that has been really effective. That’s the great thing about partnership working. So they have a very active membership of about two thousand activity coordinators, so basically we put a very colourful flyer in their newsletters that go out and that proved really, really effective because you’re getting to the audience that you want. They are the people in care homes that would take an interest because that’s their job. That’s probably the one reason why this was so effective because we did have that very good, active network that we could tap into really easily. Without NAPA I’m not quite sure how we would have got to those people really.” (Stakeholder)*

Feedback from care homes in receipt of the leaflets was also positive. Four in five care homes (around 80%) recalled requesting and receiving the leaflets and said that they generally received the leaflets directly in the post, or found out about the leaflets through the Age UK website or via existing links with **fit as a fiddle**.<sup>97</sup> Overall, the majority of care homes (77% to 71%) found the leaflets either 'very useful' or 'quite useful' (Table 4.1) and results were similar across the three different leaflets used, with 5% of care homes feeling that the leaflets were 'not at all useful'.

**Table 4.1 How useful did you find the three leaflets? Frequencies (percentages)**

	Zest for Life	Add Flavour	As Much As You Can
Very useful	26 (31%)	28 (33%)	28 (33%)
Quite useful	39 (46%)	32 (38%)	34 (40%)
Not at all useful	4 (5%)	4 (5%)	4 (5%)
No reply	17 (20%)	19 (22%)	15 (18%)
Total	85 (100%)	85 (100%)	85 (100%)

Source: Ecorys survey of care homes base =85

<sup>97</sup> Source: survey of care homes in receipt of leaflets. Wave one base = 52 care homes; wave two base = 34 base overall = 85.

Most commonly the leaflets were displayed around the residential care home (in 48% of care homes) and smaller proportions discussed the leaflets with older people directly or delivered the leaflets to individual rooms (19% and 15% respectively). Other uses of the leaflets included being used by families, at conferences, as a training tool, in presentations, and in exercise classes either in residential homes or externally.<sup>98</sup>

Overall there was a positive response to the leaflets, with the leaflets being described as *"bold, colourful and engaging"* (Care home staff). One care home activity coordinator commented that the message needed to be bold to catch people's attention, and the leaflets did a good job in this respect. This echoes findings above around branding.

A number of care homes reported that they made a change within the care home as a result of receiving and using the three BPA leaflets. The changes made included encouraging residents to take up healthy eating and physical activities, introducing a new range of fruits into the care home, and designing new information displays. The leaflets were also used in conjunction with quizzes to inform residents of the benefits of eating fruit and vegetables. Other care home staff had used the leaflets as a training resource or had shared them with relative and visitors which helped disseminate the messages further. 34 care homes reported that they had noticed residents making a change in their behaviour as a result of the health literacy materials. These changes included:

- *Dietary changes such as residents eating more fresh fruit*
- *More interest in physical activity/exercise*
- *Residents taking up new activities or greater uptake of existing activities such as Wii*
- *Increased levels of physical activity/exercise*

*"Some individuals have increased their participation in physical activities." (Care home staff)*

It was not possible to quantify the scale of the above impacts since each response to the survey was from specific care homes supporting a much wider group of older people. The following case study (Figure 4.3) illustrates the positive outcomes that took place as a result of the leaflets.

#### **Figure 4.3 Case study: Use of BPA Leaflets**

Residential care homes made use of the BPA leaflets in different ways. This depended upon the type of residential care home and whether residents cooked for themselves or were in catered accommodation. Some care homes used the leaflets to promote messages about healthy eating and some used them to them review their own menus and practices.

*"[We] encouraged people we support to do more exercise, and reviewed the menus to offer more choice of vegetables." (Care home staff)*

*"[We tried] exotic and summer fruit tasting." (Care home staff)*

One care home reported that they had given the leaflets to families visiting residents in the care homes to look at and encouraged them to work through the information together; this had proved an effective way of using the resources. Another care home had encouraged families to use the resources jointly, and read through the health messages.

In some instances there was evidence to show that even amongst older people with mental

<sup>98</sup> Source: Ecorys survey of care homes receiving the leaflets base = 85 care homes

health problems, including those with dementia, the leaflets were positively received and were perceived to have made an impact upon residents. One member of staff expressed surprise at how well engaged the residents became with the materials.

There were some challenges in using the leaflets which often limited potential impacts. For instance where meals in some of the residential care homes were prepared in the kitchens, it was difficult for residents to influence this to make any changes to their diet and a number of care homes indicated that the leaflets were not appropriate for their residents. Other care homes indicated that they felt it was difficult to tell if the changes that residents made, and impacts upon their lifestyles, had been made as a result of the leaflets.

One criticism of the leaflets from other **fit as a fiddle** projects was that the leaflets were too specific to care home settings and if more generic versions had been available they could have been used more widely across the portfolio.<sup>99</sup>

## 4.7 Recipe for healthy living pack

The **fit as a fiddle** 'A recipe for healthy living' pack, which contained the 'A Recipe for Healthy Living Cookbook' and 'Guide' was sent to nearly 16,000 contacts across the portfolio, based on requests to Age UK. This included local projects within the portfolio, residential and care homes and sheltered housing scheme managers. The pack was designed to be bright, friendly and accessible and open to a wider target group, compared with the more targeted BHF leaflets discussed above. It contained recipes from **fit as a fiddle** participants across the country.

*"The recipe books have been really effective in a similar way really because they're positive, they're straightforward, they're life affirming and practical in a sense...they've been really, really popular."* (Stakeholder)

The 'A Recipe for Healthy Living Pack' received a lot of interest and numerous re-orders were received. Overwhelmingly feedback on the Pack showed that it was very popular. Generally the Cookbook was seen as useful; 57% found it very useful and 43% found it quite useful.<sup>100</sup> The Guide was also found to be very useful (56%) or quite useful (41%). Only two respondents did not feel it was useful or did not recall receiving the Guide.

The Guide also proved easy to use; most respondents felt that the recipes in the cookbook were either very easy (48%) or quite easy to use (43%). *"Very good, clear and easy to follow... I don't think I've ever seen anything like this before."* *"Good recipes, nicely set out easy to understand and work through"* (Project staff) and the majority of respondents rated the content of the cookbook / guide as good (57% / 59%) or excellent (30% / 26%) with only one respondent rating either as poor. The vast majority of respondents (91%) felt that both the recipes and the information in the guide were pitched at the right level. *"Elderly people don't like to be talked down to, and managers have to be really careful when approaching healthy eating as it's easy for them to appear patronising. The packs are a really good way to approach it, they can distribute them and they [older people] can take them away and read them in their own time."* (Project Staff)

The design of the Cookbook and Guide were also rated as either excellent (56%) or good (39%), echoing some of the positive findings around branding above. Respondents really

<sup>99</sup> Source: case study evidence

<sup>100</sup> Source: survey of people receiving recipe books base = 57

liked the fact the Guide could stand up on the worktop so that they could follow it while cooking and it being waterproof was a bonus. They also liked having something that they could give to take away from a session.

The Guide proved particularly useful for certain target groups, and in certain circumstances. For example it was found useful for explaining the nutritional values of different food types.

*"I found the nutritional values [in the guide] useful, because I've found that people don't know much about the carbohydrates or the proteins. We take for granted that the older generation knows these things, for example with bread they might not be looking at the salt, or the sugar or the starch that goes with it. Therefore to share that information is good. We're starting to use it with weight management for people who have concerns about their weight, especially around portion sizes." (Project Coordinator)*

The Guide was also well designed for use with older men and older people with dementia.

*"Some coordinators work with learning difficulties services, such as dementia. Their tasks are to help older people with day to day living, such as cooking and eating healthily. They jumped on the packs... [They] are ideal because they're very colourful, they're pretty straightforward recipes, they're not complicated, there's not too much text to them. People with learning difficulties are able to follow them and are encouraged to cook for themselves and so are more independent".*

*"We used them for keeping well events over winter months and for general healthy living activities delivered throughout Dementia Awareness Week for those with dementia but also for their carers & families to help them stay well & healthy."*

*"My elderly residents have very weak eyesight, but they found this guide and receipt easy to deal with as the letters are easily readable for them."*

*"The men on our cooking courses for one felt confident to try out all of the recipes." (Project Coordinators)*

The guide was used in a range of ways by local projects. Nearly all (90%) distributed their packs to older people and volunteers using their services. Almost half of all respondents displayed the packs within their organisation (44%) and/or used the packs within their existing sessions with older people (44%). Nearly a quarter of respondents (23%) discussed the pack with older people. The guide also allowed local Age UK's to deliver healthy eating sessions without the need for bringing in external experts such as dieticians. This meant sessions could be held relatively cost effectively. Many projects shared the packs with other partners such as housing teams, health workers such as occupational therapists, nurses and some distributed boxes of the packs to local care services.

*"We ordered 200 and gave them out to activity coordinators within private residential and nursing homes to use with residents during activity time." (Project staff)*

On in six (15%) respondents made changes within their organisation as a result of using the resource, most notably around offering new healthy eating sessions or new activities such as smoothie making or baking. Some projects or organisations used the pack to incorporate healthy eating messages into other public information work they were doing. Others had seen a rise in demand for healthy eating sessions they ran, and attributed increased waiting lists for the popularity of the pack. In communal living situations the packs provided a focal point for older people to get together.

*"It [recipe pack] gives the people who come ideas, a lot of them have community rooms and spaces they use communal. These allow them to talk about healthy lifestyles and eating, and share recipes." (Staff)*

Activity coordinators reported they felt that the pack would be useful in their role of planning an activity for older residents, and scheme managers receiving the pack felt it was a good way to get messages across.

Other positive feedback around the pack included:

*"Really positive, everyone thought it was excellent and really wanted to try the meals."*

*"Good response. Keen to learn, enthusiastic and willing to try the recipes."*

*"Very pleased to have it and try recipes used by their peers."*

*"Some clients were interested enough to try the recipes for themselves, others were interested in passing on the information to family and friends."*

The only criticisms of the pack were about ingredients being too expensive, or too many pots/pans needed to make dishes (and then more to clean-up afterwards). There was also demand for more diverse recipes such as recipes for Caribbean dishes.

Suggestions on how to improve the pack included comments about including more healthy or quick options, more nutritional information or more recipes:

- *More recipes*
- *More healthy or quick snack type options*
- *More nutritional information*
- *Healthier takes on traditional classics*
- *Information on benefits of recipe e.g. high in calcium or vitamin D to help bone density*
- *Information on special diets e.g. lactose/gluten intolerance*
- *Variety of international recipes or more local recipes*
- *Changes to design of cookbook such as larger text size*
- *More information on reheating and storing food safely*
- *More recipes for one*
- *Add the cost of ingredients per serving, low cost recipes*

*"Perhaps include some details about how many calories each dish contains, and amounts of salt and sugar, etc. We have become used to seeing this on packaging so why not on recipes."*

*"We used it to give them ideas for how people could eat more healthily. The problem for us was that it could have done with a little bit more ethnicity in there. We're quite diverse, and though there was a little bit of Chinese in there, there wasn't a lot of West Indian, there wasn't a lot of Asian in there. Which would have helped to connect and relate to some of the communities we're working with... A lot of the older people are set in their ways and like old fashioned meals they're used to." (Staff)*

*"Most residents are living on their own and have to look after themselves, they won't cook a large meal every day. [Therefore] suggestions of healthy snacks or meals that can be prepared quickly are really useful." (Staff)*

## 4.8 Exercise DVD

The portfolio originally planned to produce three DVDs, the first being an exercise DVD for frailer older people. The DVD was delayed throughout the life of the portfolio for a range of reasons and at the time of writing the DVD was being signed off. As such it could not be evaluated in terms of impacts as no copies had been produced at the time of writing this report.

The aim of the Daily Moves DVD was to demonstrate the exercises, which would assist frail, older people to improve their mobility and regain some of their independence. It was intended that the DVD could be shown without an instructor present.

It was a complex project, which required an extensive skill set to successfully complete all of the elements of the exercise DVD. The complexity of the task was not fully realised at the start of the project.

The first cut of the DVD highlighted concerns regarding continuity and health and safety related to exercises demonstrated. As a consequence the scope of the project was revisited and included more appropriate exercises being delivered in a safer environment. An external expert was appointed to ensure all health and safety requirements were met and the film was reshot.

The DVD was being managed through a complex partnership arrangement involving various organisations, external consultants, and a separate DVD production company. This added complexity to the process and meant lines of responsibility became unclear and as a result original deadlines were not met. As this was being managed alongside a host of other health literacy projects at times the project was more time consuming than national team had capacity for.

Overall, the problems led to delays with its completion. Age UK managed the process constructively, seeking expert advice and support to ensure the Daily Move DVD was completed.

The DVD has now been completed and over 2,000 copies have been sent to residential care homes. Feedback received by the national team of practitioners has been very positive about the DVD, though had not been seen by this evaluation team.

## 5 Partnerships and sustainability

This chapter reviews the different types of partnership working within **fit as a fiddle**, both in locally and nationally. It looks at the success factors for partnerships and lessons learned (Sections 5.1 to 5.3). The chapter then examines Strategic Added Value<sup>101</sup> of the portfolio as a whole (Section 5.4). The second section considers approaches developed to sustain **fit as a fiddle** activities (Section 5.5). The chapter draws on evidence from the project coordinator and partner survey and the case studies.

### 5.1 Partnership working at project level

Partnership working was a key aspect of **fit as a fiddle** with 48% of project coordinators and partners reporting that they work with other organisations.<sup>102</sup> It broadly took two forms; where the lead organisation is an Age Concern or Age UK, who established formal or informal partnerships with external organisations to deliver activities; and where projects were delivered through contracted arrangements with external partners (i.e. outside of Age UK). The latter was the case in two regions of the **fit as a fiddle** regional portfolio, and several of the National Cascade projects.

While most **fit as a fiddle** projects worked with a fairly small number of organisations (fewer than five), 12 respondents said they worked with more than 20 partners and in one exceptional case, one respondent reported to have worked with 82 partners.<sup>103</sup> Projects engaged a variety of partners including the voluntary and community sector, the statutory sector and the private sector. These included: other charities, voluntary or community organisations, local Age UK's or Age Concerns, freelance instructors, hospices, housing and accommodation providers, memory cafes, YMCA's, health clubs, leisure centres, and local authorities. Groups worked with included: groups for people with Parkinson's disease, Alzheimer's disease and stroke. Projects aiming to reach specific target groups also worked with specific churches, and faith or BME community groups (see Chapter Six). Projects also contacted or worked with national bodies such as Nordic Walking UK and the Amateur Swimming Association.

Two thirds (64%) reported that the partnership they were involved in was created specifically for **fit as a fiddle** compared to 45% of respondents who reported the partnerships they were involved in were already in place.<sup>104</sup> This shows that the portfolio was somewhat of a catalyst that encouraged local Age UK's and Age Concerns to build new local networks. The terms of reference for partnership working were quite diverse, with 31% of respondents reporting using a mix of both formal and informal working arrangements according to the level of involvement of specific organisations. Only six respondents said they had a solely formal basis for partnership working. The survey results indicated that a flexible and adaptive approach was usually taken.

Partnerships were created to support **fit as a fiddle** projects in a range of different ways. The most common roles for partners were to help to promote **fit as a fiddle** project activities (77%), to help projects to access potential participants or receive referrals (65%) and offer new skills (58%) or expert/advisory roles to the project (Figure 5.1).

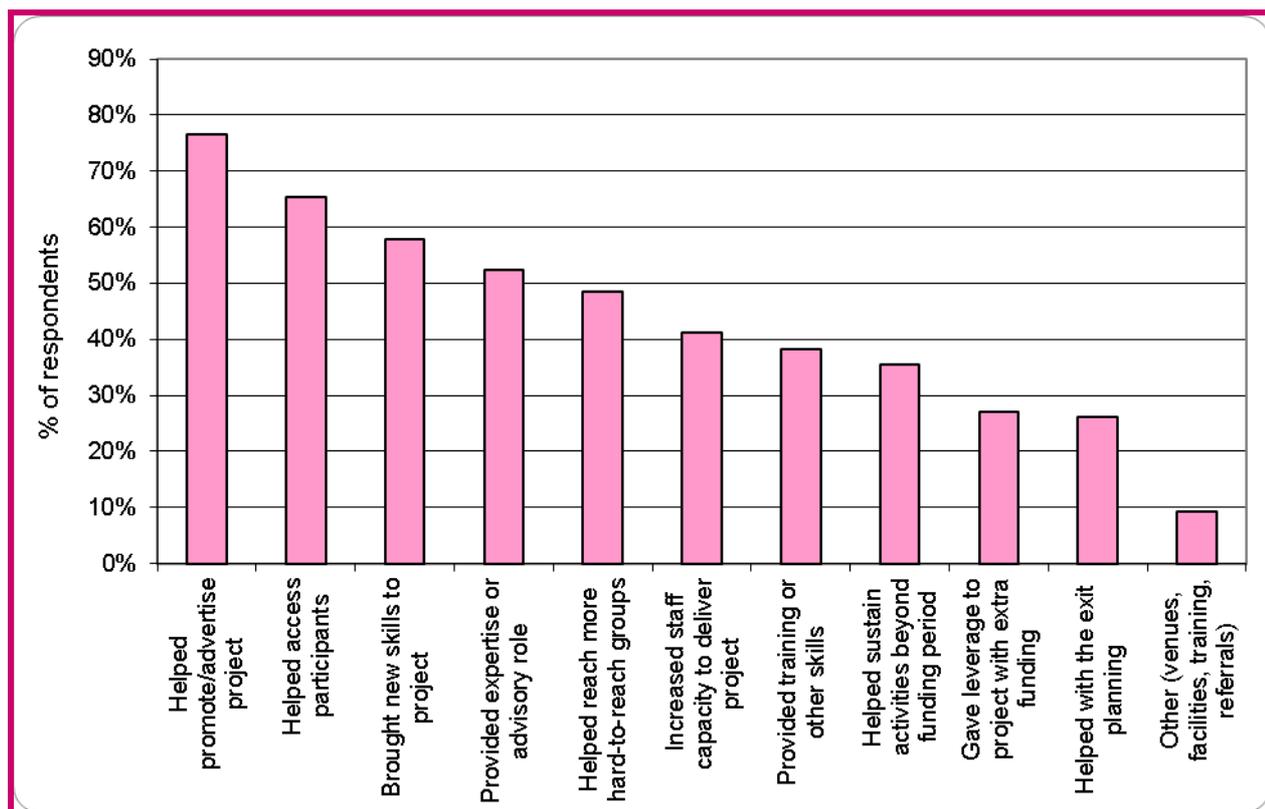
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<sup>101</sup> Strategic Added Value approach (SAV) is a qualitative framework, to measure **fit as a fiddle**'s influence on strategic partners, which is helpful in providing indicators of influence and change.

<sup>102</sup> Source: Ecorys' project staff and partner survey, 2012.

<sup>103</sup> Source: *ibid*

<sup>104</sup> Source: *ibid*

**Figure 5.1 What roles have partners played in relation to this fit as a fiddle project?**

Source: Ecorys Project staff and partner survey 2012 base = 107

Partners were heavily involved in promoting **fit as a fiddle** activities and ensuring older people were aware of the projects. Referrals came for example from the local NHS or from other services offered by local Age Concern's or Age UK's such as from outreach work or telephone support. This included GPs or local PCTs making referrals and promotion of the portfolio via other local community groups and older people's organisations. In some cases, partners invited **fit as a fiddle** projects to demonstrate their activities or publicise the project at their own events or sessions.

*“Schools – Intergenerational New Age Kurling, partnership between a local Age UK and local primary school. Strong support for the club by headmaster to use spare capacity/ resources of the school for the benefit of local community and to give the children and adults intergenerational experiences. Prison – older prisoners and special needs prisoners who were excluded from mainstream more physical activities available to all prisoners. New Age Kurling and New Age Bowls introduced.” (Project Coordinator)*

One project used local ‘champions’ to help promote the project (Figure 5.2).

**Figure 5.2 Case Study: Working with champions in London**

In the Age Concern Kingston project, high level strategic ‘champions’ were enlisted, such as a local councillor, the head of the residents association and an equality and diversity specialist from the PCT. They were part of a project steering group, provided expert advice and again, often helped to get referrals from their services onto the project. Later, the champions, were identified as people who could drive the projects forward after the BIG funding had finished.

Some partners played a dual role of promoting projects but also providing access to facilities or premises where activities could happen.<sup>105</sup> This was particularly the case for local community organisations and sheltered housing schemes where venues were made available or who provided access for their residents to participate. In these cases, local partners were making 'in kind' contributions (i.e. free room hire or access to their facilities) that aided in the effective delivery of the portfolio and provided significant added value (see Chapter Seven). **fit as a fiddle** project staff felt that this sort of partnership working had helped to achieve cost savings and efficiencies in their projects (mentioned by 74 respondents) and also benefited the **fit as a fiddle** projects as it helped them provide a larger volume of services and involve a wider group of older people (see Figure 5.3).

*"All partners, whether from the statutory, community or voluntary sector have brought enthusiasm, commitment, energy and ideas. All partners... have given contribution "in kind" to help [us] continue." (Project and partner survey feedback)*

### Figure 5.3 Case study: Working with partners in the South East<sup>106</sup>

One South East project worked with both the Parkinson's society and the NHS who provided free access to the gym and paid physiotherapists to provide guidance and support in use of the equipment to participants with a wide range of physical disabilities. Carers could also meet and talk to each other, whilst participants were using the gym. Access to this particular group would not have been possible without this partnership working. After the initial 8 weeks the partner organisation applied for money to a local trust to continue. They got the funding because they could show it worked.

An independent evaluation of the project identified three reasons it was successful:

- *Extremely motivated culture of the partner organisation*
- *The combination of an organisation seen as 'caring' (Age UK) combined with a partner seen as 'expert' for the delivery of the sessions*
- *Participants came with their carers who can talk to each other over coffee, and see this an important social occasion. This in turn motivates them to encourage participants to come to the sessions*

Some projects worked strategically with other organisations to provide additional 'reach' with the target groups. For example projects were able to give older people living in residential care the opportunity to access opportunities that would not normally have been available to them and helped the portfolio to access harder to reach groups such as frail older people and older men. In other situations, partners helped to boost the projects' reach as a result of being well established within a particular locality, with a profile with the target groups that **fit as a fiddle** would otherwise be unlikely to achieve. Partner expertise was thought to be a particular factor in ensuring the social and ethnic diversity of the participants within **fit as a fiddle**, through relevant voluntary or community organisations (and see Chapter Six).

*"[Partners] knowing their client group, therefore being aware of how to pitch the project to them." (Project Coordinator)*

<sup>105</sup> Source: Interviews during case study visits

<sup>106</sup> Source: South East end of project evaluation report (2012)

Partners also played a valuable role in providing extra *capacity* to deliver and organise more sessions, particularly physical activity sessions. This role was sometimes delivered by sports development teams in local authorities, which had access to qualified instructors and venues at sports centres or through working with local health services.

*“Partnership working has been instrumental in our success! Support in the provision of facilities and qualified staff have enabled the programme to expand rapidly and our portfolio of activity to widen. This has allowed over 1,300 people to benefit from the [local] **fit as a fiddle** programme. Involvement by [name] Borough Council, PCT / NHS staff has brought credibility to the programme and enabled us to carry out sessions that we would not have been able to provide.” (Project Coordinator)*

There was a limited amount of working with the private sector through the portfolio. One South West project reported working with their local Tesco community champion to obtain free materials such as healthy eating information and the men’s National Cascade project worked with football clubs to offer sessions. However overall it appeared there was greater potential for collaboration with the private sector.

Some partnerships involved a more formal service level agreement between the **fit as a fiddle** project and the local authority to help deliver higher volumes. In other instances, projects engaged other organisations with skills and expertise to support the delivery of a *wider choice of activities* than would have been possible. This includes organisations with specialist knowledge in relation to healthy eating as well as sports organisations and instructors.

#### **Figure 5.4 Case Study: Partnership working - football in Nottingham and Liverpool**

A particular example of partnership working was in Nottingham and Liverpool where **fit as a fiddle** projects enlisted the skills and reputation of local football clubs to deliver football related sessions. This enabled local Age UK’s to deliver a wider range of activities than would have been possible beforehand and helped them attract older people that they would not normally have reached.

One football club felt this partnership was trusted by participants as both partners were respected in their field of expertise:

*“I think men have signed up because we’re a football club and they want to be involved and a few of them have said to me we only signed up because [name of football club] are delivering it... So we give credibility from a sports point of view but Age UK gives credibility from a kind of caring for older people point of view.” (Partner)*

**fit as a fiddle** partnership arrangements sometimes also had the benefit of *providing a more streamlined service offer* to older people, and *avoiding duplication*. This was achieved by organisations working together to improve their understanding of what each was able to offer, and focussing on their relative strengths. One respondent identified how partnerships with Health Walks and the Alzheimer’s Society enabled their project to keep track of what was already being offered to older people and to avoid overlap when developing new programmes. Elsewhere, partnership working enabled the sharing of volunteers and staff, resources, venues, and benefit from joint publicity and marketing.

In addition to partnership working within **fit as a fiddle** projects led by local Age UK’s or Age Concerns, two regions of the **fit as a fiddle** portfolio were delivered through contracted arrangements with external organisations: Yorkshire and Humber and Eastern region. In Yorkshire and Humber a range of Age UK’s and other organisations were funded to deliver a

range of health and wellbeing activities. Funding was available to support a range of organisations to run small projects. This enabled smaller local organisations to identify local needs and respond with project ideas.

In the Eastern region the eight local projects were delivered by a mix of local Age UK's, voluntary and community organisations, sports partnerships and statutory services from across the region.<sup>107</sup> One Eastern project was led by an NHS member of staff seconded into Age UK to manage the project. The successes and lessons learned from this partnership approach are detailed in the case study below (Figure 5.5).

### Figure 5.5 Case Study: Partnership working in the Eastern region

The Eastern region had eight distinctive **fit as a fiddle** projects delivered by a range of organisations in each county who bid competitively to run projects. Activities included dancing, cooking and mobile gyms. The projects were overseen by a full time Age UK regional coordinator who provided day to day advice and support as well as facilitating regular project partnership meetings.

#### Successes

A key success of this approach was the wider range of skills and expertise the diverse delivery organisations brought to the projects, beyond the expertise held by Age UKs or Age Concerns in the region. This enabled the region to offer a much wider range of projects and activities than would have been possible otherwise.

*"Clearly, ideas that have come forward which would not have done otherwise, that has to be a positive. And for Age UK's there is now an opportunity to work with this particularly group of partners."* (Regional steering group member)

Each delivery organisation was able to draw on the support and expertise of their own partners and contacts, which helped to reach new target groups and enabled the delivery of the activities.

*"Those partners that we've worked with have brought their own skills and their own networks. So while we've got our core eight partnerships, if you like, with each of the lead organisations, but then they have their own much wider networks of partnerships with all the people they're working with in their own individual areas."* (Coordinator)

In return, the delivery organisations have benefited from adopting the **fit as a fiddle** brand and building on the reputation of Age UK. This helped them to access new partners such as providers of sheltered housing accommodation and it was hoped that these partnerships would continue after **fit as a fiddle**.

*"The use of that [fit as a fiddle] logo had helped them to make inroads to work with people like sheltered housing. So I think for some of them they've had benefits of working with Age UK as well in terms of helping them to reach partners that may think they don't have a natural fit with that type of organisation... So hopefully that will be a lasting benefit as well because now they're in those areas even if we're not directly involved, they can still be doing positive work in those areas so older people should still benefit."* (Coordinator).

<sup>107</sup> This was the subject of one of Ecorys' thematic case studies for the evaluation.

## Lessons learned

Project coordinators from the wide variety of partner organisations have received varying levels of support and ownership of the project from their host organisations. Consequently the **fit as a fiddle** regional coordinator had to provide additional support to project coordinators in some cases. This higher level of support was greatly appreciated by the project coordinators but required more time intensive management of the overall regional portfolio. The project coordinators from diverse partner organisations also highly valued the project coordinator meetings as they provide an opportunity for them to share issues and gain ideas from other people that have a similar role to them in different organisations. But sometimes these meeting were not well attended if staff had other responsibilities to be fulfilled for the partner organisation.

Sometimes project priorities did not always align well with project partner priorities. There were also differences in the way different partner organisations monitored their work and counted beneficiaries. There needed to be a clearer system from the outset for reporting and counting beneficiaries so that all projects were clear of expectations.

## 5.2 Successes and lessons learned

Across **fit as a fiddle**, 97% of respondents 'agreed or 'strongly agreed' that partnership working for their **fit as a fiddle** project was effective.<sup>108</sup> A key area of success was communication between partners to ensure that the project was delivered effectively (mentioned by 96 respondents). In some cases, communication between partners improved during the project as lessons learned earlier on were acted upon. For example this led to more formal or informal meetings between partners taking place to ensure smooth delivery.

*"All partners were required for a different part of the project. The project wouldn't have worked so well if any partner had not completed their part. As the project has gone on, all involved have met more regularly to better understand the project." (Project Coordinator)*

Another key factor for ensuring successful communication with partners was to understand the different contributions of partners in meeting older people's needs and addressing local strategic objectives. This worked well in cases where **fit as a fiddle** projects and partners had 'shared aims' or 'common values' and also where partners had clearly defined roles. For example, the Falls Prevention Service at NHS Cambridgeshire was a key partner for the Dancing for Fun project in Eastern region. They had a remit to train and provide ongoing support for people to deliver physical activity sessions that can help to prevent falls. The partnership worked well because the organisations had complementary aims and complementary activities on offer; the **fit as a fiddle** project coordinator focused on establishing new classes while the Falls Prevention Service provided the training for instructors. Similarly, NHS staff were able to answer any medical queries the instructors had during delivery, for example advising on what exercises were suitable for participants who have had a hip replacement. In Hounslow, the **fit as a fiddle** project was highly regarded by statutory services in promoting their health and wellbeing agenda. A key benefit was that during a period of economic instability, **fit as a fiddle** was able to deliver activities that prior to the cuts would have been delivered by statutory services.

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<sup>108</sup> Source: Ecorys Project staff and partner survey 2012

Some projects capitalised on relevant local and national strategies and campaigns. But around 60% of projects said their project was embedded within relevant local, regional or national policy and strategy 'not very much' or 'not at all', or did not know. Some projects aimed to coincide events with 'Falls Awareness Week', 'Stroke Awareness Week' and 'Men's Health Week' and this worked well in raising awareness and recruiting beneficiaries including specific target groups, such as older men. Being able to demonstrate links to local policy and strategy when it did occur was beneficial in engaging partners. Locally, projects reported that they linked to joint strategic needs assessments, older people's strategies, and local health strategies (such as falls prevention or mental wellbeing).

*"The Public Health Report & Joint Strategic needs assessment both prioritise the needs of older people, those in hard to reach groups, and those with mental health problems." "Our sports strategy at [name] District Council aimed to increase the awareness and delivery of participation and healthy living which the projects with **fit as a fiddle** has helped us achieve." (Project Coordinators)*

Projects also linked to national strategies such as 'Change for Life' or '5 a day', Sport England strategies, and national governing body strategies including Badminton England and 'Walking for Health'.

**fit as a fiddle** projects also experienced some difficulties in both engaging and retaining the commitment of project partners. Some had communication difficulties, with both partners like care homes and volunteers.

*"Communicating with sheltered housing schemes and the general morale. Scheme managers are hard to get hold of and often don't respond to emails. Volunteers equally are hard to keep in touch with, they often don't have access to email or a mobile." (Project Coordinator)*

Some of the difficulties were due to the spending cuts and restructure of statutory organisations, particularly in health services.

*"Partners are sometimes not delivering due to restructures of Primary Care Trusts." "GPs don't always follow through...undertaking to promote with specific patients is not always fulfilled." (Project Coordinators)*

There were often difficulties due to key contacts moving post, changes in staffing or an increase in staff workloads within partner organisation, leading to less time to commit to **fit as a fiddle**. This made it more difficult for projects to deliver all activities planned due to reduced capacity.

*"One of the local projects we support is facing cuts; that affects the volunteers involved and jeopardises the possibility to develop more activities." (Project Coordinator)*

There were also some practical challenges, for example, around agreeing suitable branding. A lesson learned was around ensuring that both partners and project coordinators are clear about their expectations of the partnership. From a partner's perspective this included ensuring everyone had realistic expectations, knew what they needed to deliver and what the anticipated outcomes of the activities were. Again, this could also often link to local funding cuts which meant other local services' capacity was diminished, thus increasing reliance on **fit as a fiddle**. Sometimes it was just down to a lack of capacity among partner organisations.

*"Sometimes the expectation on the project is too high - trying to use the project to fill gaps." "[In] certain statutory bodies – uncertain future for staff, [this] impacted on ability to progress plans as individual not sure if they were going to be made redundant." (Project coordinators)*

For projects it was often difficult to ensure a consistent quality of provision across activities and that activities were not duplicating those locally. Relying on partners to help deliver challenging targets was also an issue, for example for National Cascade projects who worked with a range of local groups to deliver targets. Staff felt all of these challenges could be overcome with more effective communication between partners and project staff.

*“When working with partners you have to appreciate that they might have other priorities and objectives which you need to accommodate. Occasionally partners may not be able to reach targets and deadlines that you have agreed but this can be prevented by keeping in touch re progress and making sure they have.” (Project Coordinator)*

### 5.3 National level partnership working and strategic added value

National stakeholders have been involved in **fit as a fiddle** at a national strategic level, including Big Lottery Fund, government departments such as the Department of Work and Pensions and the Department of Health, national charities such as the Mental Health Foundation, voluntary and community, and sector based network organisations such as NAPA, sports organisations and independent experts in mental health and ageing.<sup>109</sup> The degree of national stakeholders' involvement included active involvement in developing or delivering the portfolio<sup>110</sup> or providing ongoing advice through the National Cascade programme partner group.<sup>111</sup> Other stakeholders were at a more 'arms length' distance; they had become aware of the portfolio and how it might fit with other activities or priorities through stakeholder engagement undertaken by Age UK or due to the event in March 2012. There was no formal external stakeholder steering group for the portfolio as a whole or for the portfolio evaluation.

#### 5.3.1 Comparator programmes

Stakeholders agreed that **fit as a fiddle** was a unique programme due to its scope and scale, and there were no comparator programmes operating during its lifespan, either led by government or by other funders like Comic Relief. The portfolio was the only programme specifically targeted at wellbeing outcomes for *older people*. Programmes such as the Department of Health's Health Trainers and the Change for Life programme, and Walking for Health led by Natural England, the Ramblers and Macmillan Cancer Support, did not specifically target older people and did not offer the national coverage or the mix of activities available through **fit as a fiddle**. The Extra Time project funded by the Football Association targeted older people but focussed on football and on focussed on certain geographical areas. Other Lottery wellbeing portfolios also offered wellbeing activities targeted on all three outcomes in each region of the country. However they catered for all age ranges. This meant that for older people participating in the portfolio the only other way they could have accessed this provision elsewhere would have been through small scale, ad hoc local initiatives, or to pay to use local council leisure facilities or private sports clubs or gyms.

#### 5.3.2 Catalytic effects

National stakeholders had mixed views on the extent to which **fit as a fiddle** acted as a catalyst for realising improved health and wellbeing for older people. The predominant view was that, whilst Government had taken the lead in this area through guidelines and

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<sup>109</sup> Source: Telephone consultations with sample of national stakeholders. Stakeholders interviewed were asked to comment on the added value of the **fit as a fiddle** programme. We used a Strategic Added Value approach (SAV), a qualitative framework, to measure **fit as a fiddle**'s influence on strategic partners, which is helpful in providing indicators of influence and change.

<sup>110</sup> In the case of some of the health educational resources, developed by Blood Pressure Association

<sup>111</sup> In the case of the Mental Health Foundation

directives, **fit as a fiddle** played a “supporting and enabling role” in promoting active ageing. There was considered to be a good overall strategic fit with the active ageing agenda, and particularly in relation to the dual approach of addressing physical and mental health and wellbeing in partnership with community organisations – a model that had parallels with the Department for work and Pensions’ Active at 60 programme, which piloted a smart card to encourage uptake of a wide range of entitlements, and services for people aged 60 and over, such as community services and leisure facilities.<sup>112</sup>

On balance, the strategic contribution was more widely recognised for *physical health and wellbeing*, where **fit as a fiddle** was thought to have been very timely in 2011, in its rollout alongside the new physical activity guidelines for older people, and where the immediate benefits have been the most visible.

**fit as a fiddle** did play a role in raising awareness of *mental health and wellbeing* amongst older people, professionals, and across the Age UK network. Stakeholders agreed that the holistic approach, tackling all three outcomes together (healthy eating, physical activity and mental wellbeing) was extremely important. There were strong impacts around mental wellbeing and these were recognised by stakeholders.

*“There will be mental health benefits beyond belief. My gut feeling is that the main impacts will have been mental health benefits. There is great value to getting involved in a new group. Older people who are isolated don’t want to go out for fear of falls. You can’t underestimate the value of ‘getting out of the house.’” (Stakeholder)*

There was however limited activity within the portfolio to directly or solely tackle mental wellbeing and there were occasions throughout the portfolio where projects felt uncomfortable discussing mental wellbeing with beneficiaries. For example some regional projects expressed concerns about administering questionnaires containing mental wellbeing or depression questions with older people. This may have been down to a lack of experience or confidence in doing so.

*“There have been some issues with regional projects or activities not feeling very well informed about or confident in dealing with mental health issues.” (Stakeholder)*

The portfolio was also considered strategically important in terms of promoting the role of *volunteers* in delivering activities. Some stakeholders expressed the opinion that due to the large scale funding the portfolio received, the programme could not be considered to be a self sufficient model initially, but the principles it supported around volunteering were very important. Stakeholders felt the portfolio would now be in a position to be able to showcase good practice and lessons learned to other organisations.

### 5.3.3 Strategic influence and complementarity

Stakeholders generally believed that **fit as a fiddle** had helped Age UK to achieve strategic influence through developing a network of regional and national stakeholders who supported the portfolio’s objectives. The portfolio had helped strengthen Age UK’s national partnerships with government departments, and given them a platform to ‘get round the table’ with national policy makers. Existing partnerships had been strengthened and new partnerships created.

*“Because of the scale of the programme there's been an awareness of it perhaps in different parts of Government that maybe we haven't reached before, and it's enabled us to start all*

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<sup>112</sup> Source: Telephone consultations with sample of national stakeholders. See <http://www.dwp.gov.uk/newsroom/press-releases/2010/nov-2010/dwp161-10-231110.shtml>

*sorts of conversations ...certainly working with the Department of Health and their key initiatives, things like Change for Life, and things around the physical activity guidelines; it really has positioned us as a real key player as well as influencer in some of those circles.”*  
(Stakeholder)

The National Cascade programme also enabled Age UK to link more closely to a range of wider national partners, including charities such as the Mental Health Foundation, British Heart Foundation and NAPA. This brought all the usual benefits about reach to new networks and target groups and new ideas, as discussed above. In addition **fit as a fiddle** led to all of Age UK's regional offices working together which developed important links within the Age England Association.

At the national policy level, external stakeholders felt that **fit as a fiddle** engaged well with some policymakers but could have done even more to improve its visibility with others.

The portfolio had ongoing relationships with Department for Work and Pensions (DWP) that were very positive, and had complementary policy aims. For example they collaborated on the annual National Older People's Day. This relationship led to one of the most significant developments for the portfolio. The DWP provides the secretariat for The Age Action Alliance (AAA) which is an independent partnership of organisations, which established in 2011. It has adopted a new approach to the challenges of ageing, focused very clearly on finding practical solutions to improve the lives of older people. The Alliance now has around 220 members from public, private and voluntary sectors, working to improve older people's lives and create a shared vision of neighbourhoods where older people are secure, valued and able to make a contribution to their local communities and wider society. The AAA in 2012 was seeking examples of effective health and wellbeing programmes for older people that they could endorse. Examples had to be independent, preventative, community and volunteer-led, needs-led, replicable, and evaluated and evidence based. **fit as a fiddle** fitted all these criteria. At the time of writing, the **fit as a fiddle** model had been assessed by the AAA against 20 other 'models' or 'approaches' and was selected, alongside one other,<sup>113</sup> as the preferred 'model' to be promoted to commissioners and health and wellbeing boards. While this endorsement would not provide any guarantee of financial sustainability for the **fit as a fiddle** model, it would provide a significant boost to the profile and longevity of the model as a way forward.

Relations with the Department of Health (DH) had developed much later in the portfolio lifespan, and stakeholders felt there was an opportunity missed to make health officials and health ministers more aware of the programme, and of the physical activity benefits for participants, and therefore to influence health policy to a greater extent.

*“It's a good story, fit as a fiddle is well designed and successful – but the whole area punches below its weight and does not make best use of the evidence available.”*  
(Stakeholder)

Stakeholders felt there was not enough focus on the needs of older people in national policymaking around levels of physical activity<sup>114</sup> and needed further awareness-raising in terms of the importance of its contribution to ageing well. **fit as a fiddle** was complementary to the Department of Health's policy aims. The DH promotes physical activity and its benefits across the life course. Stakeholders felt the benefit of **fit as a fiddle** was that it does not rely on the life course habit being established. It allows older people to start from scratch and can deliver benefits irrespective of previous levels of physical activity. This makes it a very attractive model.

<sup>113</sup> Beth Johnson Foundation - Positive Ageing Programme. 'Active in Age'

<sup>114</sup> Source: Stakeholder interview with DH (2012)

However, relations with DH overall were growing, and set to continue positively. For example while there was a missed opportunity for joining up with other large scale government campaigns, such as Change for Life led by Department of Health, this was in the offing for the future.

*“We've just been contacted by the Department of Health; they have a new member of staff there who is working on the Change for Life programme. And what they have recognised - what we have been saying - is that they have not addressed the issues of older people. And they now have been tasked to address the issues of older people, so I've just sent them a copy of the interim evaluation report and a number of sort of information guides and the commissioning guide about what we do and they're going to get back to me to set up a meeting.” (Stakeholder)*

Relations with the wider physical activity and sports sector and National Governing Bodies of sports had been fairly limited throughout the portfolio, with much partner working happening at the local level (see above). This was therefore something that had potential to develop further, now that the portfolio had evidence of impact and could contribute to national physical activity targets.

*“Certainly the whole physical activity industry sector, so the Fitness Industry Association, the Sports Governing Bodies, so people and organisations that provide facilities and sports activities around the country. So whilst we in a sense have been working predominantly through **fit as a fiddle** with the Local Authority Leisure Centre type level or local community type activities based very, very locally, there's a lot of interest and a lot of scope for us now to do things more widely with the national partners like the national governing body of, I don't know, badminton... It presses some of their buttons as well...particularly the governing bodies of sports have all got targets around equality and diversity and part of that is working with people in later life, so that's where we fit in.” (Stakeholder)*

A further example where better joining up would have been beneficial, was that greater involvement of health officials and organisations such as NICE in the development of the specification for the evaluation, which would have meant the programme could have contributed more significantly to the evidence base around physical activity interventions through a randomised controlled trial approach.

The portfolio achieved strategic influence through the number of prizes that it won. The Royal College of Medicine awarded **fit as a fiddle** its Innovations Network Award for 2012. This annual prize is awarded to projects that exemplify the College's key principles: service, science and healing. This year the theme was healthy ageing projects and **fit as a fiddle** was viewed to have delivered patient-centred work and made use of an integrated approach, which embraced patient-participation, and aimed to provide evidence-based care<sup>115</sup>. Individual **fit as a fiddle** projects also won prizes. Age Concern Kingston upon Thames won a Guardian Service and Delivery Award for Care of older people for its **fit as a fiddle** programme tackling obesity in older people with free two-hour exercise and nutrition sessions.<sup>116</sup> A Greenagers allotment in a care home in Malvern, West Midlands, won a category in the Britain in Bloom competition. The project lead picked up the award with a resident and a volunteer with learning difficulties.

The portfolio has also been recognised at the European level. Age UK was invited to speak at various high level European level conferences, for the EU Platform on Diet, Nutrition and Physical Activity. Closer to home, learning was being shared with Age Cymru and through speaking at the World Congress of Active Aging in Glasgow in August 2012.

<sup>115</sup> Source: <http://www.collegeofmedicine.org.uk/innovations-network-award-2012>

<sup>116</sup> See <http://www.guardian.co.uk/publicservicesawards/older-wiser-and-fitter>

### 5.3.4 Public influence

The portfolio was thought to have been assisted by having a strong common ‘brand’ across all of the English regions (and see Chapter Four). One stakeholder contrasted **fit as a fiddle** with other initiatives focussing on older people that have been confined to “pockets of local activity”. The **fit as a fiddle** brand gave a commonality to a wide range of activity across the country. There were also links with Members of Parliament such as Ed Balls MP, and celebrities like George Cohen, which had helped raise its profile, and see Chapter Six for discussion of other media and press activity.

To raise public awareness some stakeholders commented they would have expected to have seen more active engagement with media, given the size of the grant received. One or two stakeholders felt that national media such as TV, press and radio could have been exploited further.

*“I do question whether the programme was marketed or disseminated enough? Often when you mention **fit as a fiddle** people look blank. Very few have heard of it. Was it promoted enough? When you see it or hear about it you can’t fail to be impressed, but I just wonder if enough promotional work wasn’t done to get it out there widely enough?” (Stakeholder)*

### 5.3.5 Innovation

While parts of the portfolio were considered innovative, the majority of activity delivered was considered fairly mainstream. One distinct aspect of the portfolio was the way it was led by older people’s needs and preferences.

*“The whole thing’s been innovative from the sense of it being driven by from a local level very, very much, older people saying what they wanted to do. The range of activity is the real proof that one size doesn’t fit all. We’ve been able to demonstrate that by using a portfolio approach it’s possible to do lots and lots of different things but they all do tie together very strongly.” (Stakeholder)*

Many projects used feedback surveys or local consultation approaches to ensure that the activities they designed were suited to the older people they were serving. Taster sessions were a popular way of testing demand and piloting approaches before rolling them out.

*“Taster demonstrations proved an effective means of encouraging people to ‘try something new’ and recruit into new groups.”<sup>117</sup>*

This ‘needs led’ approach ensured that the design of the programme was appropriate and was recognised by stakeholders as a key aspect of the portfolio.

Stakeholders considered that another innovative aspect of the portfolio included the work with older men, particularly the work to engage older men in activities that they would not normally get involved in, and work to engage older men in prisons and gay, bisexual and transgender older men. Projects such as the cookery classes for older men, which enabled 40,000 older men, including those who were isolated or bereaved to learn how to cook, were considered innovative because they reduced the need for meals on wheels services. They were featured in a national press article.<sup>118</sup> These classes worked well because men would not normally access a mixed-gender cookery class.

<sup>117</sup> Source: End of project evaluation report for the South east (Sept 2012)

<sup>118</sup> See <http://www.guardian.co.uk/society/2012/apr/10/cookery-classes-older-men>

### 5.3.6 Leverage

During its five year lifespan the portfolio had leveraged a range of match funds (explored in Chapter Seven). But it had limited involvement or linkage to the private sector, but leveraging such support from the private sector is being explored for future development.

*“There’s all sorts of potential routes for us to work with maybe corporate partners as well, getting them to sponsor activities or to offer their kind of, kind of a gift in kind relationship, you know, maybe if you get a big supermarket to open their staff room once a week for people to go and do something, you know, there’s all sorts of potential links like that for this.”*  
(Stakeholder)

Something that many stakeholders said would be useful was a ‘Return on Investment’ calculation for the programme, looking at the costs and benefits of this type of activity to help make a compelling case for continuation. For example, quantification of the Quality Adjusted Life Years provided by the activity, in line with NICE guidance would be beneficial.<sup>119</sup> At the time of commissioning the evaluation this was not prioritised, but this emphasis reflects the wider focus on value for money across public funding more generally.

## 5.4 Sustainability

Across **fit as a fiddle**, the final year was used to plan for the continuation of activities. Approaching a third (29%) of project coordinators and partners reported that the project they were involved with was expected to continue beyond the life of **fit as a fiddle** funding, but in a reduced form. A quarter suggested that the project would continue (23%) and a large proportion were unsure (41%).

**Table 5.1 Are you expecting your project, or any aspect of it, to continue beyond the life of fit as a fiddle funding?**

Sustainability of your project	
Yes	23%
Yes, but in a reduced form	29%
No	7%
Don't know / no reply	41%

Source: Ecorys survey of project leads and partners base = 221 respondent)

Most respondents felt that the sustainability of their projects would come from sustained partnerships, either for continued delivery of service or as an end in itself (39 respondents). Projects also reported that products or services (e.g. activity sessions) would be sustained through further funding and/or integration into the statutory sector. Sustainability through long term impacts on attitudes/behaviour (e.g. social or health-related behaviours) was also highlighted by a 31 respondents (Table 5.2 below).

<sup>119</sup> See <http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenesstheqaly.jsp>

**Table 5.2 What aspects of your project are you expecting to continue?**

Aspect of sustainability <sup>120</sup>	Number of responses
Sustainability of partnerships, either for continued delivery of a service or as an end in itself. Here, the emphasis is on the development and/or improvement of multi-agency working in addressing social issues	39
Sustainability of a product/service/programme through further funding and/or integration into the statutory sector	36
Sustainability through long-term impacts on attitude/behaviour, usually targeted on improving social or health related behaviours	31
Sustainability of an approach/concept trialled through a project as opposed to sustainability of the project itself	22
Sustainability through building capacity within organisations/community networks, particularly as an important precursor to delivering a project's objectives	27
Sustainability through alignment with local priorities/national policy which usually focuses on getting the service or idea funded by a statutory body	18
Sustainability through infrastructures, for example as a result of social enterprise or the creation of employment opportunities	11
Project will not continue in any form	4
Other (please specify)	16
Don't know	26
<b>Total</b>	<b>230</b>

Source: Ecorys Project staff and partner survey 2012 base = 113 respondents, multiple responses possible

#### 5.4.1 Critical factors in sustaining activities

Sustainability of **fit as a fiddle** activities depended to a considerable extent on key factors at the strategic level and the operational level. At the strategic level, the wider context of public sector cuts was a key factor. Project staff were concerned that there were far fewer public sector funding sources than anticipated when **fit as a fiddle** was developed, as a result of public sector funding cuts. The potential for mainstreaming their service or embedding it in statutory funding was more limited than first thought, given the changing economic context.

Changes in the structure of statutory health services and public health as a result of the Health and Social Care Bill which received Royal Assent in March 2012<sup>121</sup> also made it difficult for **fit as a fiddle** projects to find further funding for projects. For example, projects had plans for accessing GP commissioning structures or local public health structures as a possible funding source but as these organisations were still in transition during the final year of the programme and **fit as a fiddle** projects were unclear what they should do, or who they should approach.

<sup>120</sup> Following Big Lottery Fund definition of sustainability.

<sup>121</sup> See <http://www.dh.gov.uk/health/2012/02/bill-factsheets/>

*"[A key challenge is] the current financial climate that we find ourselves in at the end of Year 4 ...cuts in staff and resources. Potential opportunity for GP Commissioning / NHS funding are still not clear, whilst trying to plan sustainability!" (Project Coordinator)<sup>122</sup>*

Some organisations felt this type of networking was a role for the Chief Executive and not staff directly involved in **fit as a fiddle**. Where **fit as a fiddle** was seen as distinct or separate from the central services of an Age UK or Age Concern this also meant opportunities may have been missed to seek statutory funding.

The running cost of activities was also a key factor. Projects worked hard to ensure that running costs were as low as possible; so that it was more likely they could become self-sustaining in the future. Projects and partners stressed in the survey that activities were most likely to be delivered on a smaller scale in the future, due to limited resources.

Activities that were relatively low intensity were more easily continued and with a relatively small amount of training (e.g. community allotments, Nordic Walking), rather than more intensive support models that required highly trained professional staff (e.g. therapeutic services or healthy eating classes).

A further challenge in continuing activities through volunteering was the difficulty and expense of training volunteers to deliver classes, and provision of the necessary insurance for health and safety. There was some confusion about what level of insurance volunteers needed. This challenge was overcome by some projects, such as the National Cascade projects, which planned from the outset to train and insure volunteers to continue activities and so factored in these costs into their project. Local projects however, had to work through issues of who would be responsible for insurance going forwards. Other factors included:

- Activities needed to have a 'critical mass' to make them cost effective. For example, lower subscribed or less popular activity sessions were not viable.
- The level of existing 'hard' infrastructure that surrounded the **fit as a fiddle** projects, such as local authority sports facilities, community venues and residential locations for older people in the local area.
- Having a qualified instructor that was prepared to organise and deliver classes and what level of payment they required.

*"The real threat is to those parts of our project which are delivered by qualified tutors who expect to be paid for their delivery. For example exercise classes, tai chi, choir sessions." (Project staff)*

In its final year the portfolio also had a sustainability working group that also fed information and ideas through to the projects. However some of this support had come a little late for projects that had already ended.

*"We've established a sustainability sub group which has been really positive and created quite a lot of documents and guides to support people locally to self sustain. Support included commissioning guides and marketing guides and development of a range of service delivery models that they can use and take to Commissioners."*

*I think it's come a little bit late to be honest, but we've tried to do as much as we possibly can." (Stakeholder)*

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<sup>122</sup> Source: Ecorys project staff and partner survey

At the other end of the spectrum, five of the seven National Cascade projects were still delivering activities at the time of writing, having been heavily delayed in their start up (see Section 6.7 below for details) and due to high targets were focussed on delivering target numbers of outcomes. This had limited the extent to which planning had taken place for sustainability and it was unclear how sustainable the volunteering models were that these projects had developed.

The availability and willingness of volunteers to run and sustain project activities was also a key factor, and this was explored in Chapter Two.

## 5.5 Models of sustainability

Despite the above challenges, many projects had secured funding or developed models for sustainability. Projects used a range of models or approaches for sustaining their activities, as follows.

### 5.5.1 External follow on or continuation funding

Several parts of **fit as a fiddle** had secured follow on funding. At the portfolio level, there had been some success in securing national level follow on funds, as well as some successes at local levels.

At the national level, the **fit as a fiddle** portfolio was selected by Big Lottery Fund to apply for its 'Supporting Change and Impact Fund' to support projects in England to deal with the impact of funding cuts. This fund targeted effective existing Big Lottery funded projects which had demonstrated evidence of impacts. Some projects within **fit as a fiddle** were successful in obtaining continuation funding through this fund. This meant the selected projects could continue delivery for a further 12 months whilst receiving additional support for sustainability planning.

A number of individual **fit as a fiddle** projects had also applied for and been awarded other pots of national level funding, from a range of funders at national and local levels. Some projects had been awarded pots of funding from Reaching Communities and Awards for All from Big Lottery Fund. For example Healthwise in the Eastern region had been awarded a pot of Reaching Communities funding for a dementia project. The Football Foundation was also providing funding to a football focussed project in Nottingham and at the time of writing the project was applying for further funding to allow it to continue. One project in Yorkshire and Humber had already obtained funding from the Department of Health for a social prescribing project.

As mentioned above, many projects originally intended to mainstream their work, by obtaining core funding from local statutory bodies. Some projects did have success in this approach, for example with out-going PCTs with remaining budgets, local Health and Wellbeing Boards and local authorities, for example leisure departments. Many projects had applied to local statutory organisations and funders to find continued financial support for their projects. Some local authorities had either offered full or partial funding to continue successful classes. Some examples included:

- Age UK North Yorkshire had made a successful bid to North Yorkshire Councils Innovation Fund for an ageing well service to run for three years
- In the South West one project proved so popular, with over 50 people attending on a weekly basis that it became wholly self-sustaining and the local leisure centre took it on

- In the East Midlands, **fit as a fiddle** funded the first block of 16 swimming lessons for ten older people. The local council then continued the swimming lessons through a pot of funding which enabled the delivery of eight further sets of lessons for ten people providing a 25% discount
- In Darlington the City Council's Sports Development Team was an existing partner of Darlington Age UK and had provided venues and instructors for **fit as a fiddle** sessions throughout the project. The Council had a remit for providing sports activities and through its 'Getting Everyone Moving' campaign and was hoping to continue some sessions after **fit as a fiddle** to prevent the classes from ending, but this was unlikely to wholly replace the programme

Several projects had applied to funders for pots of funding and were awaiting outcomes at the time of writing.

### 5.5.2 Internal or core funding models

A number of options were being explored both within Age UK centrally and within local Age UK's and Age Concerns to take forwards **fit as a fiddle** after the end of BIG funding using core funding or fundraising.

Within Age UK nationally, **fit as a fiddle** was under consideration to be taken forward as a flagship wellbeing service for the charity, which if successful, would mean it could be offered as a core service across all members of the federation. The idea was that **fit as a fiddle** could be an umbrella term for a range of wellbeing services that could be offered. This would obviously have cost implications for the charity requiring investment of core resources or fundraising. A key decision point was due in Autumn 2012 on the future for the brand and the type of work exemplified by the portfolio. Even if the charity decided not to take forward another flagship service, there would still be support for wellbeing type activities, and **fit as a fiddle** would play some sort of role in that. Age UK was also doing some work to look at the **fit as a fiddle** identity (i.e. brand) and explore whether that was worth taking forwards in future and whether arrangements could be made with BIG to do so.

*“Does it stand up enough for us to carry on investing in it, we think it does, but it would be great to have some more of that research around what is it about that name that encourages some people through the door that Age UK doesn't.” (Stakeholder)*

Age UK nationally was also exploring other funding models such as fundraising from high net worth individuals, trusts or other funders, or corporate sponsorships to take the work forwards. One idea was to develop a grants programme which local Age UK's could bid to to run projects from, and fundraising to provide money for this type of scheme.

Locally, some projects had already acquired funding or a commitment from their local Age UK or Age Concern to commit core funding to the project to cover the ongoing staffing costs, running costs and expenses for the project. For example, Age UK Doncaster have ensured sustainability of their 'Cook and Eat' sessions through support of Age UK Doncaster. Others planned to get the local Age UK's or Age Concerns to do so or were in discussion.

*“It has been suggested that Age UK [name] would like to keep me in a similar 'wellbeing' role although this has not been clearly discussed.” (Project staff)*

In Great Malvern, in the West Midlands, all of the gardening projects run under the banner of 'Greenagers' were intending to continue. The local Age UK planned to continue to pay the annual rent of £17 and the rest of the work would be sustained by the participants and volunteers.

*“I would hope that our walking groups will continue as they are well attended, well established and delivered by experienced and enthusiastic volunteers. The only significant expense is paying for their mileage expenses which I would hope Age UK [name] might cover.” (Project staff)*

In other cases, local Age UK’s were looking to resource posts on an ongoing basis out of core funds.

*“It will be absorbed into our main stream practice to continue to do activities to engage older men - we have dedicated a section of our newsletter to promote these activities and will continue to do so into the future.” (Project staff)*

### 5.5.3 Fee-paying models

Some projects sustained themselves through the transferral of costs onto participants, through participants paying a minimal weekly fee of around £2 to £4 per session, or an annual fee of a greater amount.

*“Classes continuing with a £4 class fee / free entrance to the centre.”*

*“After participants have completed the **fit as a fiddle** course they have the opportunity to join our Nordic Walking Club and continue walking at a small yearly fee. The walks are organised and undertaken by myself.”*

Where chargeable activities were used this suggested that participants were ‘willing to pay’ for continued provision and so provides additional evidence that participants valued the services or activities that **fit as a fiddle** provided.

### Figure 5.6 Case Study: Filey, Yorkshire and Humber region

#### Fee paying models in Filey, Yorkshire

An exercise class in Filey was run in the Salvation Army Hall, along with tea and coffee for participants. The class was free because the hall was provided for free and the tea and coffee provided were free. There was just one volunteer at the event, who worked for the Salvation Army rather than the Age UK. This meant that the only cost for the session was some staff time, and the session was free for the older people themselves. In West Ayton a similar model was used, but participants pay £2 to cover the cost of the hall hire and the refreshments afterwards.

In some cases, beneficiaries already contributed financially towards their **fit as a fiddle** activities, and charges were capped or subsidised by the programme. Once the **fit as a fiddle** funding had ended, this meant price rises had to be passed onto participants and at this stage some beneficiaries inevitably dropped out.<sup>123</sup>

In the South East a revenue model operated. Many Nordic Walks were offered for free. In some cases a small fee of £2 was charged to participants from the beginning, even where activities were very low cost, and the fees that were collected were saved up for the future.

*“We charge a voluntary donation of £2 which helps to keep going... Our hub has probably delivered twice as many projects and twice as many people with the money than we were*

<sup>123</sup> Evidence in Scharf et al (2006) showed that participants often found it difficult in meeting the most modest of charges, ie attending coffee mornings if there was a charge.

*asked to do. Because we have always looked for something that is cost effective. If it is cost effective it is more likely to be sustainable." (Project Coordinator)*

#### 5.5.4 Volunteer led models of sustainability

Many regional projects and National Cascade projects saw a role for entirely volunteer led project models. They believed there was potential for building the capacity of volunteer groups or community networks in taking on some of the coordination and delivery of projects. Some projects were in the planning stage of this, but a good number had already become entirely volunteer led sustainable project models.

*"Where volunteers are used it is hoped they will continue." (Project Coordinator)*

For example, one project identified how groups have been able to continue to cover the costs of room hire and instructor costs after the **fit as a fiddle** funding ended.

*"The project is already continuing without funding, costs met by members for hire of hall (cost halved by using room for two activities at same time) and volunteers continuing to organise and run activity as well as taking an active part." (Project Coordinator)<sup>124</sup>*

One concern with this approach was that it placed pressure and burden on volunteers to take full responsibility for activities with little support. There was an important message to be recognised that volunteering does not come for free and that volunteers require ongoing support.

*"It will continue as I am an unpaid and expense free volunteer. As long as the equipment remains useful I will continue with my classes. However the support I get from [name of project] would be missed and in the longer term reduce my ability to introduce new classes when existing classes cease." (Volunteer)<sup>125</sup>*

In some local Age UK's and Age Concerns there was a volunteer coordinator who could continue to support volunteers but not in all cases. Where there was no volunteer coordinator, one approach was to arrange for a partner organisation to oversee classes. For example the Dancing for Fun project in the Eastern region received support and advice from NHS Cambridgeshire Falls Prevention Service, who agreed to act as a point of contact for instructors that plan to continue to deliver to classes after the end of funding.<sup>126</sup> A similar partnership was established in Nottingham where several partners, such as YMCA and Nottingham City Council took the lead for different aspects of the **fit as a fiddle** project (Figure 5.7).

#### Figure 5.7 Case Study: Partners sustaining fit as a fiddle activities in Nottingham

In 2009 the **fit as a fiddle** project coordinator in Nottingham offered to deliver a 'Fit Club for Over 50's' for three months at YMCA Nottingham with a view to the activities being continued by the YMCA after the trial. At the end of the three month trial YMCA could see the benefits of the club on participants and agreed to continue the class. When the participants first started attending the club they were very quiet and found exercises difficult and by the end of the trial they had made friends and were finding the exercises easier. YMCA's exercise referral consultant was actively involved in designing a rolling programme of different activities, such as yoga, circuit training, gym work and Nordic Walking, for the fit club with support and advice from the **fit as a fiddle** project

<sup>124</sup> Source: Ecorys project staff and partner survey 2012

<sup>125</sup> Source: Ecorys project staff and partner survey 2012

<sup>126</sup> Source: Ecorys case study visit

coordinator. YMCA Nottingham delivered the group for 18 months after the end of funding and the benefits of the club continued. The referral consultant noticed some improvements to the mental health of participants who were depressed or anxious, as well as improvements in older people's long term medical conditions such as diabetes.

The faith based National Cascade project had built up enough support from partner organisations and volunteers to continue a significant amount of their activity (Figure 5.8).

#### **Figure 5.8 Case Study: National Cascade project sustaining fit as a fiddle activities**

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

#### **5.5.5 Constituted groups**

Some projects made more formal arrangements to sustain their activities by becoming a constituted group with their own committee structure and finances. These groups could then apply for small amounts from funds such as Big Lottery Fund's small grants programme 'Awards for All', which offered smaller grants of up to £10,000, and potentially for statutory funding. Constituted groups could also then charge membership fees and explore other revenue streams. In some cases groups have successfully bid for small pots of funds which have allowed them to buy their own equipment and support the running costs of classes.

For example in the Eastern region, several projects had been working on sustainability plans. The Active Health project coordinator supported Active Health groups to become constituted groups so they can apply for Big Lottery Fund 'Awards for All' funding to continue the classes. At least four groups have successfully applied for Awards for All monies ranging from £4,000 to £10,000 to cover the cost of hiring halls, instructor fees, equipment and advertising classes. Other Active Health groups have decided not to become constituted groups and instead will become self sustaining after the current funding for Active Health ends, by charging for the sessions. The Time of Your Life project had also been working on sustaining activities over the last two years of the funding and three of the gyms are now constituted groups with funding secured through Awards for All.

#### **5.5.6 Supporting instructors**

In the Eastern region one project partner working in Falls Prevention has developed an instructor support pack that will give instructors everything they need to set up activity classes including register templates, health questionnaires, and fall prevention contacts. There will be no charge for a pack but if an instructor agrees to use it the Falls Prevention service will recommend their classes. This is a novel way of encouraging the provision locally of relevant and good quality services for older people.

#### **5.5.7 Exit strategies**

Some projects developed clear exit strategies to ensure beneficiaries had continued support after leaving the **fit as a fiddle** project. In Kingston, the partners all fed into progression routes and worked effectively at looking for further options once each **fit as a fiddle** project

finished. At the end of the six week programme, participants were issued with booklets identifying potential follow on programmes. The participants found this particularly useful to identify progression routes after their programme.

*"Part of the brief is to get exit routes and pathways so that when people finish they are not in a vacuum, there's a strategy. This has occurred with this age group more than for example with children with weight management issues. We have very good rate of continuation, either continuing an activity or taking up an Active card." (Partner organisation)*

### 5.5.8 Continuation with no funding

In some cases projects were continuing without any form of follow on funding. For instance a Nordic Walking group was set up in the South East and had eight weeks of taster sessions funded by **fit as a fiddle**. Due to the success of the group the walks have continued since no further investment was required and an instructor was found who was willing to run walks for free. This particularly worked well where **fit as a fiddle** funding was used for capital expenditure to buy equipment that would then continue to be used regularly, for example a Wii that was bought to set up a Wii league in residential care settings. This also applied to New Age Kurling kits and Nordic Walking equipment used in several regions including Yorkshire and Humber and the South East.

*"We're now self-funding as a result of Age Concern supporting the initial eight walks...We don't need any more funding. Though this wouldn't have happened without the original support [from **fit as a fiddle**]." (Instructor)<sup>127</sup>*

### 5.5.9 Project closure

Some projects recognised they would not continue at all and would close. This was because no alternate funding could be located, and none of the above options or models had proved viable. A further factor was where if the real cost of classes were passed on, the classes would be too expensive for older people and they could not afford to pay to cover the actual running costs.

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<sup>127</sup> Source: Ecorys case study visits

## 6 Meeting the needs of older people

**fit as a fiddle** aimed to engage and work with a number of target groups of older people through both its national and regional portfolios of activity. Older people over 50 were eligible for support through the portfolio, but in addition a range of specific groups of older people were targeted, including: older men, black and minority ethnic groups (BME) and isolated and frail elderly people. This chapter reviews the evidence and compares the different approaches used to engage target groups (Sections 6.1 to 6.2) and what has been successful in engaging different groups of older people (Section 6.3). It looks at feedback on the management and delivery of the portfolio as a whole (Section 6.4). The chapter uses evidence from case studies, the project and partner survey and Age UK data.<sup>128</sup>

### 6.1 fit as a fiddle target groups

**fit as a fiddle** was targeted at 'all older people' and over half projects had a broad reach (59%). Some projects targeted a range of groups who were often under-represented or in greater need of health and wellbeing support (Table 6.1) commonly this covered older men, and as black, minority ethnic or faith groups. Individual projects targeted diverse groups like prisoners, lesbian gay bisexual and transgender older people, or older people with disabilities, dementia or Alzheimer's disease.

**Table 6.1 Which target groups did your project target?**

Target group	%
All older people	59
Isolated and frail older people	33
Older men	24
Older people from black, minority ethnic (BME) or faith groups	24
Older people living in care homes/residential care	21
Older women	20
Older people with mental health issues	18
Other (including Dementia, Alzheimer's, disabilities, prisoners, LGBT, deprived areas, sheltered housing, visually impaired)	8
No specific groups targeted / don't know	2

Source: Ecorys project coordinator and partner survey base = 221, multiple answers possible

Across the regional portfolios, **fit as a fiddle** targeted a range of groups of older people through activities and outreach work. Projects targeted a number of different groups often reflecting a particular need in that region. For example a community engagement project in London targeted frail older men and older people from BME communities. In Darlington, work was undertaken to encourage participation in **fit as a fiddle** by gay and lesbian groups (in conjunction with Gay and Lesbian Darlington). Work also took place within sheltered accommodation to target frail older people and to target older people with dementia or mental health problems. In the North West, the 'Men2Mentor' project was developed to encourage more men to participate and in the South West, isolated older Polish people who moved to Britain after the war were targeted.

<sup>128</sup> Data from SNAP in July 2012.

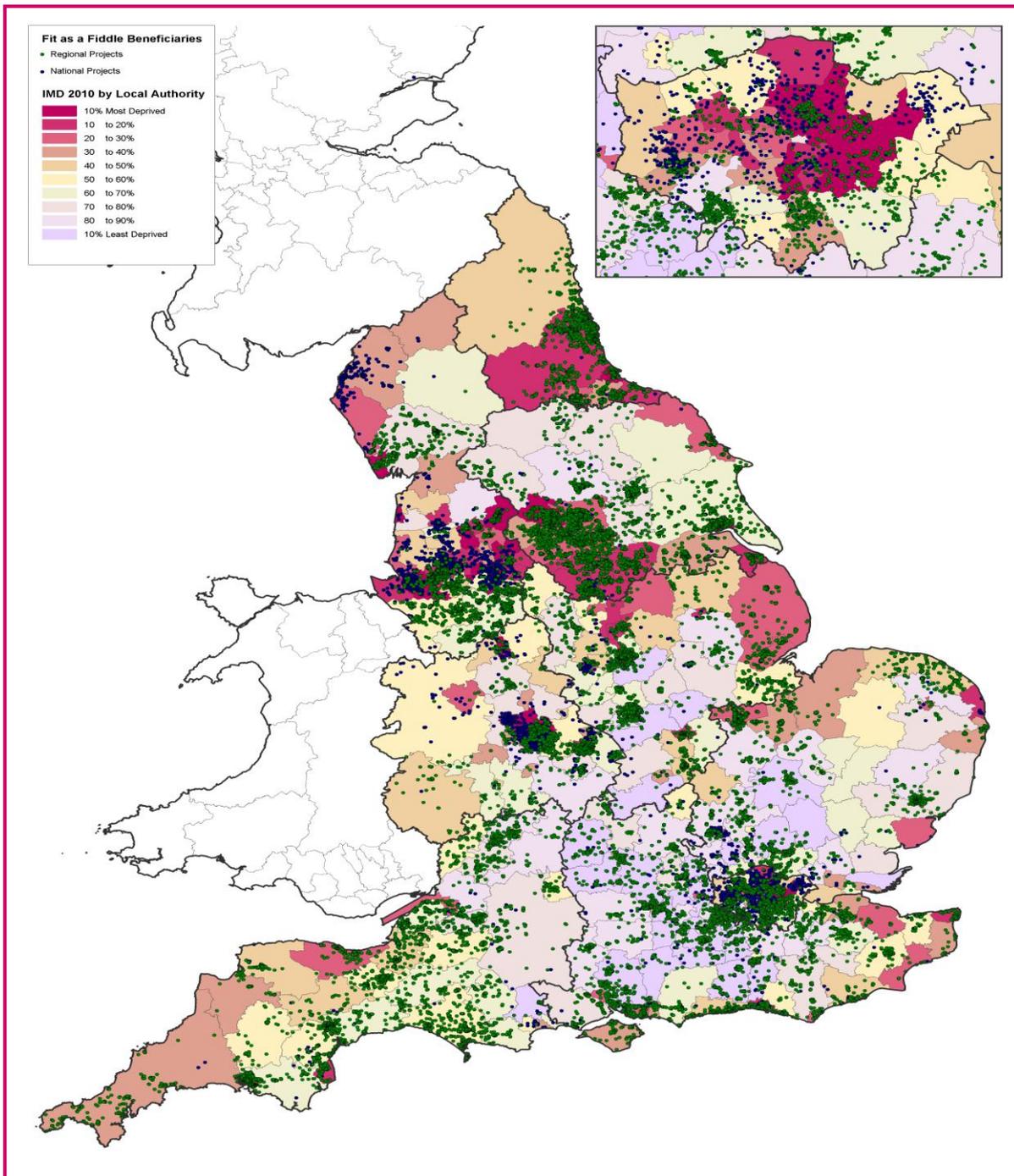
At the national level, the portfolio targeted specific target groups through the National Cascade Training Programme.<sup>129</sup> The Men's National Cascade project targeted a range of groups of older men, including gay, bisexual or transgender men and men in prison, while a faith strand supported the involvement of older people from faith groups and from across a range of BME communities. Other National Cascade projects targeted: older people isolated at home; older people in sheltered and supported living and older people in nursing homes and care settings.

The following map shows the location of **fit as a fiddle** beneficiaries from across the portfolio as a whole, mapped against Index of Multiple Deprivation data. It shows the extensive national coverage of the portfolio and the density of activity in some of the most deprived areas of England, in London, Yorkshire and Humber, the North West and North East. It also identifies deprived areas that the portfolio did not reach. These were areas where there was not a participating local Age Concern or Age UK or where there was no national project operating. This shows that while the portfolio did have extensive reach; due to the structure of Age UK and that fact that some local areas did not wish to participate in **fit as a fiddle** some areas of the country did not benefit at all and large gaps in provision existed. There were also some border issues, where beneficiaries living in some areas were not eligible for the project because their local Age UK did not offer the service.

Annex One shows a further map of the portfolio's reach.

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<sup>129</sup> National Cascade projects include: Isolated at home strand, delivered by three organisations (Independent Age, Community Network and Age UK West Cumbria; older men strand delivered by Age Concern Lancashire; a project for faith communities led by Sporting Equals; 'Life and Soul' led by NAPA for older people in sheltered and supported accommodation and 'Come to Tea' for residential care.

**Figure 6.1 Map of fit as a fiddle beneficiaries**

Source: SNAP data 2012 and Index of Multiple Deprivation data for 2010. Base 78,348 older people. Around 7% of postcodes were missing from the monitoring data or were unrecognised.

### 6.1.1 Ethnicity

Monitoring data illustrates the diverse range of ethnic groups that **fit as a fiddle** reached (Table 6.2).<sup>130</sup>

**Table 6.2 Beneficiaries by ethnic group**

Ethnicity	Number of beneficiaries	% of beneficiaries
White British (English / Welsh / Scottish)	69,231	81.9
Asian or Asian British: Indian	4,480	5.3
Asian or Asian British: Pakistani	1,963	2.3
White Irish	1,294	1.5
Black or Black British Caribbean	2,110	2.5
Any other white background	971	1.1
Chinese	797	0.9
Asian or Asian British: Bangladeshi	312	0.4
Black or Black British African	458	0.5
Other ethnic group	359	0.4
Mixed: White and Black Caribbean	248	0.3
Other Asian background	201	0.2
Mixed: White and Asian	113	0.1
Other Black background	84	0.1
Other mixed background	52	0.1
Mixed: White and Black African	72	0.1
No response/refused	1,811	2.1
Total	84,556	100

Source: SNAP monitoring data July 2012 base = 84,534 older people. Note: SNAP forms were not received for all beneficiaries of the portfolio.

Overall, the most common ethnic group engaged by the portfolio was 'White British' (just under 82%), with around 18% of beneficiaries from a minority ethnic group. The proportion of White British participants was **lower** than the figure for England as a whole (84% White British)<sup>131</sup> and significantly lower than the figure for the population aged 65 and over (97.08% White British).<sup>132</sup> This shows the portfolio managed to reach higher than average proportions of some ethnic groups, suggesting effective penetration into harder to reach groups of older people. For instance, Asian or Asian British Indian individuals make up 2.6% of the population of England as a whole and only 0.87% of the over 65 population, but are over-represented in **fit as a fiddle** at 5.3%. This is also true of Asian or Asian British Pakistani groups which make up 1.8% of the population of England and 0.38% of the over 65 population, compared with 2.3% in **fit as a fiddle**. A similar pattern was true for Chinese

<sup>130</sup> SNAP monitoring data for July 2012 for whole portfolio

<sup>131</sup> Compared with ONS population estimates (2009) <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-50029>

<sup>132</sup> Source: 2001 Census data analysed by Age Concern [http://www.ageuk.org.uk/documents/en-gb/for-](http://www.ageuk.org.uk/documents/en-gb/for-professionals/equality-and-human-rights/419_0207_ageing_and_ethnicity_in_england_a_demographic_profile_of_bme_older_people_in_england_2007_pro.pdf?dtrk=true)

[professionals/equality-and-human-rights/419\\_0207\\_ageing\\_and\\_ethnicity\\_in\\_england\\_a\\_demographic\\_profile\\_of\\_bme\\_older\\_people\\_in\\_england\\_2007\\_pro.pdf?dtrk=true](http://www.ageuk.org.uk/documents/en-gb/for-professionals/equality-and-human-rights/419_0207_ageing_and_ethnicity_in_england_a_demographic_profile_of_bme_older_people_in_england_2007_pro.pdf?dtrk=true)

people (0.9% compared with 0.14%) and Black Caribbean people (2.5% compared with 0.76%). Some regional projects specifically targeted BME groups including in the North West and in London. There was also a dedicated National Cascade project focussed on BME and faith groups.

### 6.1.2 Gender

Approximately three quarters (73%) of participants in **fit as a fiddle** were female, with over a quarter (26%) male. At the regional level there are some variations to this trend (Table 6.3).

**Table 6.3 Gender by region (percentages)**

Region	Female	Male
South West	85%	15%
East Midlands	82%	18%
North East	81%	19%
West Midlands	81%	19%
Eastern	78%	22%
Yorkshire & Humber	78%	22%
London	76%	24%
South East	70%	30%
North West	65%	35%
National Cascade Projects	53%	47%

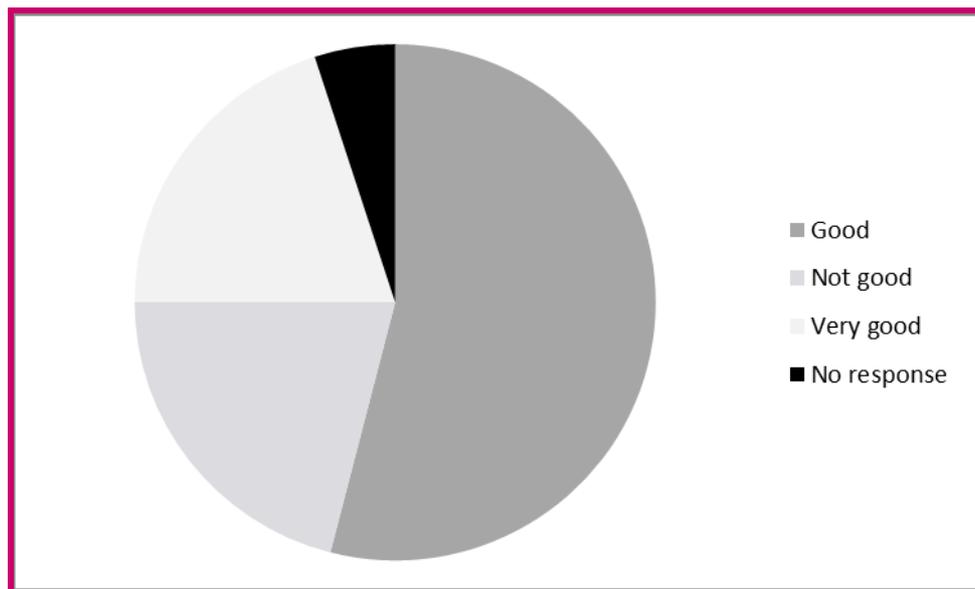
Source: SNAP monitoring data July 2012 base = 83,804 older people.

The National Cascade Training projects reached the largest proportion of men because one project specifically targeted men only. The North West achieved the highest participation rate of all the regional projects, with men making up some 35% of all participants compared to the portfolio average of 26%. This reflects the extensive project work in that region to specifically target men through the 'Men2Mentor' project, discussed in more detail later in this chapter. The South West reached the lowest proportion of men.

### 6.1.3 Health status

**fit as a fiddle** has had clear positive impacts on the physical health and the mental well-being of the older people taking part. These improvements span all three of the programme strands and are evidenced both by the case studies and by the survey data. These findings are particularly important in the light of the health status of those taking part. Three quarters of **fit as a fiddle** participants reported<sup>133</sup> they had good health, with 20% reporting it to be 'very good'. A fifth (21%) reported their current health was 'not good'.

<sup>133</sup> Data collected at the start of their involvement with **fit as a fiddle**. Base 84,534 older people.

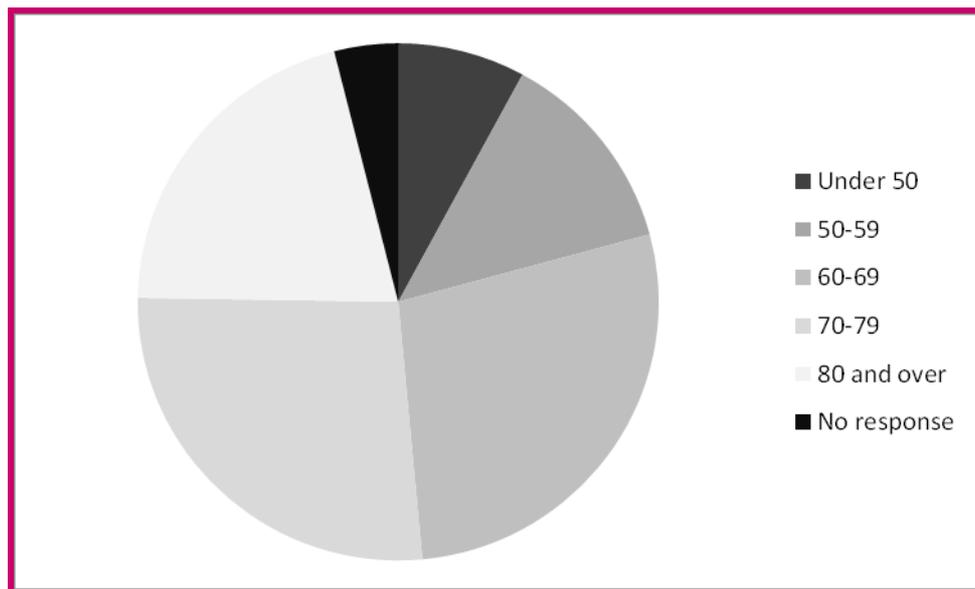
**Figure 6.2 Health status of participants**

Half of participants (45%) suffered from a current illness or disability, while half did not (50%). Of those with an LLI, 55% said it impacted their life and daily activities 'a little' and 31% said it affected them 'a lot'. In addition, the majority of those who responded to the survey were living alone. Projects reported that they targeted older people with illnesses and disabilities including stroke, Parkinson's disease, cancer, dementia, and people who had joint replacements. Projects offered tailored activities and worked with local health services to get referrals. For example, Active Bedfordshire delivers physical exercise classes for older people with specific needs such as dementia and Parkinson's disease where additional support can be provided by specialist instructors. One volunteer instructor set up a chair based exercise class attended by users of a local disability resource centre. This class was designed to cater for the varying needs of the group, which includes older people who were visually impaired or with limited mobility.

#### 6.1.4 Age

The portfolio engaged a reasonable mix of age ranges and a good proportion of very elderly people, with a fifth of beneficiaries being aged 80 or over (21%).<sup>134</sup> A further three in ten (27%) were aged between 70-79 (Figure 6.3).

<sup>134</sup> SNAP monitoring data for July 2012 for whole portfolio

**Figure 6.3 Participants by age**

Source: SNAP monitoring data July 2012 base = 84,534 older people.

The West Midlands, South West and Yorkshire and Humber had particular success at reaching the over 80 age group (29%, 28% and 27% respectively). In contrast only 9% of beneficiaries in the National Cascade projects were aged over 80. This was surprising given several of the projects focused on older people in various care settings (see Figure 6.7 and 6.8 below).

Some projects noted they had difficulties attracting younger older people, the 50-59 age group. *“I think there’s maybe not that many 50-55’s but it wasn’t really aimed at 50-55, it was aimed I would say more at the 55 plus.”* (Stakeholder) Day time classes were also inaccessible for older people who worked. The Eastern region’s Dancing for Fun project noted this as an issue.

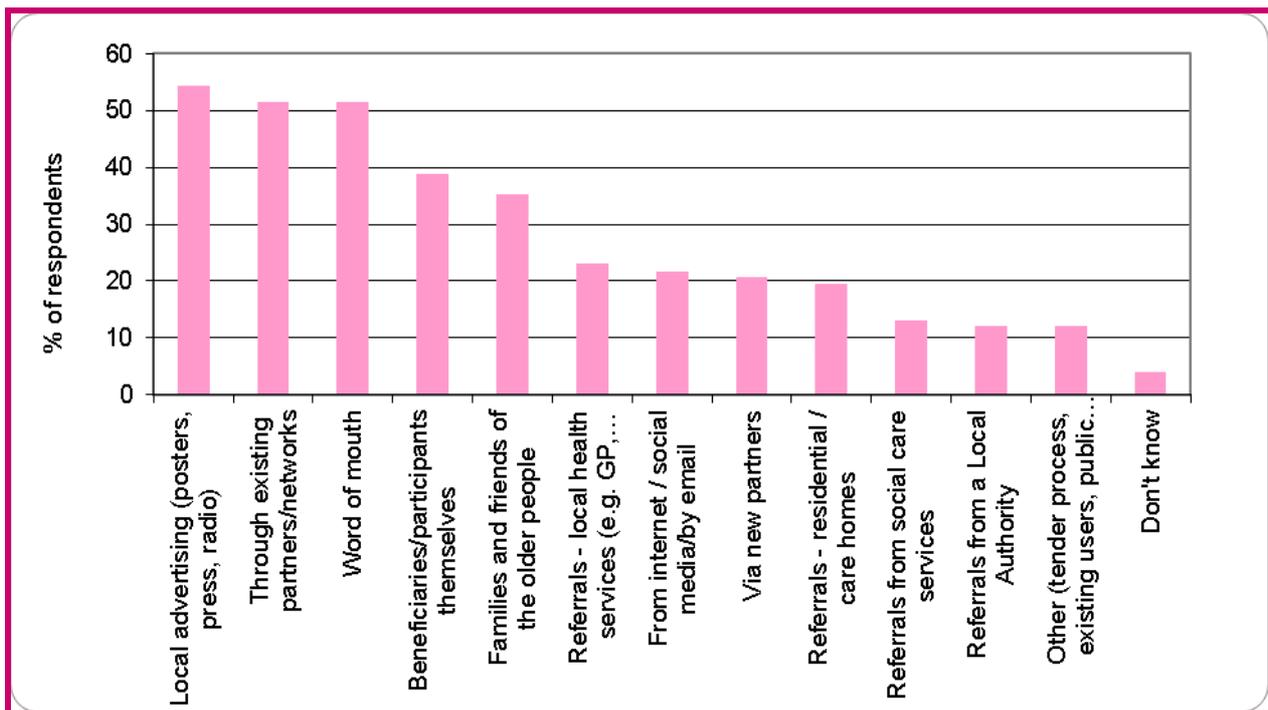
*“[We] have found that those who work tend to be younger, in their 50s, and tend not to want to go to sessions solely for the over 50s. In response the project coordinator has kept the session during the week days and accepted that by putting 50s and over they tend to reach 60-65 plus.”* (Stakeholder)

One issue may have been that younger, older people did not tend to associate themselves with Age Concern or Age UK services, and may be more likely to access other facilities or services.

This was an issue for falls prevention classes in the West Midlands that had hoped to attract a larger number of younger older people to make them aware of falls in order to help prevent them later in life.

## 6.2 Approaches for reaching target groups

**fit as a fiddle** projects used a range of methods to engage target groups. Older people were recruited through local advertising such as posters/local press (54%); through existing partners and networks and via word of mouth (52% each). Local press and advertising was the single most well used approach to engage target groups. *“I’ve actually been quoted in the press, I’ve been on TV, I’ve been on Radio Cornwall believe it or not.”* (Project staff) Given that the portfolio reached the required numbers of beneficiaries, the range of approaches appeared to have worked (Figure 6.3).

**Figure 6.4 How were participants recruited to your project?**

Source: Ecorys project coordinator and partner survey base = 221

*"We found the most effective ways to market this type of project was articles in the press...even if just a small paragraph, along with newsletters." "Older people respond much better to word of mouth and local paper advertising." "Lots of lessons learnt on engagement activities: communication, language, marketing and partners." (Project Coordinators)*

Local advertising such as parish magazines was also popular and one of the London portfolio **fit as a fiddle** projects was mentioned on GMTV.

Beneficiaries were also recruited via a range of referral mechanisms from local authorities, social care services, or residential care homes, though these were rarely the most commonly used approach. Peer to peer recruitment was also used by some projects, especially among men, and worked well. Overall projects used a creative and mixed set of approaches, as the examples in Figure 6.4 and below show.

*"Marketing has to be targeted just right to ensure people don't come expecting something else. Print up leaflets for each activity. Generally [they were] sent to libraries, local papers (don't pay for advertising!), go to areas where courses are held, leave in GPs, in shop windows, at the council, hand out leaflets at local high streets, going to where older people may go such as café's, DIY shops, post offices, hair salons... I have been on radio, gone to NHS, talked to church groups." (Project staff)*

**Figure 6.5 Case Study: Greenager's Gardening Project, West Midlands**

To help promote the allotment at the Greenager's **fit as a fiddle** project in Great Malvern, there was a lot of promotion in the local newspaper, on the allotments' website, on the Hereford and Worcester radio station, via the parish council, and a notice in the Age UK directory. The project also did a leaflet drop when the allotment was just beginning. Recently the local voluntary bureau had an open day at the library which was successful and led to the project receiving two new enquiries about the allotments as a result.

### 6.2.1 Learning around reaching target groups

Projects had mixed experiences of reaching target groups. Many were ambivalent about the relative ease of reaching target groups; 31% stated that it was 'neither easy nor difficult' to reach the target groups for their project and 5% did not know. A quarter (24%) found it 'easy' and 7% found it 'very easy' to reach the target groups. One in ten (10% or 22 respondents) found it 'difficult' and three respondents found it 'very difficult'.<sup>135</sup> Overall this demonstrates the experience and ability of Age UK's and Age Concerns, as well as other delivery partners, in reaching older people, and specific target groups, but indicates there were isolated examples where projects did struggle. One project commented it was not difficult; just time-consuming.

Projects used a range of specific approaches to target groups and a great deal of learning emerged from these activities, both at the overall level, and around targeting groups like men, faith and BME communities.

A key difficulty around engaging with target groups was often because a particular group was not prevalent in the local area. Other difficulties encountered by the projects included:

- A general lack of interest or enthusiasm
- Being based in a rural area with a lack of transport causing access issues for participants
- Cultural barriers in explaining the benefits of healthy eating or exercise
- Language barriers requiring translation
- General advertising did not reach the specific target groups / targeted advertising appropriate to older people needed
- Not relying on web or social media to engage participants as often this was not used
- Gaining the trust of participants and encouraging them to change their lifestyle
- Difficulties engaging visually impaired older people / needed easy to read versions for some groups
- Offering sessions in evening and weekends for working older people
- Isolated older people were unwilling to leave their homes or take up one to one work
- Nordic Walking tended to attract 'better off' older people and needed a lot of targeted work to widen its appeal to less well off older people
- Difficulties encouraging participants to act on advertising
- Some projects targeted overweight or obese older people, for example Kingston's Tackling Obesity project

Reaching particular groups was challenging for some projects. Changing attitudes, in particular amongst men, towards the need for them to adopt healthy eating and exercise and come along in the first place was difficult. Reaching frail elderly or very isolated older people

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<sup>135</sup> Source: Ecorys project partner and coordinator survey data (2012). Base = 221

was a challenge; projects realised intensive one to one support was required to recruit beneficiaries, but this proved labour intensive, and could only be done with volunteer support.

*"The projects have highlighted the need for older people in residential care to be offered the opportunity of one to one support from volunteers and staff. Residents clearly benefited from a personalised approach towards activity and the organisation has learned that well trained volunteers are the best way to provide this given the limited resources, funding and staff time within the care sector." (Project Coordinator)*

Projects had also tried but struggled to reach older people within traveller populations, gay men, and hearing or sight impaired older people.

An important issue was drop out from projects, once people had initially started. Reasons for drop out of projects were not consistently recorded, those that did record this mainly mentioned issues such as poor weather, illness or bereavement as reasons for drop out. Therefore it was not possible to conclude why some older people were not effectively engaged in the portfolio as a whole.

### 6.3 Older men

Older men were a key target group for the portfolio across regional portfolios and also via a dedicated National Cascade project. Project coordinators of regional projects realised that men would not normally attend an exercise group or healthy eating class of their own accord, and found that activities provided for men needed to be specifically designed to ensure participation. Projects reported that men were less keen on activities like Pilates, Tai Chi or chair based exercises.

*"Men are extremely hard to reach, but once we get them but they are one of the highest attenders. If you put a leaflet up offering free classes, women are more likely to come along; men may look but won't come." (Project Coordinator)*

*"If you want to attract men you have to do something men-specific. We've always known that. This is not new knowledge! But **fit as a fiddle** tried new ways to do it." (Stakeholder)*

A lot of projects in the regions engaged men by conducting their own research or surveys to establish what older men would like, before designing the mix of activities. Activities such as football, cycling, Wii games, Nordic Walking and Health Walks were more successful in attracting male participants, and in some cases, became so popular men have started to lead the walks themselves.

*"Looked at the possible exercises, tried Nordic Walking and it took off. Only have to look at the fun people are having, show it to people and they say 'I'll have some of that'." (Project Coordinator)*

*"I found initially with the seated exercise, men don't like that, they're not as keen on that, because it's the music and everything, I think men just aren't interested. But because we combine it with the Wii and seated exercise in different weeks.,they just start coming and they'll come along to the seated exercises and they're fine with it...It has been a bit of a struggle but Wii is definitely the attraction." (Project Coordinator)*

Sessions for men indeed worked best when they were men only. For example in the East Midlands partnership working with outside activities helped engage older men – including activities at Nottingham Forest and Nott's County football clubs. The sessions have 30 men registered with 15 to 20 men attending regularly. In Wakefield men only mini gym sessions

worked well. The 'Men2Mentor' project specifically targeted older men in the North West (Figure 6.5).

### Figure 6.6 Case Study: Men2Mentor Project in the North West

Age UK Mid Mersey's Men2Mentor project targeted men living in the 10% most deprived wards of the area. It ran between 2007-2012. The project focussed on men who had become lonely and isolated due to personal and/or professional circumstances. Lack of employment and relationship breakdown were two of the most common issues which emerged from the cohort of men attracted to join the project. The project worked across a range of settings with men, including football clubs and working men's social clubs. All venues where the project was delivered were considered 'aspirational' to the men involved. The project worked with 36 volunteers and trained 27 volunteer buddies to work with older men and support them to access fitness and training activities. Together the buddies devoted 3,016 hours to the project. Advertising the project at targeted events such as at football matches and on local buses proved an effective way of raising awareness. Physical activities which proved successful included: bowling, sailing, golf sessions, touch rugby, a 'just men' social group and Aqua-circuits. To tackle healthy eating the project ran clubs like 'Slimmin wi' no Wimmin' and 'Drop a Shirt Size' sessions. The project also linked into a number of other local projects and partner organisations including Warrington Wolves Foundation, St Helen's rugby club, and local Health Improvement Teams. Working with Warrington Fire Station was also viewed as a useful way to attract participants. Overall the project reached 1,398 beneficiaries. All project activities are continuing after the programme, by being self financing with peer support.

One region commented that male only groups were also useful to attract men to participate; as women dominated exercise classes could sometimes be more likely to put men off. Marketing some activities with more 'male oriented language' such as 'Aqua-circuits' rather than 'Aqua-cise' also worked well. Having personal recommendations (word of mouth) and 'selling' the benefits of **fit as a fiddle** to male participants was also cited as useful ways to engage more men. Some projects tried to offer 'golf' and found this worked well, but another project reported they wanted to try offering golf but it was too costly and they could not find a way to do it within their budget. In the ARCH project in the North West, there was some work to target men as the project realised that men didn't enjoy attending the exercise classes and therefore the idea of 'Men in Sheds' was developed enabling men to spend time on crafts or other activities.

*"One success was in linking to a specifically male targeted activity, the Men in Sheds projects run by Age UK organisations in Cheshire. This involved providing displays of material and items around a variety of subjects such as healthy lifestyles, healthy eating, alcohol, testicular cancer etc. that were very well received. Talks were also organised for men on subjects such as bowel cancer and nutrition."<sup>136</sup>*

Men's cookery classes also proved popular in some projects. In the North East cook for life, for men and intergenerational cooking for men worked well. In Yorkshire and Humber a luncheon club attracted a lot of men. In the South East cookery classes proved a great way to grow men's confidence and skills in the kitchen.

*"My confidence has soared as a result of the classes and the instructor. I had done no cooking before starting the sessions and I'm amazed at how easy and enjoyable it is. I've*

<sup>136</sup> Source: ARCH end of project evaluation report (2012)

*been able to wake up and make myself a scrambled egg, something I never would've know how to do before.” (Participant from men’s healthy eating course, Portsmouth)<sup>137</sup>*

The men’s National Cascade project specifically targeted older men across the country through a range of mechanisms (Figure 6.6).

### Figure 6.7 Case Study: Men’s National Cascade project

The men's national cascade project was designed to specifically target older men through a range of innovative community based approaches into physical activity and wellbeing. The project worked with Premier League and Championship football clubs; rugby and cricket clubs; older gay men’s groups; local Age UKs; independent men's groups; various local authorities, the NHS; and Preston Prison service to reach men.

An important factor in engaging older men in the project was buddying. Buddying was a key element and a means to get older men engaged. Male volunteers were trained as ‘buddies’ to encourage and support older men into relevant activities and wellbeing activities. Older men helped to shape these training sessions, and were consulted on the style, layout, language, images used to make them more accessible to other men. Pairing up men who shared similar interests or who got on well was seen as an extremely positive experience both for the volunteers and the participants. One of the lessons learnt was that to successfully engage older men the project needed them to buy into the project and have an active involvement in the decision making processes. For example men with their buddies determined the types of activities they would do or the types of food they would grow. The project was successful in getting men to talk about their health, particularly their weight, their mental health or specific male health issues: *“persuading older men to talk about their health, where the old men have generally been unwilling to do so.” (Stakeholder)*

## 6.4 Faith and BME groups

Targeting faith and BME<sup>138</sup> communities effectively was a key area for the portfolio. One National Cascade project, led by Sporting Equals delivered the **fit as a fiddle** faith and community strand aiming to reach faith communities and the regions also attempted to do so. The National Cascade faith strand aimed to ensure that the **fit as a fiddle** approach to engaging with BME communities was tailored appropriately so that it reflected the differing ethnic make up of each region (Figure 6.7). This strand reached 5,532 beneficiaries most commonly from the Asian or Asian British community<sup>139</sup> and of Hindu or Sikh faith (37%).

### Figure 6.8 Case Study: Faith strand of the National Cascade Training Programme

#### Background

The faith strand of the National Cascade Training Programme, run by Sporting Equals, aims to support greater involvement in sport for disengaged communities. The project aimed to build links with BME infrastructure organisations within the **fit as a fiddle** regions. Infrastructure organisations helped to recruit volunteers from the BME communities who would then provide health and wellbeing sessions for local BME groups. Training was provided to give an overview of the needs of different faith groups in particular around promoting certain physical activities at certain times of the year. Volunteers were engaged

<sup>137</sup> Source: South east’s end of project evaluation report (2012)

<sup>138</sup> Also known as BAME communities.

<sup>139</sup> Source: Sporting Equals end of project report – faith and community strand (2012)

with the project under the theme of 'memories of home'; this was designed to help resonate with volunteers who may have come from another country. The project worked with a Women's Forum in a centre in Birmingham to deliver **fit as a fiddle** activities, supported by staff at Sporting Equals. The centre is a Sikh organisation located next to a large Gurdwara (a Sikh place of worship). The ethos of the centre is to run civic activities for people of all faiths and beliefs.

### Activities

The Women's Forum at the centre is an intergenerational dialogue session in which older members teach the younger members traditional skills such as tapestry making. The centre also had a gym which hosts male and female only sessions, and offered training and development in massage therapy and reflexology. Activities were not exclusively for Sikh people, as the project also aimed to engage with other communities such as Muslim and Irish groups. The project targeted older people by engaging with individuals attending the Gurdwara. This helped engage with older people who were using the Gurdwara for spiritual reasons to re-engage them with their community and encourage them to think about health issues such as heart disease, diabetes, mental health issues. It also offered an opportunity to do blood pressure screenings and Body Mass Index tests, and generally assess people's health needs.

The project trained eight volunteers to become mentors for older people through building relationships and mentoring.

The mentoring aimed to help improve older people's physical and mental wellbeing. The volunteers aimed to promote a range of activities to older people including trips to new places. The volunteering linked well with the Gurdwara's principles of helping others: *"In Sikh culture what we call voluntary work is 'Seva'. This is in line with serving others. The name Nishkam actually means 'selfless service'. We're really big on volunteering."* (Coordinator)

Volunteers participating in the project commented on how it was beneficial to engage with different groups of people within the project. *"Speaking to the elderly has become a lot easier. Before I was scared a bit because you don't know what to say, but when it's for a reason I get confident."* (Volunteer)

The project worked with around 70 Punjabi speaking women, as well as undertaking some engagement work with Muslim and Irish groups and some Punjabi speaking men. The project targeted women with health problems such as high blood pressure or cholesterol. Working in a group was beneficial for participants who felt encouraged by the others in the group to take part, *"Before they would come in to do their bit then come home. A lot of the women said they felt much happier because they were made to feel part of a group, it was more sociable."* (Coordinator) *"I was too fat. When you're working as a newsagent for 24 years you're standing in the shop all the time and you're not very well physically. It wasn't easy but I had to do it. When you have 7 or 8 people also doing it, it motivates you."* (Beneficiary)

### Lessons learned

Building trust was an important factor in the success of engaging with participants, and this took time to develop. Staff didn't focus on asking health based questions straight away, but rather, *"focused on areas of interest and brought them in slowly."* Other lessons learned were that word of mouth was a key way to engage people. Older Asian people at one Asian Elderly Association the project worked with reported they were more comfortable receiving services where support could be given by individuals from similar backgrounds. This was

felt to be important as they would understand the cultural context of their lives, communicate in their native language and generally be more aware and sympathetic of their needs e.g. prayer times, dress requirements, faith issues etc. Local provision set in the community, in non-threatening environments was usually preferred.

Projects in the regions also tried to attract BME and faith groups to mainstream projects, where there were significant BME communities locally, and had varied success. In the South East, Muslim women were successfully targeted to attend an event through a connection the project made to a mosque and there was 'standing room only'. Whereas in London some groups proved hard to engage: "*Afro-Caribbean group difficult to inspire, motivate and keep going. Peer mentor crucial role to motivate, where these are weak the projects generally don't work.*" (Project Coordinator)

A range of approaches were used to target BME groups within the Community Health Engagement strand in London (see Figure 6.8 below).

### Figure 6.9 Case Study: Targeting BME groups in London

#### Background

One part of the **fit as a fiddle** portfolio in London was a range of Community Health Engagement projects. One project covers the London Boroughs of Newham, Hackney and Tower Hamlets and targets particular hard to reach groups, such as isolated older men and older people from Black Minority Ethnic (BME) communities. The project offers relatively intensive support through a buddying system to these hard to reach groups. The project ran monthly coffee morning sessions to enable **fit as a fiddle** beneficiaries to get to know one another, and also highlight forthcoming fitness activities which the groups can participate. Activities offered included Nordic Walking and day trips around London, such as to Kew gardens. The coffee mornings were run by volunteers who act as buddies to the beneficiaries to encourage participation in activities and to encourage them to try something new.

#### Engaging older men from BME groups

The project faced some challenges in targeting older men, particularly those from minority ethnic groups, a member of project staff commented, "*it's like pulling teeth with some men, its not easy.*" Project staff acknowledged that some men find it very difficult to engage in social activities. However, providing information and support and asking the men what they wanted to do proved a useful way to involve them further.

One beneficiary was an older Italian man who felt completely isolated, didn't see his friends, and only rarely said hello to a neighbour. His buddy asked him what activities he wanted to engage in, and found out about his love for Italian cooking. The buddy supported him to go to a local Italian food shop and select and buy fresh Italian ingredients. Following this, he led cooking demonstrations for the other men in the project, providing tips and expertise for this type of cooking.

#### Lessons learned

Project staff commented on how much beneficiaries enjoyed the activities, and how once they had participated they were much more likely to come back again. Lessons learned about what activities worked best were that activities had to be tailored where there were language barriers, such as trips to watch television shows being filmed. Staff also had to

take account of cultural considerations of appropriate dress for different groups for example among Bangladeshi women in the group who wore longer sleeves. Project staff stated that trying out new approaches based upon feedback from participants helped the success of the project, *"It's important to think creatively about how you might deliver something, sometimes you might make certain risks and see what might happen"*.

The Eastern Lives project in the North West also targeted older BME groups from areas of high socio economic disadvantage in the Lancashire area. The project found that *"working collaboratively to effectively engage with communities and sourcing public opinion"*<sup>140</sup> was key to ensuring BME groups were engaged. Due to language and cultural barriers it was often challenging to get feedback from beneficiaries and often information was not available in the right languages (including health literacy materials and evaluation tools). Things that worked well in engaging BME elders included:

- Men only and women only sessions
- Using translators in small group sessions
- Engagement with mosques and other community groups
- Intergenerational work and working with family members
- Recruiting volunteers from the local community to encourage trust
- Using local venues, familiar and close to home

*"Although the activities were aimed in the main at BME elders who do not normally take part in any exercise, younger family members were also given the opportunity to join in to increase their wellbeing as it was found that their involvement gave the older people confidence or the opportunity to partake in a new group / activity which most of them had never experienced in their life. For example ladies were more likely to join in a physical activity session if their daughter or daughter in law also attended and healthy breakfast events were held in primary schools to attract grandparents."*<sup>141</sup>

## 6.5 Frail elderly people in care settings

Some projects targeted frail older people. Specific activities such as the 'Chair Based Exercise' model supported frailer older people to take part. This included the 'Extend' chair based exercise class which was tailored specifically for this group, and was delivered in a number of regions in sheltered accommodation and residential homes making access possible for the frailest elderly people. This type of class catered for the target group enabling strength and balance type improvements, manual dexterity and maintenance of general health and wellbeing (see Chapter Two). Generally frailer older people were targeted through joint work with sheltered accommodation or residential care homes, to enable access to the older people and to facilities where sessions could be hosted, like in the North East.

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<sup>140</sup> Source: Eastern Lives end of project evaluation report (2012)

<sup>141</sup> Source: Eastern Lives end of project evaluation report (2012), page 7

*“We have specifically targeted frail and elderly people; this has been achieved through taking the exercise class into sheltered accommodation.” (Project Coordinator)*

In the Prescription for Health projects in the West Midlands there was a specific focus on falls prevention classes which involved working with wardens in accommodation schemes to deliver sessions for elderly people.

Two National Cascade Projects were working with frail older people, delivered by NAPA. Come to Tea (Figure 6.9) which worked with frail older people in residential care and Life and Soul (Figure 6.10) which worked in sheltered accommodation.

### **Figure 6.10 Case Study: Come to Tea**

Come to Tea involved volunteers in care homes to run tea parties that aimed to engage harder to reach residents. The project targeted frail older people who did not come out of their rooms or who were sedentary for most of the day.

*“What does ‘hard to reach’ mean in a care home? While every care home has a ‘Mr and Mrs Sociable’ – residents who will join whatever activity is on – there are also usually other residents who don’t like to join in any of the big group activities. It may be that hearing loss makes participating in large groups difficult or dementia acts as a barrier to participation. Depression, shyness or personal disposition may mean that some residents don’t engage with a home’s activities programme. Whatever the individual reason, one-to-one and small group attention is much more likely to enable that resident to participate in a way that is meaningful to them.”*

#### **Key barriers**

A barrier to engaging frail elderly groups was care home staff that were risk averse and concerned that the health and safety of older people would be compromised in some way.

*“The two day training was designed to ensure that volunteers were properly prepared for their role so that residents benefited from the involvement without being exposed to any additional risks. Yet this was insufficient reassurance for a number of care managers who perceived volunteers as ‘loose cannons’ and declined to be involved.”*

These fears often outweighed the potential benefits in care home managers’ minds. Other barriers included very limited levels of mobility among residents and a lack of confidence in getting up out of a chair. The level of work required to engage these hard to reach groups within care homes also meant that some care homes could not take part in the project as originally envisaged.

*“If you wanted to involve residents in engaging in physical activity, really meaningful physical activity work it had to be done in tiny groups because each older person would need someone to buddy with. Big groups were completely inappropriate because people couldn’t... there were issues about understanding, there was issues about people with dementia, issues about hard of hearing, everything had to be on really, really small groups.” (Stakeholder)*

The project therefore developed friends and family days which aimed to reach a large number of beneficiaries through information days for family and friends. This meant greater numbers could be met – closer to the project’s original targets – but the more intensive small group work was less prominent.

### What worked well?

The project had a 'do as much as you can' principle which helped people to engage at a range of levels. Involving family and friends was beneficial as it showed the care home took their support seriously and gave them a day to day role in the care home. Getting care home staff on board was key and the staff development as a result of the training meant staff were more engaged and more imaginative in the activities they put on for residents.

Life and Soul (Figure 6.10) worked in sheltered accommodation to reach older people.

### Figure 6.11 Case Study: Life and Soul

In the past sheltered accommodation schemes have had difficulties trying to set up activities, with dwindling interest from residents. The vast range of ages and fitness levels was a challenge in organising suitable activities for residents. The Life and Soul project worked in sheltered accommodation settings across the country to deliver health and wellbeing activities to older people. The aim of the project was to encourage and train over 140 volunteer residents in running activity sessions and befriending other residents as buddies, in order to bring people together, and get residents involved in activities as well as to get to know one another; something which staff and residents agreed was challenging, with residents often opting to stay in their rooms. The project proved challenging and struggled to reach the numbers intended. There were difficulties recruiting and retaining volunteers who could then target the older people in the care settings. It could often take several months to get residents to take part. By being persistent each week and repeatedly demonstrating how the Wii equipment or game worked, the project could be a success. Eventually, residents joined in and the momentum of the project built, with more and more residents taking part; eventually leading to the sessions being sustained permanently and all targets being hit.

## 6.6 Isolated at home older people

Isolated older people were targeted as part of the National Cascade Project. This line of work was planned to commence later than other strands, but did prove challenging and required a longer pilot phase. The original partners in the application for funding were unable to deliver the project and new partners had to be found. The targets were agreed through partnering with three separate organisations delivering three projects:

- Independent Age who delivered an intensive one to one service for older people in their homes
- Community Network who delivered a telephone befriending service (see Figure 6.11)
- Age UK West Cumbria who delivered an outreach programme across rural areas of Cumbria

The projects were still in operation at the time of writing as they started delivery last out of the group of National Cascade projects. One project reported difficulties in engaging isolated older people, whereas another had had success with a telephone based approach.

*"We are only just in pre-pilot phase and having difficulty so far attracting participants for one to one work." (Project Coordinator)*

## Figure 6.12 Case Study: Isolated at home strand

Community Network delivered telephone befriending to isolated elderly people at home, because they are socially isolated or geographically isolated. This included people in rural areas, with a lack of transport, or people with disabilities. The telephone befriending sessions focused on healthy eating and physical activity. The project recruited volunteers to act as befrienders, and who ran telephone sessions with small groups of older people. Community Network explored a range of different approaches to engaging partners who could help them access volunteers and isolated older people. Engaging a range of partner organisations to recruit volunteer facilitators and participants was key to the telephone befriending project model.

Some issues arose in the delivery of sessions. Some participants did drop out however and there were some take up issues. Some participants found sessions repetitive and often groups were too small to facilitate a good discussion. Mixing up the groups had pro's and con's. While having groups with mixed abilities could help to inspire some group members, others found it frustrating as it was difficult to offer enough options to suit everyone. Nevertheless, the telephone model of support seemed to work well in that it enabled older people to hear a friendly voice and get good advice by telephone which they would not have accessed otherwise due to the nature of their isolation.

Regional projects also attempted to reach isolated older people, and had struggled.

*“Socially isolated older people are always difficult to reach unless directly referred from Doctors, Hospitals, Social Workers etc. and this is usually after a crisis.”*

*“One challenge they face is that there is a huge retired population in Lincolnshire and a lot of communities are isolated due to the lack of public transport which makes it difficult to reach all of the groups.” (Project coordinators)*

In the East Midlands a specific Rural Good Life project was set up to reach out into the very rural parts of the region. The project prioritised deprived rural areas in particular.

*“Lindsey is a huge area and is very rural and the local councils do not tend to set up activities in the smaller areas so [we] would often focus on these smaller areas. There are so many little villages and everything and I think with the local councils they don't necessarily go into the really small ones because of the number of people they'll be able to deliver to. So to me that would be important that we do.” (Project Coordinator)*

## 6.7 Non regular Age UK users

Generally there was a perception among projects and stakeholders consulted that the programme had attracted non-regular older people into Age UK services. They felt the portfolio attracted a wider range of age groups and ethnic groups than would usually use Age UK's services. Some stakeholders questioned whether the Age UK element of the brand may have been off-putting for some older people, and especially younger, older people (the 50-66 age group). Stakeholders perceived that the **fit as a fiddle** brand had encouraged new people to access services who would not have done so before.

*“It's an identity. So you know, there might be people who engage with the name **fit as a fiddle** and go to those activities where they wouldn't necessarily associate with Age UK. We have heard that's the case for some people. I mean we've hugely invested in it obviously and there's a huge amount of collateral out there and will continue it be out there with the **fit as a***

*fit as a fiddle name on, it's something that local partners have really valued, they've told us again that it gets them through some doors maybe where Age UK wouldn't in the past, or Age Concern didn't in the past.” (Stakeholder)*

There was some evidence that attracting older people via **fit as a fiddle** then encouraged them to access wider Age UK services.

*There's been a lot of feedback that fit as a fiddle has reached people that Age UK hasn't reached, but also then those fit as a fiddle people are engaging with that Age UK... they've used the Nordic Walking then gone in and used the information and advice service or taken up an advocacy service or something like that.” (Stakeholder)*

However the monitoring form did not record whether the beneficiary had previously used Age UK's services, and this was a missed opportunity to test this perception and no firm conclusion can be drawn.

## 6.8 Feedback on management and delivery of the portfolio

Project partners, coordinators and funders agreed that the project they were involved with was effectively managed. 49% of respondents 'strongly agreed' that the project they were involved with was effectively managed and a further 24% 'agreed' that the project was well managed.

To a lesser extent project coordinator and partner responses agreed the portfolio as a whole was well managed, 13% 'strongly agreed' that the **fit as a fiddle** portfolio was managed effectively, with 26% 'agreeing'. Yet only 8 respondents 'disagreed' or 'strongly disagreed' that the portfolio had been managed effectively. Things that were perceived to have worked well included the away days for regional and National Cascade project coordinators for sharing learning, the conference organised in March 2012 to disseminate the programme and the support for projects such as the sustainability working group. Various toolkits, information packs and a CD Rom were sent out to projects upon signature of their grant agreement.

However there were some areas that could be improved in future. Project coordinators and partners reported that they had a lack of awareness of other **fit as a fiddle** activities; 19% indicated that they knew 'not very much' or 'nothing at all' about what other **fit as a fiddle** projects were doing compared to 11% of respondents who felt they knew 'quite a lot' or 'a great deal'. 16% felt that 'to some extent' or to a great extent there were opportunities to share learning between projects; 11% of respondents said 'not very much' or 'not at all'.

Project staff and stakeholder feedback indicated a range of challenges and identified things that could be improved about the management of the portfolio:<sup>142</sup>

- The original bid was developed by a bid development team within Age UK, and within a short timescale, this meant some ideas and some partnerships were not fully thought through (e.g. in the National Cascade programme) and this led to further management time further down the line
- Changes in national Age UK team staffing, guidance and policies, lack of guidance or guidance that came late, for example on managing volunteers or on how to use the new Age UK branding alongside Lottery branding

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<sup>142</sup> Source: Ecorys survey and stakeholder interview data (2012)

- Problems with record keeping and mismatch between local and national records (such as with beneficiary outcomes or SNAP forms)
- Projects running with different start and end dates making administration complex
- Delays in commissioning the evaluation team and some reluctance on the part of projects to collect data meant early information was not collected and opportunities were missed, for example to collect a baseline from the very beginning of some projects. In hindsight many projects noted they wished they had collected more data from the start.
- Tensions between national Age UK and some local Age Concerns or Age UK's during the transition period to Age UK and where local organisations felt they were being 'dictated to' by the central body
- Significant under-spends in some projects which took a great deal of management time to resolve
- The monitoring cycle was based on half a quarter actual data and half a quarter predicted data which then had to be updated in the next cycle, proved complex and resource intensive
- The structure of the portfolio meant national Age UK did not have line management responsibility for regional coordinators making management and communications difficult (e.g. cascading downwards of materials, information and instructions was difficult)
- The structure of the portfolio meant there were regular meetings for National Cascade project leads and regional coordinators to share learning. Within regions, projects did arrange meetings but this often involved significant travel time. As a result some regions did not hold regular project worker meetings

There were also gaps in the monitoring data which were not recorded yet would have been beneficial:

- SNAP monitoring forms were not collected consistently for all older people and data was often missing (e.g. postcodes)
- Number of volunteers and volunteer hours were not uniformly collected from the beginning
- Reasons for exit and drop out
- Data on whether beneficiaries were new versus previous users of Age UK services

There was also some unwillingness to ask older people to complete forms for monitoring or evaluation purposes. This led to some gaps in data collection. Projects were not required to collect data such as height and weight or calculate BMI measures. Projects that did collect such data, like the Kingston Tackling Obesity project and the 'fit bug' project in the North East benefitted from having such high quality, robust data when it came to demonstrating the impact and value of their projects, and some stakeholders said they would have liked to see this sort of data collected more consistently across the portfolio.

Overall stakeholders indicated that management time for the portfolio had amounted to about 15% of the overall grant, but that with improvements to its design and delivery based on lessons learned from the above, in future this could potentially be reduced to around 5%.

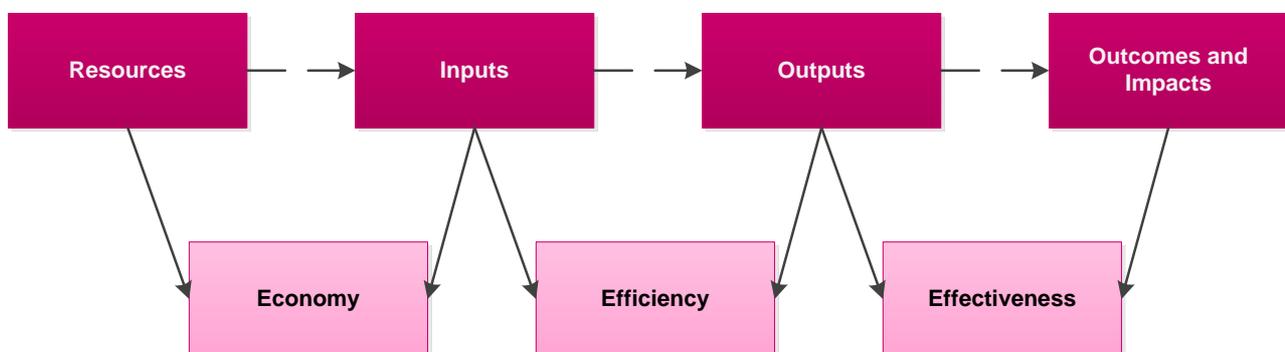
## 7 Economic value of the portfolio

This chapter reviews evidence on the value for money provided by the **fit as a fiddle** portfolio, including the cost effectiveness of delivery to date with reference to the unit cost per participant. This is followed by discussion of the broader economic value of the portfolio. This chapter draws upon portfolio monitoring data,<sup>143</sup> responses to the project coordinator and partner survey, case study evidence and projects' own self-evaluation reports.

### 7.1 Value for money

The general approach to assessing the value for money provided by an intervention involves exploration of the relationship between inputs/activities and the resulting outputs, outcomes and impacts, with key evaluation criteria reflecting the three components of value for money – economy, efficiency and effectiveness – as illustrated in the diagram below.

**Figure 7.1 Evaluation framework and criteria**



Source: HM Treasury

#### 7.1.1 Economy

An assessment of economy considers the extent to which the necessary inputs have been secured in a way that underpins the achievement of value for money.

Evidence shows that many of the organisations delivering **fit as a fiddle** projects had taken proactive steps to ensure that they achieved good value for money.<sup>144</sup> In general terms this was undertaken through close monitoring of resources and costs, and by following internal procurement and financial management procedures. Respondents were also able to draw upon their previous experience of delivering projects.

More specifically, a number of respondents reported that they took steps to reduce costs by negotiating discounts (for example on venue hire costs) where possible, comparing prices or obtaining quotes from a number of suppliers and arranging activities in similar localities on the same day in order to ensure efficient use of staff time and achieve economies of scale. Some projects were able to make use of existing equipment or use in-house expertise and a number of healthy eating projects noted that they had used food that was in season in order to reduce costs. Around one-third of respondents (34%) agreed that cost savings and efficiencies had been achieved as a result of partnership working.

<sup>143</sup> Source: Age UK July 2012

<sup>144</sup> Source: Ecorys project and partner survey, 2011 and 2012

## 7.1.2 Efficiency

An assessment of efficiency looks at whether outputs have been produced in a cost effective manner.

The following tables provide an analysis of unit costs (or cost per participant), based on the spending of Big Lottery Fund contributions. These unit costs provide a basic comparator based solely on participant numbers, but which is not able to account for other less tangible variables such as quality. However, it provides a useful metric for making broad comparisons across the portfolio, offering an insight into which approaches have been delivered in the most resource efficient way.

The cost per participant ranges from £36.56 to £408.12 for individual projects within regional portfolios, or £77.39 overall (Table 7.1). This compares favourably to an anticipated overall unit cost of just over £80 and an actual figure of around £100 at the interim reporting stage (September 2011). The Greenagers project in the West Midlands returned the highest unit cost, although this was 10% less than forecast at the outset, this relatively high cost was due to a combination of the need for investment in the gardens/allotments to make them accessible to the target group and associated equipment, and the limited pool of potential beneficiaries (given that some of the gardens were located in residential homes and so activity focused on engaging with residents rather than the wider population of older people).

Over half of the projects have achieved higher than anticipated participation figures resulting in a lower than expected unit cost, in particular the two projects being delivered in the East Midlands which have dramatically exceeded initial lifetime participation targets. In addition, a further two projects achieved a lower than anticipated unit cost due to coming very close to their participation target and recording an under-spend against the original grant allocation. In contrast the 'Men 2 Mentor' project in the North West recorded significantly higher than anticipated unit costs due to lower than anticipated participant numbers.

It has not been possible to formally analyse unit costs by type of activity due to the fact that many projects offered a range of activities but central monitoring data only captures overall spend. However, some projects provided further detail in their end of project report:

*“The Healthy Eating project (London region) calculated unit costs ranging from £183 to £416 per beneficiary (compared to an overall figure of around £240 per person), noting that the relatively high costs of delivery were due to the targeting of hard-to-reach communities and the capacity building support which was provided to groups (alongside health information).”*

*“The Community Health Engagement (London) estimated unit costs ranging from £235 to £947 per person (compared to an overall figure of around £340). Again, this relatively high figure was felt to be due to the targeting of hard-to-reach communities and the high intensity of support provided.”*

*“The Active Networks project (South East) reported an average cost for delivery of an 8 week network of £36 per beneficiary (excluding overheads), varying from £32.50 to £40 in the different hub areas. Breaking down costs by activity results in unit costs ranging from £11 for wii sessions to £85 for gardening.<sup>145</sup> It was noted that some of the differences are accounted for by the targeting of hard-to-reach groups – not because they are more expensive to run in total but because the groups involved tend to be smaller (resulting in a higher cost per person). Similarly, per person costs were found to be lower for groups which attracted high levels of interest due to the resulting economies of scale. It was also found*

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<sup>145</sup> Note that the overall unit cost for this project shown in Table 7.1 is higher as it is based on total spend (i.e. including overheads such as staffing).

that costs were lower in cases where partners were adding value (e.g. by providing a venue or staffing support); this partner involvement can also help to increase the likelihood that the sessions are able to continue in the future.” (End of project reports)

**Table 7.1 Cost per Participant: Regional Projects**

Region	Project	Spend <sup>146</sup>	Number of Participants <sup>147</sup>	Cost per Participant	Anticipated Lifetime Cost per Participant
Eastern	Wellbeing Mind & Body	£93,495	1,313	£71.21	£58.36
Eastern	Time of Your Life	£110,494	1,682	£65.69	£59.56
Eastern	Community Health-coach	£151,933	1,330	£114.24	£123.38
Eastern	Dancing for Fun	£156,582	997	£157.05	£126.80
Eastern	Town & Bridge	£103,773	737	£140.80	£151.46
Eastern	Active Bedfordshire	£149,582	1,278	£117.04	£155.19
Eastern	Healthwise	£183,602	1,115	£164.67	£241.36
Eastern	Carry on Cooking	£148,616	753	£197.37	£406.42
East Midlands	Urban Good Life	£431,615	11,277	£38.27	£127.70
East Midlands	Rural Good Life	£683,294	12,904	£52.95	£264.24
London	Healthy Eating	£322,774	1,343	£240.34	£195.45
London	Tackling Obesity	£371,455	1,113	£333.74	£515.09
London	Community Health Engagement	£425,539	1,241	£342.90	£1,327.95
North East	Fifty Ways to Health	£1,170,259	16,713	£70.02	£124.34
North West	ARCH	£230,670	6,310	£36.56	£33.55
North West	Onwards & Upwards	£233,232	6,138	£38.00	£41.20
North West	Eastern Lives	£211,386	3,547	£59.60	£43.92
North West	Men 2 Mentor	£231,737	1,502	£154.29	£52.32
North West	Home Not Away	£233,030	1,094	£213.01	£179.51
South East	Active Networks	£1,137,511	9,219	£123.39	£233.98
South West	Get Up, Get Out, Get Active	£1,147,044	23,906	£47.98	£20.31
West Midlands	Prescription for Health	£654,460	4,950	£132.21	£331.12
West Midlands	Greenagers	£291,805	715	£408.12	£453.87
Yorkshire & Humber	Good for Your Health	£1,106,371	17,790	£62.19	£84.88
<b>Total</b>	-	<b>£9,980,259</b>	<b>128,967</b>	<b>£77.39</b>	<b>£80.15</b>

Source: Ecorys analysis of data provided by Age UK

<sup>146</sup> Source: Age UK August 2012 (based on data to end July 2012)

<sup>147</sup> Source: Age UK August 2012 (based on data dated 17<sup>th</sup> August 2012; revised 2<sup>nd</sup> October 2012)

The variation in the unit cost achieved by the two National Cascade projects reflects the different types of activity involved. One provides relatively intensive support in training a group of volunteers to cascade healthy eating, physical activity and mental wellbeing; the other supplies educational resources on a much larger scale, aiming to inform a much wider target audience. For the health literacy/educational resources strand, greater economies of scale (and lower unit costs) could have been achieved by widening use and promotion of the resources.

Both National Cascade projects have a significantly higher unit cost than initially anticipated as a result of a delayed start and/or slower than expected beneficiary take-up; this is particularly the case for the Cascade Training Programme (Table 7.2).

**Table 7.2 Cost per Participant: National Projects**

Region	Project	Spend <sup>148</sup>	Number of Participants <sup>149</sup>	Cost per Participant	Anticipated Lifetime Cost per Participant
National	Cascade Training Programme – Older People Volunteers	£1,078,535	24,627	£43.79	£15.70
National	Education Resources	£474,278	148,798 (plus 279,273 people better informed)	£3.19 (or £1.70 per person better informed)	£1.27

Source: Ecorys analysis of data provided by Age UK

Table 7.3 provides a breakdown of the projects that make up the Cascade Training Programme. Community Networks (Isolated at Home) was designed to provide telephone based support to smaller groups of older people and this has resulted in the highest unit cost. The lowest unit cost was achieved by the Older Men project which achieved a significant volume of participants.

**Table 7.3 Cost per Participant: Cascade Training Projects**

Project	Spend to Date <sup>150</sup>	Number of Participants to Date <sup>151</sup>	Cost per Participant to Date
Come to Tea	£210,045	6,893	£30.47
Life and Soul	£178,447	1,152	£154.90
Older Men	£97,493	8,238	£11.83
Sporting Equals	£260,499	5,532	£47.09

<sup>148</sup> Source: Age UK August 2012 (based on data to end July 2012)

<sup>149</sup> Source: Age UK August 2012 (based on data dated 17<sup>th</sup> August 2012; revised 2<sup>nd</sup> October 2012)

<sup>150</sup> Source: Age UK August 2012 (based on data dated 17<sup>th</sup> August 2012)

<sup>151</sup> Source: Age UK August 2012 (based on data dated 17<sup>th</sup> August 2012; revised 2<sup>nd</sup> October 2012)

Project	Spend to Date <sup>150</sup>	Number of Participants to Date <sup>151</sup>	Cost per Participant to Date
Community Networks	£73,862	310	£238.26
Independent Age	£41,678	1,401	£29.75
West Cumbria	£54,522	1,278	£42.66

Source: Ecorys analysis of data provided by Age UK

### 7.1.3 Effectiveness

Effectiveness considers the extent to which the achieved outputs result in the desired outcomes or impacts.<sup>152</sup>

In general, projects appear to have been effective at engaging with the target audience, including some notable successes in engaging with hard-to-reach sub-groups of older people, and it is expected that the majority of projects will have met their targets for participation by the end of the programme. Those who responded to the partner survey undertaken as part of this evaluation indicated that they expect project activity to result in a range of positive outcomes for those who took part, in particular that project activity has:

- *Helped older people to eat more healthily (60% of respondents to this question strongly agreed or agreed that this was the case)*
- *Helped older people to be more physically active (89% strongly agreed or agreed)*
- *Improved mental wellbeing of older people (92% strongly agreed or agreed)*
- *Helped prevent older people from having a fall (62% strongly agreed or agreed)*

The majority of respondents also felt that their project had generated added value (defined as any benefits of a more strategic nature which have stemmed from the project). This added value was primarily characterised as the development and/or strengthening of partnerships (see Chapter Five) which have potential to continue to generate benefits for the organisations involved (and for older people themselves) beyond the lifetime of these projects. The sharing of information and/or good practice was also commonly identified as an element of added value associated with the programme.

The majority of projects within the regional portfolios have also been successful in leveraging in further funding from other sources.<sup>153</sup> Overall, it is estimated that in the region of £733,000 of funding from other sources has been secured, with the South West region's 'Get Up, Get Out, Get Active' accounting for over 40% of this total (£301,000). However, alongside this ability to secure additional funding it appears that some of the projects struggled to spend their allocation of funding from BIG leading to significant under-spend going into the final year of the programme. This could largely have been combated by increasing the capacity of activity sessions, perhaps attracting further participants in the process. At the end of July 2012 there were five regional projects that spent less than 90% of their total allocation and the two national projects were reported to have spent less than 70% of this sum. Overall, spend seems to have accelerated over the final year with some projects investing in equipment or other means to support the sustainability of activity or outcomes.

<sup>152</sup> See Chapter Two for further discussion of the impacts on older people.

<sup>153</sup> Only 5 of the 24 projects have not levered in any additional funding.

## 7.2 Additionality

It is also important to consider the extent to which the funded activity and observed outcomes are additional, i.e. they would not have occurred without the **fit as a fiddle** programme.

The majority of survey respondents (around 85%) felt that it was either very or quite unlikely that their project would have gone ahead anyway (i.e. in the absence of funding from BIG for **fit as a fiddle**).<sup>154</sup> Those who felt that it was very or quite likely that their project would have gone ahead acknowledged that having **fit as a fiddle** funding increased the scale and/or quality of delivery. These findings indicate that **fit as a fiddle** funding generated a high level of additional activity, thus supporting BIG's own funding principles.

The additionality of the support provided by **fit as a fiddle** projects also appeared to be relatively high with 65% of survey respondents reporting that beneficiaries would not have been able to find similar support/activity elsewhere if the project had not existed. Furthermore, where similar support or activities were available, it was generally felt that participants would have been unlikely to access these alternatives. This suggests that although alternative opportunities for sport and physical activity or social contact exist, these are perhaps not often appropriate for, or targeted at, older people, particularly some of the more specific target groups targeted by this portfolio (such as frail elderly or older men).

The findings from stakeholder interviews also confirmed the view that the support provided by **fit as a fiddle** projects was largely additional, which suggests that a significant proportion of the resulting outcomes experienced by participants would also be likely to be attributable to **fit as a fiddle**.

## 7.3 Costs and benefits

Although a full cost benefit analysis is beyond the scope of this evaluation, this section sets out the available evidence concerning the value of the programme.

### 7.3.1 Costs avoided

One way of valuing the benefits of an intervention is to look at the costs that are avoided as a result. In the context of **fit as a fiddle** this is likely to concern the cost savings made by other service providers due to a reduced need or demand for their services as a result of **fit as a fiddle** participants having experienced positive outcomes, for example a reduction in the frequency of GP visits due to improved physical health that was facilitated by participation in exercise sessions.

It is recognised that the effects of preventative work such as **fit as a fiddle** are difficult to measure and projects found it difficult to estimate these effects in quantitative terms as part of the partner survey.

However, end of project reports provide some recognition of the potential for cost savings to have occurred, for example the report for the London region Healthy Eating project notes that:

*'It is safe to assume that the project led to cost savings for statutory health services. Beneficiaries testified to having an increased knowledge of how to prevent and/or manage falls, strokes, and long-term conditions such as diabetes, through eating a healthy diet. Beneficiaries and volunteers also attested to improved mental wellbeing which may in some*

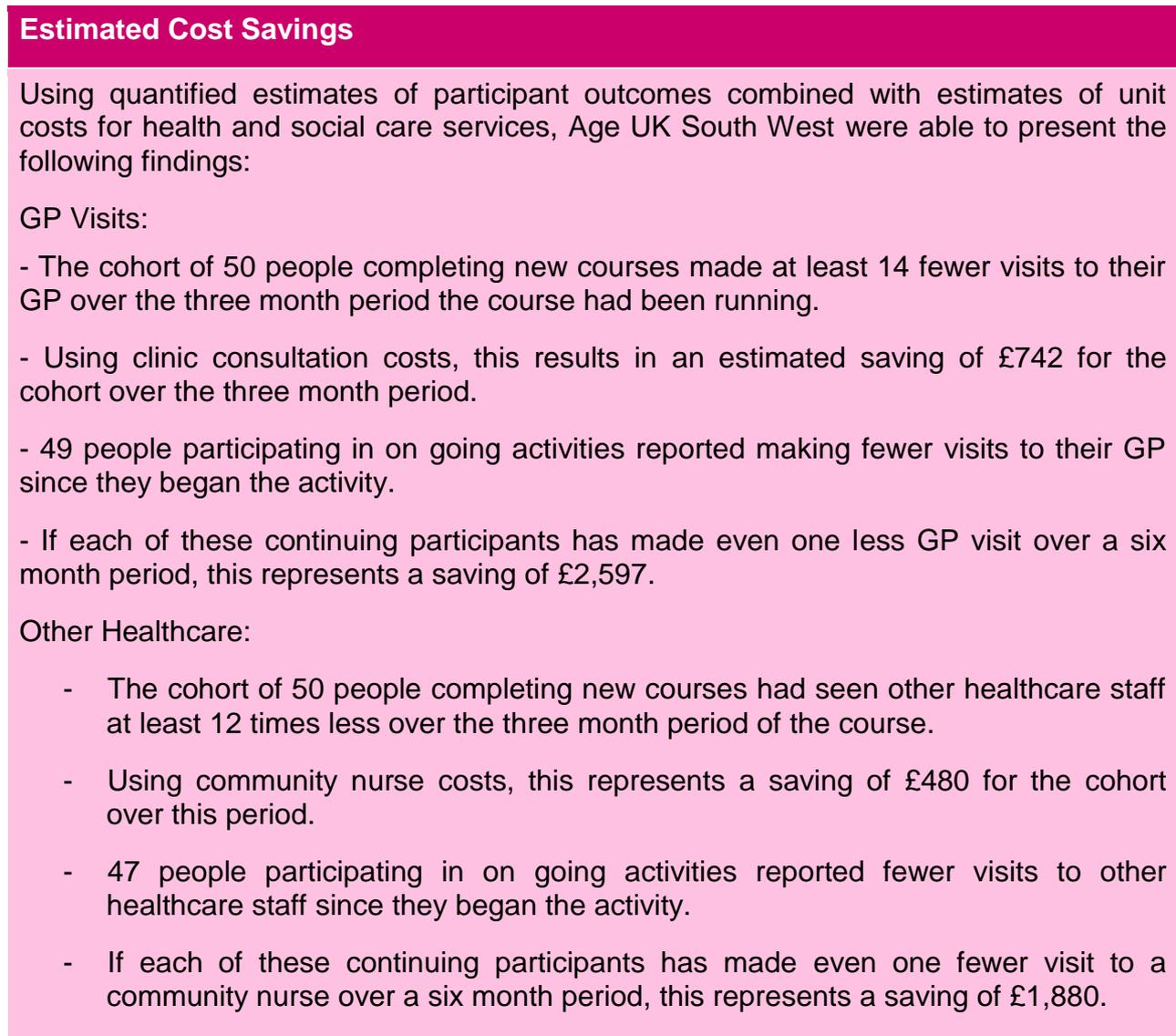
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<sup>154</sup> Source: Ecorys project and partner survey, 2011 and 2012

*cases have prevented a clinical intervention becoming necessary. However, a calculation of the extent of these savings is beyond the scope of this evaluation.'*

In addition, Age UK South West attempted to quantify the savings associated with reduced GP visits and reduced use of other community health services (see Figure 7.2).

**Figure 7.2 Case study: Age UK South West – Get Up, Get Out, Get Active**



### 7.3.2 Social value

An indication of the broader social value of the portfolio can be gained from application of social return on investment techniques. A number of projects used the Outcomes Assessment Framework (OAF) which goes some way to quantifying the social value they have created. However, these assessments are specific to the project in question and cannot be aggregated to produce an assessment for the portfolio as a whole. An example of use of the OAF is presented in Figure 7.3.

**Figure 7.3 Case study: ARCH****Activities in Rural Cheshire**

Age UK Cheshire and Age UK Cheshire East each selected a number of **fit as a fiddle** funded activities for analysis. Data was gathered through existing monitoring procedures, questionnaires and focus groups, although some data was gathered retrospectively (i.e. participants were asked to think back to their situation before the project started) and the counterfactual (what would have happened without the project) has not been fully explored which may lead to some overestimation of benefits.

Despite these limitations, the analysis highlighted that the projects generated social value which significantly exceeds the cost of delivery. Details of the costs of specific activities and the estimated social value created are presented below.

Activity	Cost	Value Created
Walks programme	£500	£2,240
Tai Chi classes	£1,900	£21,661
Falls prevention classes	£1,600	£20,951
Arts Social Group	£1,036	£12,742
Community Choir	£850	£18,700
Total	£5,686	£76,294

Source: Final Evaluation Report – ARCH (March 2012)

In addition, a more detailed social return on investment analysis was undertaken for the Tackling Obesity project delivered by Age Concern Kingston-Upon-Thames (see Figure 7.4).

**Figure 7.4 Case study: Kingston****Tackling Obesity, Age Concern Kingston**

The aim of the Tackling Obesity project was to tackle obesity through physical activity and promoting a healthy lifestyle. The assessment of social value was underpinned by the principles of SROI and a conservative estimate of the social benefits which could be considered attributable to the project.

The analysis suggested an approximate social return on investment generated by the project of £3.50 for every £1 invested. Details of the estimated impacts and their duration are set out below.

Outcome	Impact	Duration
Outcomes of services provided and changes to physical activity and healthy eating (inc. improved physical health, weight loss, improved mental health and wellbeing, reduced social isolation)	£42,910	3 years
Reduced demand for GP services	£2,230	5 years
Reduced demand for NHS services for the treatment of	£29,100	5 years

## Tackling Obesity, Age Concern Kingston

falls related accidents		
Reduced demand for NHS services for the treatment of obesity (inc. coronary heart disease avoided, type 2 diabetes avoided)	£1,530	1 year
Reduction in unpaid informal care from relatives, friends, neighbours, etc	-£4,735	3 years
Total	£69,895	-

Source: Ecorys Case Study report – Tackling Obesity

### 7.3.3 Valuing volunteering

Monitoring data shows that around 4,656 volunteers have been involved in the delivery of **fit as a fiddle** projects.

As noted in Chapter Three, the majority of funded projects involved volunteers, and the total number of volunteers per project was reported as ranging from one to over 300. The use of volunteers should be recognised as contributing to the value for money achieved by projects and the portfolio as a whole. In a typical month the amount of volunteer hours spent on projects was reported as ranging from two to over 400 hours. Based on information from the 61 respondents who provided a numerical estimate of volunteer time, the total volunteer contribution was over 2,500 hours per month. Following the approach set out by Volunteering England<sup>155</sup> the economic value of this contribution is calculated to be over £30,000 per month<sup>156</sup> which equates to almost £380,000 per year. However, this figure is potentially only a partial estimate of the economic value of volunteering for **fit as a fiddle** as it is only based on hours reported by survey respondents. Using the figure of 4,656 volunteers estimated across the programme as whole and assuming a time contribution of one hour per month results in an economic value estimate of almost £58,800, if this was sustained over the course of the year this figure rises to over £705,000.

In addition to the economic value of volunteer efforts, the partner survey revealed that the involvement of volunteers generated a range of other benefits for the organisations delivering **fit as a fiddle** projects and for the volunteers themselves. The main benefits for the organisations were reported as an increase in the scale and/or quality of the project and also support for continuation of the project when funding was no longer available. The primary benefits for the volunteers themselves included personal and social development outcomes such as improved confidence or self-esteem and development of new skills or training. Moreover, it is important to note that staff also reported positive effects, including an increased sense of professional support and achievement.

However, the benefits brought by volunteers must be considered alongside the costs associated with volunteer recruitment and retention. Where survey respondents were able to provide an estimate, the costs of volunteer recruitment ranged from £25 to £1,400 and were

<sup>155</sup>See

<http://www.volunteering.org.uk/resources/goodpracticebank/Core+Themes/Volunteer+Managers+and+Coordinators/Is+ther+e+any+way+of+measuring+the+economic+value+of+the+work+our+volunteers+are+doing.htm>

<sup>156</sup>Median hourly earnings for full-time employees on adult rates of pay £12.62 for full-time workers in the UK in April 2011 (Annual Survey of Hours and Earnings).

primarily associated with advertising, interviewing, training and induction. The estimated ongoing costs associated with volunteers ranged from zero to over £12,000 per annum and primarily concerned payment of out-of-pocket expenses, and also purchase of uniforms, equipment, and training.

## 8 Conclusions and Recommendations

This chapter reviews the findings explored above and presents conclusions and recommendations. The recommendations arise from the evaluation and are directed to local Age UK's, Age Concerns and other delivery organisations and partners involved in **fit as a fiddle** and also for the national Age UK team for **fit as a fiddle** and Age UK more widely.

**fit as a fiddle** was widely acknowledged to be a success, by internal and external stakeholders, national policymakers, those involved directly in the portfolio, the funder Big Lottery Fund and beneficiaries benefitting from the services provided. The portfolio met - or was on track to meet - all its intended outcomes and beneficiary numbers.

This was an award winning portfolio, which had achieved national scale recognition as well as having secured follow on funding from BIG to provide delivery for a further 12 months. It was also a unique portfolio due to its scope, scale and focus; there were no comparator programmes operating during its lifespan, either led by government or by other funders. Older people accessing it would most likely have had to pay to use local council leisure facilities or private sports clubs or gyms, showing the additionality of this programme. At the time of writing, **fit as a fiddle** had been selected by the cross-governmental Age Action Alliance as a preferred 'model' for delivering healthy ageing services. The portfolio had achieved positive outcomes for older people and tracking survey data shows clear impact on levels of physical activity, healthy eating and improvements to mental wellbeing as measured by a series of recognised scales. Some of these changes were sustained three months after the projects ended. There were few recorded instances of negative outcomes, such as injury or illness as a result of participating in **fit as a fiddle**. The needs-led nature of the portfolio, with emphasis on activities designed and led by older people was key. The measures used in this portfolio were being taken forward in follow on projects as a way of measuring outcomes for older people.

**Recommendation:** *Nationally and locally Age UK should continue to promote healthy and active ageing, using the award winning **fit as a fiddle** model as an exemplar. A strategic decision will be for Age UK as to whether it takes **fit as a fiddle** forward using core funding or seeks alternate funding models to support the initiative in future. Locally, organisations should also take forward the positive message about healthy ageing.*

**Recommendation:** *Local and national Age UK's to develop organisational capacity and practice around evaluation of a common set of outcomes for older people to embed a culture of ongoing outcome and impact evaluation across the organisation.*

The portfolio involved thousands of volunteers, acting in formal and informal roles, from collecting fees and taking registers through to being trained to lead exercise classes. Volunteers contributed hundreds of hours of time which provided extra capacity for the portfolio to deliver activities in a cost effective way and gave older people new ways to contribute. The portfolio was not required by BIG to capture formally the amount of (new) volunteering taking place as a result of the portfolio and the precise number of (additional) volunteer hours is not known. Using the figure of 4,656 volunteers estimated across the programme as whole and assuming a time contribution of one hour per month results in an economic value estimate of almost £58,800, if this was sustained over the course of the year this figure rises to over £705,000 amounting to a sizeable contribution of added value to the original portfolio funding. Projects reported to have learned a lot through **fit as a fiddle** about how to train, motivate and retain volunteers and on the whole volunteers reported their volunteering experience to be positive and led to improvements in outcomes such as self-confidence.

**Recommendation:** Age UK to continue to develop organisational capacity and practice around collection of monitoring data on volunteering with a view to a clearer method for monitoring and valuing volunteering.

**Recommendation:** Nationally and locally Age UK should develop and embed organisation wide policies and practices for recruiting, managing and retaining volunteers based on best practices tested within this portfolio and the wider sector

The National Cascade programme developed a cascade volunteer training programme to target specific groups of older people, including men, older people in care settings, isolated older people and ethnic and faith groups. Given the intensive nature of the work required to engage these groups, these projects started a little later and sometimes struggled to meet fairly ambitious targets. Latterly, there were changes in the way the projects were delivered (moving to 'lighter touch' interventions such as 'road-shows') and re-negotiation of targets to offset these challenges. Across the portfolio, a higher than average proportion of older people from ethnic groups were reached, and some projects also managed to penetrate high concentrations of men versus women particularly the well regarded and innovative men's National Cascade project. The portfolio was relatively more successful at reaching older old people (aged over 80) than younger old people (under 60's) possibly because of the typical age range of Age UK users. Projects confirmed general wisdom that more intensive approaches and groups devoted to specific target groups worked best at attracting harder to reach groups. Greater use of social media might also attract younger, older people in future.

**Recommendation:** Nationally and locally, Age UK's should explore potential for use of website and social media for helping to attract younger, older people.

There were challenges and successes around the health literacy strand which aimed to produce materials that improved older people's health literacy and to help inform staff and professionals. Overall, the resources reached a large volume of older people and professionals, particularly staff in care homes; and achieved a scale impact in terms of reach. The fun and attractive branding and accessible design and language of resources proved a hit with older people and professionals. Successes included the set of three care home leaflets and the recipe packs which received overwhelmingly positive feedback and were well designed, clear and informative.

However some health literacy materials were delayed often due to branding issues earlier on in the portfolio or issues with partners being unable to deliver as planned (e.g. the DVD). Also, internet and social media and national press coverage could have been used more. The brand as a whole and associated materials provide a legacy for the portfolio. There would certainly be a good case for Age UK to continue making these resources available after the end of funding.

**Recommendation:** Age UK to continue to promote, develop and support the *fit as a fiddle* brand at local and national levels.

**Recommendation:** Age UK should continue to make available and promote the health literacy materials produced as part of this portfolio electronically and in hard copy where funds allow and through existing communication channels such as the main Age UK website, beyond the end of the funding stream.

Partnership working epitomised the portfolio, and the majority of projects involved at least some element of partnership working, either for delivery, for access to resources such as in kind donations of room hire, or to access referrals onto the project. Partnerships were generally informal in nature. Nationally, strategic relationships between Age UK and other major charities such as British Heart Foundation and the Mental Health Foundation enabled

delivery of projects that would sit outside of Age UK's skillset and brought a new dimension to what the organisation could offer to older people. Nationally, the portfolio had developed opportunities for policy influence particularly around physical activity. Greater engagement with mental health issues and healthy eating on the national policy arena could have been developed through earlier and more sustained stakeholder engagement.

**Recommendation:** *Age UK to continue to promote, develop and support the partnerships developed as a result of fit as a fiddle at local and national levels.*

Around a third of **fit as a fiddle** projects were already being sustained or were confident that all or part would be sustained. There was evidence that efforts were more concentrated in sustaining physical health and wellbeing activities, where there appeared greater scope to tap into mainstream infrastructure and volunteer contributions to continue. In contrast, there were comparatively few examples of sustaining project activities oriented specifically towards healthy eating and mental health and wellbeing.

A period of uncertainty surrounding statutory budgets and ongoing restructuring in the NHS had compounded difficulties with securing follow-on funding. Much still rested with the final models that are agreed for GP and public health commissioned services at a local level, and the extent to which the learning from **fit as a fiddle** can be utilised to make a case for wider replication. This was a job for local Age UKs to take forward, supported by Age UK nationally.

**Recommendation:** *Age UK should disseminate and share the learning from the programme and all the evaluation activity locally, nationally and internationally. This should cover impacts, effective practices and lessons learned from across the portfolio with local, regional and national stakeholders through a range of dissemination mechanisms and media, with a view to supporting future applications for funding and future sustainability.*

The portfolio was generally well managed, with typical concerns about cascading information effectively through a large national structure and the lateness of commissioning an evaluation. A lack of comprehensive monitoring data also curtailed some analysis and evaluation. The design and mix of the projects and delivery models made some comparisons difficult. The overhead for managing the portfolio was estimated at 15% and there would be scope to reduce this if the portfolio is sustained.

**Recommendation:** *Age UK should use learning on the process of designing and managing the portfolio to learn lessons with fundraising (bid writing) teams which will leave them better placed for preparing future funding applications using simplified and more streamlined structures. This would include looking to reduce management overheads to around 5% of programme value.*

There were many examples of proactive steps being taken by projects to ensure that they secured good value for money, for example through negotiating discounts, comparing quotes and planning sessions to allow efficient use of staff time. The majority of projects within the regional portfolios have also been successful in leveraging in further funding from other sources.

The cost per participant ranged from £36.56 to £408.12 for individual projects within regional portfolios, largely reflecting different types and intensities of activity which compared favourably to expectations. However, both National Cascade projects had a significantly higher unit cost than initially anticipated as a result of a delayed start and slower than expected beneficiary take-up.

The evidence suggests that the support provided by **fit as a fiddle** projects was largely additional, which suggests that a significant proportion of the resulting outcomes

experienced by participants would have been unlikely to happen in the absence of the funded activity.

Although a full cost benefit analysis was beyond the scope of the evaluation, there is some recognition that the preventative work and/or outcomes achieved are likely to have resulted in benefits in the form of cost savings related to a reduction in demand for health and social care services amongst participants. In addition, substantial economic value was generated by the input of the many volunteers involved in delivery of **fit as a fiddle** projects.

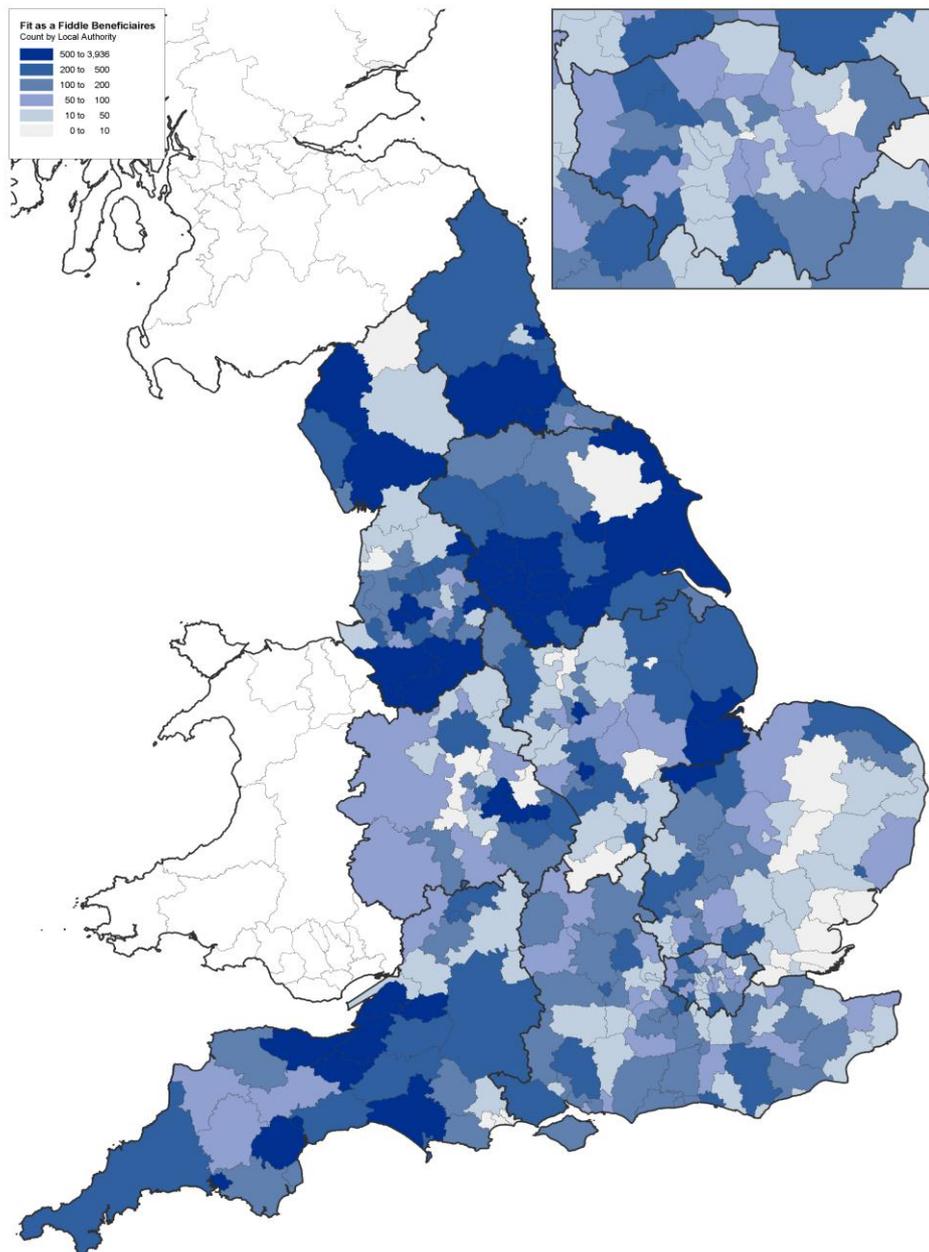
***Recommendation:** Age UKs to consider developing a return on investment analysis of the value for money of the portfolio to enable demonstration of benefits to potential funders and allow interested parties to take the model forward independently.*

***Recommendation:** Nationally and locally, Age UK and partners involved in delivering **fit as a fiddle** should make use of the local and national level evaluation evidence base to build a case for obtaining future funding whether from public funders, grant makers, trusts, high value individuals or corporate sponsorship opportunities.*

## **Annex One: Map of fit as a fiddle**

## Maps of fit as a fiddle

This map shows the density of **fit as a fiddle** beneficiaries by local authority area for all projects (regional and national). This shows the strong regional spread of the portfolio and density of activity in the north east, north west and south west regions.



Source: SNAP data (2012) provided for all beneficiaries of the programme – across regional and National Cascade project, = 78,348 records. NB 7% of all postcodes were missing)

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## **Annex Three: Policy context**

## Demographic context

There are over 10 million older people in the UK, a figure estimated to rise to over 16.4 million by 2033. By 2026, it is anticipated that 20% of the population in the UK will be aged 65 and over and by 2033 this will have risen to 23%. Over the last 30 years the number of centenarians<sup>157</sup> in the UK has increased five fold from 2,500 in 1980 to 12,640 in 2010<sup>158</sup>. The lengthening of the life course has been supported by the health gains accrued from improved public health, health care and socio-economic conditions such as better nutrition and diet. Nevertheless, there is sustained policy interest in improving healthy life expectancy, especially amongst people defined as the 'oldest old' and for people who are vulnerable to poor health and wellbeing in later life, due to life course inequalities both across the life-course and in older age. A strong economic case accompanies the interest in raising healthy life expectancy, expressed as contributing to economic growth and encouraging cost savings in pensions, health and social care<sup>159</sup>.

## Active Ageing

Increased attention has been given to the notion of 'active ageing' as a key strategic and policy response to global ageing. The World Health Organisation (WHO) defines active ageing as "...the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age"<sup>160</sup>. A key aim of active ageing strategy and policy is to promote physical, mental and social wellbeing and increase healthy life expectancy. The definition of 'active ageing' recognises that a number of factors other than simply the absence of disease, affects the quality and experience of ageing. Thus, 'active' refers to continuing participation in social, economic, cultural, spiritual and civic affairs as a means of supporting health and wellbeing. Active ageing has been identified in UK policy as an important framework for developing strategy to promote culture change in the ways in which older people are perceived and experience later life.<sup>161</sup>

## The economic case for ageing well

Aside from considerable personal costs to older people and their families, the economic consequences of inactivity, poor nutrition and mental distress in later life are substantial. At present, it is estimated that people who are physically active reduce their risk of developing major chronic diseases by up to 50%, and the risk of premature death by between 20 and 30%.<sup>162</sup><sup>163</sup> Remaining active is also good for mental health and wellbeing as well as impacting on public health concerns, such as weight gain<sup>164</sup> and weight loss in older age<sup>165</sup>. Therefore, increasing the numbers of people who remain physically active should result in major health and economic gains. It is estimated that the cost to the NHS of physical inactivity<sup>166</sup> is £1.06 billion. In broader terms, one third of all deaths are due to diseases, which could be at least partly reduced by increasing physical activity thereby achieving a significant public health burden.<sup>9</sup> Falls, associated with physical inactivity, long-term illness and multiple co-morbidities are thought to cost two million hospital bed days and account for 40% of admission to nursing homes per year with a daily cost to the NHS estimated at £4.5

<sup>157</sup> A centenarian is a person aged 100 years or more

<sup>158</sup> Office of National Statistics (ONS) (2011)

<sup>159</sup> Oxley (2009)

<sup>160</sup> World Health Organisation (WHO) (2002: 12)

<sup>161</sup> Department of Work and Pensions (DWP) (2006)

<sup>162</sup> Mowlam *et al.*, (2012)

<sup>163</sup> Department of Health (DH) (2009)

<sup>164</sup> Jones *et al.*, (2009)

<sup>165</sup> Caroline Walker Trust (2004)

<sup>166</sup> This is based upon the incidence of five conditions linked to inactivity

million.<sup>167</sup>

Older people may experience poor nutrition, which can contribute to a number of health problems, for example; diabetes; coronary heart disease; stroke; obesity and muscle and bone disorders.<sup>8</sup> Whilst weight gain increases with age, so too does weight loss<sup>7</sup> which can impact on wellbeing and result in associated disease, as well as impacting on a person's ability to obtain and prepare food, their motivation to eat and their mental wellbeing.<sup>8</sup> Vulnerable populations of older people, such as those people already experiencing long-term illness and co-morbidity are especially vulnerable to the ill effects of under-nutrition as well as being vulnerable to poor nutritional care delivered by formal services. Recent figures suggest that 25% of older people who go into hospital and 30% who go into a care home are already malnourished on admission and at risk of malnutrition.<sup>168</sup> Recent inspections of 200 hospitals on their compliance with dignity and nutrition standards concluded that only 45 hospitals of the total visited were fully compliant and meeting both standards<sup>169</sup>

The incidence of depression amongst older people is estimated to be 22% for older men and 28% for older women. The incidence amongst older people in care homes is thought to be as high as 45%.<sup>170</sup> The overall annual cost of mental health to the nation is estimated at 105 billion<sup>171</sup> although the economic consequences in respect of older people are harder to estimate given the likelihood of under-diagnosis of depression and other mental health problems and traditionally, poor access to treatment and intervention.<sup>172</sup>

Apart from the individual benefits to health and wellbeing which can be achieved by volunteering, the economic case suggests that promoting opportunities for increased volunteering, amongst people aged 65 and over, by 10% is estimated to be worth £500 million per year.<sup>6</sup>

### Benefits of ageing well

There are many benefits of maintaining physical activity throughout life; regular exercise, of at least moderate intensity, five times per week can prevent a number of non-communicable diseases including diabetes (type 2), various forms of cancer, mental health problems and musculoskeletal conditions.<sup>173</sup> The Chief Medical Officer<sup>174</sup>, in published guidelines, states that some regular physical activity can lead to physical and mental health gains for older people. Physical activity interventions have a positive impact on self-reported physical activity and cardio-respiratory fitness<sup>175</sup>. In addition, supporting older people to undertake regular physical activity, as well as strengthening and building up muscles, uses up calories leading to an increase in appetite and motivation to eat.<sup>8</sup> Guidelines produced by the National Institute for Clinical Evidence<sup>176</sup> highlight the importance of physical activity to promote mental wellbeing and recommendations include promoting physical activity.

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<sup>167</sup> AGE UK (2010)

<sup>168</sup> BAPEN (2011)

<sup>169</sup> CQC (2011)

<sup>170</sup> Mental Health Foundation (MHF) (2012)

<sup>171</sup> DH (2011)

<sup>172</sup> Care Services Improvement Partnership (CSIP) (2005)

<sup>173</sup> WHO (2010)

<sup>174</sup> DH (2011)

<sup>175</sup> Foster *et al.*, (2005)

<sup>176</sup> NICE (2008)

Evidence confirms that a common assumption that pre-existing health conditions preclude physical activity is usually misplaced. Physical activity can reduce the risk of cardiac death by 25% amongst people with diagnosed health disease<sup>177</sup> and can strengthen and re-invigorate age-related muscle tissue weakness.<sup>178</sup> A planned and appropriate programme of physical activity has been demonstrated to reduce the risk of falls by nearly 30% amongst a population of older people at risk of falling.<sup>179</sup>

The Chief Medical Officer<sup>15</sup> has recommended that older people should aim to achieve 30 minutes of moderate physical activity each day. Activity should include maintaining and developing muscle strength as well as maintaining and improving balance and coordination, especially for people at risk of falls. In the US and the UK, walking at a brisk pace is considered to be the cheapest and the most acceptable form of exercise<sup>180</sup> and has been shown to improve life expectancy. In one study, 707 non-smoking retired men aged 61-81 followed for 12 years, men walking one mile per day had twice the mortality rate of those walking two miles per day.<sup>181</sup>

Although the evidence base is not well developed, it is thought that physical activity can impact positively on preventing cognitive decline. Nevertheless, it is accepted good practice that for people living with dementia, opportunities for physical activity which are enjoyable, achievable and of interest to the older person are likely to have a positive impact on physical and mental wellbeing<sup>182</sup>. Physical activity is also likely to create opportunities for people living with dementia to meet with peers and thus encourage and support the continuation of social networks and critically, the preservation of identity. The importance of physical activity for older people living with dementia in care homes is acute as often, older people have insufficient access to physical activity and time outdoors.<sup>183</sup>

Physical activity has also been shown to impact on depression<sup>17 18</sup> and in helping to maintain mental health and wellbeing in later life, not least because it is likely to promote and support social contact,<sup>184 185 186</sup> improve confidence, reduce anxiety and improve sleep.<sup>18</sup> The English Longitudinal Study on Ageing (ELSA)<sup>187</sup> identified a lack of physical activity as a significant factor in three of the seven domains of social exclusion, with a particular emphasis on exclusion from social relationships.<sup>188</sup>

Other forms of activity, such as volunteering have been identified as having a number of positive impacts on physical and mental wellbeing evidenced by for example, continued participation in civic life; sharing skills; making new relationships; mental stimulation and encouraging physical activity.<sup>189 190</sup> The vitally important role that older people already play in volunteer is well known.<sup>191</sup> Nevertheless, older people involved in volunteering and peer

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<sup>177</sup> Merz and Forrester (1997)

<sup>178</sup> McMurdo (2000)

<sup>179</sup> Paterson et al., (2007)

<sup>180</sup> Hillsdon et al., 1995

<sup>181</sup> Hakim *et al.*, (1998)

<sup>182</sup> Alzheimer's Society (2011)

<sup>183</sup> Alzheimer's Society (2010)

<sup>184</sup> DH (2004)

<sup>185</sup> Welsh Assembly Government (2005)

<sup>186</sup> DH 2005

<sup>187</sup> Marmot *et al.*, 2003

<sup>188</sup> Department of Work and Pensions (DW) (2006)

<sup>189</sup> Centre for Social Justice, 2010

<sup>190</sup> Age UK (2012)

<sup>191</sup> Women's Royal Voluntary Society (WRVS) (2011)

support decreases with age<sup>32</sup> and in more general terms, the potential of older people as volunteers remains under-developed.<sup>192</sup>

### Current challenges for ageing well

Physical inactivity is now identified by the WHO as the fourth leading risk factor for global mortality with major implications for the growth of non-communicable disease.<sup>16</sup> Current data suggests that in the United Kingdom, physical activity declines significantly as people age and sedentary activity, such as watching the television, increases with age.<sup>193</sup> Research estimates that a third of people over 55 do not exercise at all<sup>194 195196</sup> and between the age of 65 and 74 over 80% of men and women do not meet the Chief Medical Officer's recommendations for physical activity<sup>6</sup>. These findings have serious implications for people as they age; everyday physical exertion, such as continued level walking and rising from a low chair can present difficulties for significant numbers of people from their mid-fifties onwards.<sup>37</sup> As people age, the combined impact of deterioration in muscle mass and a relatively small loss of strength caused for example, by a fall, can have significant effects for a person's ability to remain mobile and carry out their usual roles and activities<sup>5</sup>. There are a number of factors which impact on older people's ability or motivation to take part in regular physical activity:

- **health factors**, such as pre-existing or developing illness and disability which exacerbates a decline in activity; older people may feel that exercise will not benefit them or that it is too difficult;<sup>39</sup>
- **environmental factors**, such as housing; older people living in high rise tower blocks may find getting out difficult; older people living in care homes may be less able to access physical activity;<sup>18</sup>
- **financial factors**, such as the cost of activity (for example, joining a gym) may be prohibitive;<sup>5</sup>
- **individual factors**, such as attitudes towards exercise and activity and previous experience of exercise, as well as negative assumptions about older age and what an older person can and should do;<sup>39 18 5</sup>
- **knowledge and information factors**, such as a poor understanding of the positive impact associated with physical activity or a lack support to access relevant resources<sup>39</sup>

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<sup>192</sup> Cox 2011

<sup>193</sup> Health Survey for England, 2008

<sup>194</sup> Allied Dunbar National Fitness Study (1992)

<sup>195</sup> Blundell *et al.*, (2010)

<sup>196</sup> Royal College of Physicians (2012)

- **social factors**, such as having a reason to get out of the house and people to do activities with.<sup>4</sup> Joining a new activity on one's own can be off-putting and so being able to participate with other people is identified by older people as an important motivator.<sup>5</sup>

There are significant similarities in the challenges that older people may face in achieving and sustaining a healthy diet; for example:

- **health factors**, such as disability and co-morbidities may reduce ability and motivation to obtain food and cook it; symptoms and side effects of treatment can impact on appetite, taste and enjoyment of food;<sup>11</sup> mental health problems such as depression can cause symptoms of apathy, anorexia and difficulties in making decisions;<sup>8</sup>
- **environmental factors**, such as living in a care home may impact on a person's ability to obtain food that they enjoy. Moreover, communal dining, the social and emotional impact of living in a care home and unfamiliarity with regimes and routines can reduce a person's motivation to eat and enjoy their food;<sup>197</sup>
- **financial factors**, such as being able to afford a healthy diet. Older people for example, who live in rural areas or in urban areas in decline, may struggle to find access to affordable food products such as fruit and vegetables;<sup>31</sup>
- **Individual factors**, such as the type of diet the person has achieved over their life course and their attitude to eating and nutrition over time;<sup>7</sup>
- **knowledge and information factors** such as being unaware of the impact that a poor diet can have on physical and mental health and the impact that physical and mental ill-health can have on healthy eating and appetite. Moreover, older people may not be aware of what they need to eat and how much they should eat to remain healthy<sup>7</sup>.
- **social factors**, such as the experience of loneliness can de-motivate a person to prepare food and eating alone can exacerbate feelings of loneliness or reinforce loss and bereavement.<sup>31</sup>

Taken together, a number of significant challenges emerge in supporting older people to maintain a healthy diet which suggest the importance of considering a range of related issues including the individual and their social, economic and health circumstances, wider structural inequalities, the environment and attitudes of people who provide support and care and the wider community. The importance of supporting and encouraging social eating, use of peer educators to raise awareness and knowledge about healthy eating, and achieving

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<sup>197</sup> Caroline Walker Trust (2011)

healthy eating on a diet are identified as significant priorities in addressing the issue.<sup>2</sup>

The issue of loneliness and social isolation in older age is a significant concern and one which is fundamental to the notion of 'ageing well'. Older people with long-term illness and co-morbidity, those people who have sensory impairment, people who are geographically isolated and older people who experience socio-economic disadvantage are especially vulnerable to loneliness in older age.<sup>198</sup> The 'oldest old' are most likely to experience loneliness given the greater likelihood of social and support networks reducing through bereavement and ill health. A knowledge review published by Age UK<sup>42</sup> highlighted that projects which do not cite 'tackling loneliness' as their central purpose can be very effective in reducing loneliness as they may be perceived less stigmatizing than being targeted as a 'lonely person'. In any event, there is a need for robust evaluation of agreed outcomes in initiatives that aim to impact on loneliness in older age in order to determine their effectiveness.

### Policy and Ageing Well

Current policy argues that '*active ageing should become the norm rather than the exception*'<sup>32</sup> and underpinning policy themes in respect of ageing focus on active citizenship and highlighting self responsibility in maintaining and managing health and wellbeing. A central policy strand focuses on the importance of achieving and maintaining a healthy life style into older age, characterized by maintaining physical ability and activity; eating a healthy diet; avoiding excessive weight gain, smoking abstinence and sensible drinking. Public health priorities that are more likely to affect the older population, for example, falls, have also been the subject of considerable policy attention. Other policy covers the wider circumstances of older people, for example, experiences of inequality or discrimination.

A raft of policy focuses on improving the health and wellbeing of older people by promoting active ageing. **Opportunity Age** (2006) proposed a strategy for ageing around three key outcomes: improved and more flexible employment, equal opportunity for older people to maintain a full and adequate role in society and independence and control. Following '**Opportunity Age**' the Department of Work and Pensions set up the '**Ageing Well**' initiative to support ageing policy and practice and assist Local Authorities in the development of Ageing strategy and practice. A number of pilot projects and funded initiatives either emerged from the Opportunity strategy or were identified as supporting the strategy or developed by the Ageing Well initiative. For example, **Local Exercise Action Pilots (LEAP)** offered a range of activity interventions plus community awareness campaigns in 10 sites within Primary Care Trusts. Although not solely directed at older people, the evaluation<sup>199</sup> concluded that it had been successful in engaging older people, especially those aged 75 and over. The evaluation, despite a very high attrition rate, offered cautious support to the positive effects of classes and groups, exercise referral and peer mentoring. Overall, the project evaluation concluded that the intervention was affordable, cost effective and offered potential savings to the NHS.

The '**Active at 60**' community fund, available between March and December 2011,

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<sup>198</sup> Age UK (2011)

<sup>199</sup> Carnegie Research Institute (2007)

administered by the Community Development Fund, provided small grants to over 460 small groups to support older people who were at risk of or experiencing isolation, to access a variety of groups. An interim evaluation of the grant impact suggested that 70% of funded community groups engaged older people who did not usually take part in activities, leading to an overall increase in range and frequency of opportunities as well as increased volunteering opportunities.<sup>200</sup> A swimming initiative launched as part of the **'Active at 60'** package pledged £140 million to offer free swimming to people over 60. The government aspiration was to achieve free swimming in Council pools as the norm by 2012. The downturn in public sector spending resulted in funding being stopped early as a cost saving measure and it was argued that insufficient numbers of older people had accessed the fund to merit its continuation. Nevertheless, the cessation of the fund undoubtedly affected people and groups who benefitted from the initiative, including some **fit as a fiddle** projects which offered swimming in their activities package.

**Building a Society for All Ages**<sup>201</sup> sought to build on the **Opportunity Age** strategy. The need for cross government initiatives to improve health and wellbeing across the life course and in later life was a key strategic goal. Initiatives including piloting a mid life check with the aim of identifying areas where people could make health changes which would impact positively on their health in older age. In the same year, the policy **'Be Healthy: Getting the nation moving'**<sup>202</sup> focused on improving the nation's health, supported by a range of national initiatives including, at the time; the free swimming initiative (see above); **'Walking the Way to Health'** (WfH) and the **'Change4life'** initiative.

The WfH development<sup>203</sup> has had over 78,000 participants across 600 walk schemes nationwide and registered participants were predominantly female aged 55 and over<sup>204</sup>. The most consistent participants in the scheme were people at retirement age. A subsequent evaluation<sup>205</sup> concluded that 47% of respondents achieved physical activity on three or more days per week. Women and people aged between 55 and 64 were most likely to maintain levels of activity than other age groups. The evaluation concluded that WfH had been successful in improving and maintaining levels of activity amongst those respondents identified as being most sedentary.

The **Change4life** campaign was set up to improve levels of physical activity and healthy eating and encompassed a range of projects, events, campaigns, advice and information. The adult strand of **Change4life** had a strong emphasis on changing five key behaviours, or lifestyle choices, amongst 45 to 65 year old people. Information included advice about accessing physical activities, healthy eating and how to make positive change to unhealthy lifestyles.

The Centre for Social Justice produced a report examining the evidence on the extent of poverty and social exclusion in later life and its impact on all aspects of the everyday life of older people. The report included commentary on the barriers and challenges that older people may face in accessing activities, eating a healthy diet and maintaining and developing social networks.

The **Marmot Review**<sup>31</sup> also focused on the issue of health inequalities at all stages of life and argued that they were preventable and moreover, that tackling them was a matter of

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<sup>200</sup> Community Development Fund (2012)

<sup>201</sup> Department of Health 2009a

<sup>202</sup> Department of Health 2009b

<sup>203</sup> WfH is now managed by the Rambler's Association in partnership with the British Heart Foundation

<sup>204</sup> Coleman *et al.*, (2011)

<sup>205</sup> Knox and Langley (2012)

social justice. The review's recommendations included maximizing control and capabilities for people across the course of life; ensuring a healthy standard of living for all people and strengthening the role and impact of ill health prevention. A number of policies have followed which aim to respond to the recommendations of the **Marmot Review**<sup>31</sup> by strengthening the public health framework and supporting the case for the Chief Medical Officer's guidelines on physical activity.

The coalition government's '**Responsibility Deal in Public Health**' encourages businesses, voluntary organisations and citizens to pledge support to promoting and achievement of outcomes including those focused on physical activity. Further support in strengthening the role of Public Health in improving the health of the population comes from the Health and Social Care Act<sup>206</sup>. The Act makes provision for Local Authorities to take a lead role in public health. Clinically led commissioning groups will be responsible for directly commissioning services for local populations which are likely to include physical activity and Sport and Exercise Medicine. NICE recommendations for 2012/13 included assessing the physical activity levels of all hypertensive patients.

Most recently, the report '**Sport and Exercise Medicine: A fresh Approach**<sup>207</sup> focuses on the development of sport and exercise medicine (SEM). SEM is a new medical speciality and works with patients on chronic disease management and other conditions such as musculo-skeletal injury. The report highlights that NHS SEM is available now and can be delivered in primary, secondary or intermediate care settings as well as via Public Health initiatives. Large voluntary organisations, such as MacMillan Cancer Support and the British Heart Foundation, have supported and embraced the importance of evidence based physical activity for people with chronic and life-threatening illness. The British Heart Foundation have for example, developed a national centre for physical activity and health.

Some specific policies have addressed the need for improvements in the nutritional profile of the population as a whole, with specific attention on some groups especially vulnerable to the consequences of poor diet. Choosing a better diet<sup>208</sup> prioritized the importance of nutritional standards in public settings such as hospitals. In response, nutrition guidance has been produced both for older people in care homes and other care setting (the National Association of Care Catering (NACC)<sup>209</sup> and the Care Quality Commission<sup>210</sup>) as well as for adults in general (NICE<sup>211</sup>). There is less policy attention directed to older people living in the community for whom healthy eating may present a significant challenge (see above) but is not visible. The Caroline Walker Trust<sup>212</sup> concludes that there is no overview of nutrition policy in England and that policy frameworks did not support local action.

National policy for older people who use social care services currently emphasizes personalisation with a strong focus in England on the use of personal budgets to purchase support to meet eligible needs. However, the ability of older people with high support needs to benefit from direct payments is much more equivocal; take up has been low and it is not clear that personal budgets will be of benefit to older people, particularly those with long term needs. Costs relating to personal budgets may also be higher and at present, older people often prefer to use more 'traditional' services.<sup>213</sup> Few people with dementia are currently

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<sup>206</sup> DH (2012)

<sup>207</sup> DH (2012)

<sup>208</sup> DH (2005)

<sup>209</sup> NACC (2010)

<sup>210</sup> Care Quality Commission (2011)

<sup>211</sup> NICE (2012)

<sup>212</sup> Caroline Walker Trust (2009)

<sup>213</sup> Woolham and Benham (2012)

offered personal budgets and carers feel that the system is overly complex.<sup>214</sup>

The **National Dementia Strategy**<sup>215</sup> starts from an aspiration that people diagnosed with dementia should receive services which support and enable them to 'live well' with dementia. Banerjee<sup>60</sup> highlighted the critical importance of developing psychosocial intervention and activity for people living with dementia. There has been less attention on research which explores the most appropriate way to support people living with dementia to remain physically active. However, organisations such as Dementia COMPASS have emerged to develop physical activity sessions which include strength and balance classes; a home based exercise video and a supported walking group. The recent 8<sup>th</sup> World Congress on Active Ageing focused on developments in promoting activity for older people with complex and high support needs such as people living with dementia.

2012 is the International Year of Active Ageing and Solidarity between the Generations which aims to raise awareness of the contribution that older people make to society. Creating better opportunities for active ageing including growing old in good health; being involved as citizens and achieving a better quality of life are all objectives of the Year. The importance of staying active and participating in civic roles, such as volunteering, is also highlighted.

Nevertheless, there remain considerable challenges in supporting older people to remain socially and physical active. For example, the Centre for Social Justice highlighted the impact of public expenditure cuts and reduced public services and noted the importance of exploring the most effective community based models for supporting health awareness and participation, citing the **fit as a fiddle** programme. Other challenges, such as the best way to support older people to maintain motivation to remain physically active, are not well understood in light of the relative absence of longitudinal evaluations of programmes. Moreover, there is a continued need to learn from good practice examples which involve older people in the development of activities and initiatives.

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<sup>214</sup> Alzheimers Society (2011)

<sup>215</sup> DH (2009)

<sup>60</sup> DH (2009)

## **Annex Four: Impact for older people technical annex**

The main statistical summaries presented are: frequency (with corresponding percentage), mean (with associated standard deviation) or median (with associated interquartile range). The *mean* is the value that is commonly referred to as the ‘(arithmetic) average’, and the *standard deviation* (SD) is a measure of the scatter of individual values either side of the mean (the higher the SD, the greater the scatter). The *median* is the value that divides the sample in two – half of values being smaller than and half larger than the median value. The *interquartile range* is the measure of scatter than relates to the median. It represents the middle 50% of the values in the sample – 25% of values will be smaller than the lower boundary of the interquartile range and 25% will be larger than the upper boundary.

For each variable, figures are normally given for two samples – firstly, for all respondents who provided data at a given timepoint (‘Full sample’), and secondly just for those respondents who provided data at all three timepoints (‘Restricted sample’). For the full sample, the numbers on which the summary statistics at each timepoint are based are given in the tables (for the restricted sample, there is a single number of respondents). All statistical tests were conducted on the restricted sample and therefore relate to the corresponding set of summary statistics for the programme as a whole. However, for the individual projects data are only given for the full sample, not the restricted sample – the statistical comparisons may therefore relate to summary statistics that differ from those that are shown; where there is more than a trivial difference between the two set of statistics, explanations are provided at relevant points in the text.

Statistical comparisons for the programme as a whole were carried out between the beginning and the end of the project and between the beginning of the project and three-month follow-up – the first to determine the effect of the project and the second to assess whether any changes were sustained. For the analyses at the level of individual projects, statistical comparisons were conducted just between the beginning and the end of **fit as a fiddle**; this is because there was a large number of missing responses at three-month follow-up, which would serve to reduce the power of the statistical test, and could also bias the estimates of change over time. Moreover, project level comparisons were only performed for projects with at least 30 participants. Data were analysed using SPSS 20, and statistical significance was set at  $p \leq .01$  (i.e. a probability value from a statistical test that is less than or equal to 0.01 indicates a statistically significant change).<sup>216</sup> Significant effects are indicated within the tables by the † symbol.

**Table A4.1 Ethnicity of survey respondents (n=878)<sup>217</sup>**

	Ethnic group	Percent
White:	White British	80.5
	White Irish	3.3
	other White	1.3
Asian or Asian British:	Indian	3.6

<sup>216</sup> A change that is statistically significant is one that we can confidently regard as a ‘real’ change. A non-significant finding, in contrast, is one where we cannot confidently rule out the possibility that the change was simply due to chance. It is important to note that when the sample size is large, even very small changes may be statistically significant, and conversely large changes may fail to achieve significance in a small sample. A low cutoff for significance of  $p \leq .01$  was chosen to restrict the probability of ‘false positives’ (Type 1 error).

<sup>217</sup> Percentages have not been rounded because of small numbers in some cases

	<b>Ethnic group</b>	<b>Percent</b>
	Pakistani	3.2
	Bangladeshi	0.2
	other Asian background	2.2
Chinese:		0.6
Mixed:	White and Black Caribbean	0.1
	White and Asian	0.6
Black or Black British:	Caribbean	3.0
	African	1.0
	other Black	0.2
	Any other	0.2

## Age UK is here to help

At Age UK we are extremely proud of the **fit as a fiddle** programme. Set up in October 2007, we have made huge strides in improving the health and wellbeing of thousands of people in later life through our exercise and healthy-eating programmes.

We continue to be fully committed to this project and look forward to involving many more people over the coming years.

## Our ambition

Age UK stands up for the 14 million people in the UK who have now reached later life, working to improve later life as a charity and social enterprise. We do this by addressing health inequality, reducing loneliness and isolation, improving retirement incomes and tackling poverty and discrimination against those in later life in all its forms. We also speak for the long-term interests of every one of us, so that experiences of ageing grow better for each passing generation.

**Age UK is for all of us,  
because age is a part of life.**

**To find out more, visit  
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