Final Report – December 2012
Independent Age - Older People Isolated at Home Strand

Contents

Acknowledgements: many thanks to the League of Welldoers, Liverpool for the photo.

1 Introduction

1.1 Overview of report

This is the final report of the Isolated at Home strand of the **fit as a fiddle** project implemented by Independent Age on behalf of Age UK. The aim of this report is to summarise the activities of the project, to identify impacts and draws lessons from the experience in terms of what worked well and what could be improved on. It is based on reports and experiences of the team; feedback from partners, participants and volunteers, and evaluation findings collated by the external evaluators, Ecorys. It is a self-evaluation reflecting on the achievements and challenges of the project. The data was collated by a freelance researcher commissioned by Independent Age.

1.2 Overview – fit as a fiddle isolated at home strand

The **fit as a fiddle** portfolio sits within the Big Lottery Fund Wellbeing Programme. Age UK England has been awarded £15.1 million by the Big Lottery Fund to deliver this across the nine English regions from 2007 until 2012. The main aims of **fit as a fiddle** are 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, and contributing to an overall improvement in mental health.

The isolated at home strand of the National Projects, focuses closely on engaging trained volunteers with older adults who would benefit from one to one support around health and wellbeing in their homes, and the provision of one-off workshops and roadshows. Independent Age received a grant from Age UK to implement support to older people. This element of the project ran from June 2011 to October 2012.

1.3 Methods and Data

The report draws on a mixture of data sources:

- Age UK monitoring data on participants in both the project activities and roadshows, providing basic demographic data
- Reports, and project documentation from Independent Age staff and partner organisations, including draft reports, monitoring reports, leaflets and training materials
- Telephone interviews with 4 participants at the end of the project
- Telephone interviews with 4 volunteers or staff members implementing the programme, and evaluation forms completed by 10 volunteers
- Telephone interviews with 9 partner organisations, and feedback by email from a further 3 organisations
- Analysis of impact data on 25 participants collected by volunteers before and after their intervention and collated by Ecorys

- Evaluation feedback from 9 volunteers from training days, and assessment forms from 6 training participants

1.4 Structure of the report

This report is structured as follows:

- Chapter two provides a project overview
- Chapter three looks at the impact on older people
- Chapter four assesses key findings in relation to partnership and sustainability and equity
- Chapter five discusses the impact of volunteering
- Chapter six draws conclusions and makes key recommendations.

2 Overview of the project

2.1 Aims and intended outcomes

Aims

The overall aim of the project was to bring improved well being to older people through advice on healthy eating, appropriate exercise and related issues. The focus of the project was to work with isolated older people (aged 65+).

Objectives

The objectives of the project were to

- Develop a training programme for staff and volunteers across the UK
- Recruit and train 120 volunteers to deliver 8 week visiting programme with isolated older people
- To provide advice on healthy eating, appropriate exercise and positive outlook via activities and one-off road show events
- Production of a suite of materials for volunteers and beneficiaries to use to implement the programme
- To reach 1,100 beneficiaries either through roadshows, one to one support, attending locally based activities such as exercise classes, mutual support sessions or receiving leaflets.
- To work with local partners to implement the fit as a fiddle project.

The initial expectation was that volunteers would be drawn from Independent Age's existing volunteer base, with some additional recruitment, particularly younger volunteers including students who studying sports science or occupational therapy. Similarly it was anticipated that half of the participants of the project would be drawn from Independent Age's current beneficiaries, many of whom described becoming increasingly lonely due to factors like decreasing mobility, bereavement or illness and needing additional support. The project was also seen as an opportunity to build on the existing work of Independent Age promoting independence of older people at home, and to improve their quality of life. It was also an opportunity to build partnerships with other organisations to reach more older people.

The original plan had ambitious targets to achieve both in terms of numbers of volunteers trained, and beneficiaries reached. In September 2011 these were revised downwards across all the organisations working within this strand As there was an unexpectedly low take up of the service within Independent Age's own

volunteers and beneficiaries, the emphasis on working with partner organisations and building capacity was prioritised.

2.2 Project details

The project started in June 2011 and completed in October 2012, and overall received just under £87,000. The funding covered two posts – a full time co-ordinator and (from April 2012) a part –time administrator, management, provision of training and production of training materials, venues and activities at the roadshows, and volunteer expenses.

There were two key activities for the project –

- **One to one support:** a programme of 8 weeks of one to one support to isolated people at home delivered by volunteers. The project developed and delivered training to volunteers.

- **Roadshow events and workshops** one-off events giving attendees the opportunity to sample a range of activities, and access information about health and local activities.

An initial pilot stage started in Leicester, which was then expanded to the East Midlands area around Leicester (June – October 2011). Independent Age volunteers and beneficiaries were contacted, and partnerships were set up with organisations in Leicester. It involved the training of fifteen volunteers in total with a two-day training course. Input was also sought from neighbouring organisations, where healthy workshops were delivered and local connections established. The feedback from this informed the subsequent rollout.

The project expanded to include a second area, Merseyside. Independent Age volunteers, (and ones waiting to become volunteers), and beneficiaries were contacted, and partners were identified and worked with. The national roll out started in March 2012, later than anticipated. This was due to changes within the internal structures of the organisation.

2.2.1 Activities delivered: volunteer training and one to one support

The model allows organisations working with isolated older individuals to recruit volunteers, train them over a two day period which equips the volunteers to visit older people in their homes regularly over eight weeks.

The training covered:

- recommended levels of physical activity;
- fun ways to engage an older person in physical activities specific to their individual needs;
- Understanding of different issues and barriers older individual may face;

- How to empower an older individual to become more self sufficient and aware of healthy eating alternatives;
- Diet, wellbeing and social activity;
- Information about mental wellbeing, mental health problems with older people and tips on improving mental well being.

The training was developed in consultation with Age UK and the other National Project Officers working on the Isolated at Home strand, Age UK West Cumbria and Community Networks, London. It was piloted and revised. The project co-ordinator worked closely with other organisations in the isolated at home strand.

Feedback from the pilot training and sessions this experience resulted in several adaptations:

- A clearer partnership agreement was established with robust outline of expectations (a Host Organisation Pack)
- The training and volunteer packs were adapted, for example simplifying the visit structure, providing a menu of ideas to choose with a participant. The amount of paperwork was also modified and streamlined.

The training for all organisations was over two days but was personalised for the different groups due to the differing needs and abilities of the volunteers attending. For one organisation it was compressed into one day's training.

This training was partially funded, with each organisation being provided with a small amount of funding to cover CRB checks, volunteer expenses and funding to support social activity initiatives.

The number of people attending training varied considerably from 2-3 to 30 attendees.

Outputs of the project included

- A two-day training package with trainer materials,
- volunteer handbook
- member's hand book – a group of resources built up into a folder of information during the intervention including member assessment, planning of 6 individual visits.
- Information disseminated to Independent Age beneficiaries and volunteers – In Touch magazine.
- Host organisation pack
- A range of publicity and information material including flyers and adverts in local magazines

The model of working one to one with people was delivered slightly differently across the different organisations, responding to the organisational agenda and to the different individuals' needs. The programme of activities in general consisted of some assessment of the diet and level of physical activity of the participant. Some filled out weekly food diaries and discussed healthier eating. Feedback from

volunteers described taking people out for walks, to shops, visiting places of interest and to activities. Others described doing crosswords or reminiscing with participants. Some saw it as a befriending scheme with some health/ exercise elements, others focused very much on the healthy eating and exercise, (for example, in one setting it took on the nature of a kind of slimming club).

2.2.2 Activities delivered: Road shows and workshops

The 'roadshows' were designed to disseminate healthy eating, exercise and wellbeing messages to a wider audience of older people and their families and carers in a fun and engaging way. In the pilot stage, several workshops were held in the first quarter of the project to highlight to the public and partners the need for the **fit as a fiddle** project. These were held in partner organisations, for example at the West Indian Senior Citizen's Group and two lunch clubs for older people. These road shows were then scaled up to include four large events in Kidderminster, Olympia (London), Wirral and Liverpool. Some of the larger events were linked to existing wellbeing road shows for example the 50+ Show hosted by Prudential at Olympia, London expected to hold 13,000 people over three days. Others were bespoke sessions specifically around **fit as a fiddle**.

Popular physical activities for the road shows included Tai Chi, belly dancing and yoga. A very popular part of the events was the 'smoothie - bike' where a participant could pedal for 2 minutes and produce a smoothie, which made suggestions of how to get '5 a day' from a variety of fruit and vegetables. Raffles for small prizes and healthy snacks were made available.

Transport was provided to older people to reduce the barrier of access. This worked particularly well in Wirral where Independent Age had a cluster of members of the charity keen to attend the two day event and find out more about the project.

A simple road show pack was provided to each organisation and the following resources:

- Recipe books and simple healthy recipe handouts
- Fit as a Fiddle/Age UK stand, tee-shirts, stationery and other equipment
- Chair exercise handouts
- Age UK leaflets
- Healthy wellbeing quiz
- A fruit basket and 'Guess how many items of fruit' game

2.3 Project management and leadership

The project was managed and implemented by Independent Age, and was staffed by a National Development Officer and latterly an administrator. They were managed by a Service Development Manager, and then after an organisational restructure, transferred to the Area Network Manager in the Volunteering Department. It was supported by Age UK who provided resources, comments on training materials and analysed data, and the National Development officer

attended meetings with other members of the 'isolated at home strand' of work to share information and expertise. The training was delivered by the National Development Officer initially, who left the project in July 2013 (13 months into the project). After her departure, was delivered by a freelance trainer who also worked on other Age UK projects. A part time administrator was recruited in April 2012.

Although Independent Age approached its own volunteer network and beneficiaries, the project relied on working with partners who had a local presence. The National Development Officer approached relevant partner organisations. Independent Age provided training, information packs and some resources; the partner organisations provided training venues, recruited volunteers, provided access to beneficiaries and supported the volunteers to implement the programme of visits to the beneficiaries. In practice the partnership model was complex, often with some key partners providing the volunteers, but they themselves relying on other organisations to identify participants.

2.4 Outcomes of the project

Overall, the project reached 656 people (who filled out monitoring forms), including volunteers and participants in the one to one sessions, in addition to people attending roadshows. This is felt to be an under-estimate of the total number of people reached by the project. Many people engaging in roadshow activities or gained information from roadshows did not fill out monitoring forms, and it appears from the figures that some volunteers and beneficiaries also did not complete the forms. It also does not take into account the people who received **fit as a fiddle** information in leaflets and magazines (for example 'in touch' magazine that goes out to 4000 people and British Red Cross who put an article in their magazine for carers which goes out to 450 people)

Volunteer training for one to one support: The project delivered training to 108 volunteers in 12 different organisations. Some of those trained were staff members, who either implemented the project as part of their working time, or outside their hours as a volunteer. A proportion of the volunteers were themselves in the older age group.

To date, 26 volunteers have gone on to support older people in a one to one situation, and in total 78 older people received one to one support in their homes from the volunteers. Two of the training sessions (46 volunteers) occurred at the end of the project timing, and it is anticipated that these volunteers will deliver sessions to older people beyond the timeframe of this project. At the time of writing, over 66 monitoring forms have been received from additional beneficiaries who have been identified and started to be worked with in these projects.

Table 1: fit as a fiddle volunteer training by organisation and area

Partner	Area	Number of volunteers trained	Number of volunteers delivered project	Number of beneficiaries
African Caribbean Centre	Leicester	15	0	0
Child and Parent Alliance Centre	Leicester	5	0	0
Retirement Homes	Towcester	5	5	15
DDH	Towcester	3	0	0
Healthy Homes Programme	Liverpool	4	1	3
Independent Age	Liverpool	1	1	3
Marie Lloyd Day Centre, Hackney	London	7	4	12
Age UK	Surrey	6	5	15
DADB, Dagenham	London	10	10	30
British Red Cross	Bolton	6	0	0
Great Horton Live at Home*	Bradford	16	0	0
The Jewish Housing Association*	Liverpool	30	0	
Total		**108**	**26**	**78**

**At time of writing, this work was in progress, a further 66 beneficiaries are currently being worked with.*

Roadshows and workshops

A series of roadshows and workshops took place, see table 2 below.

Table 2: Road show events and workshops

Organisation	Location	Number of participants (monitoring data)	estimate
African Caribbean Centre, Lindwood Centre and Saffron Community Fete	Leicester	0	100
West Indian Organisation	Leicester	15	15
Old and Proud Lunch Club	Leicester	5	8
Birstall Lunch Club	Leicester	20	30
The National Careline	Kidderminster	76	70
The 50+ Show	London	321	320
Wirral Older People's Parliament	Liverpool	10	60
League of Well doers Charity	Liverpool	16	75
Total		463	678

Although the training activities were limited to a relatively small number of locations, the combination of these and the roadshows means that it reached people from a wide geographical area in England. See table 3.

Table 3 people reached by the project by area

(monitoring data includes participants and volunteers)

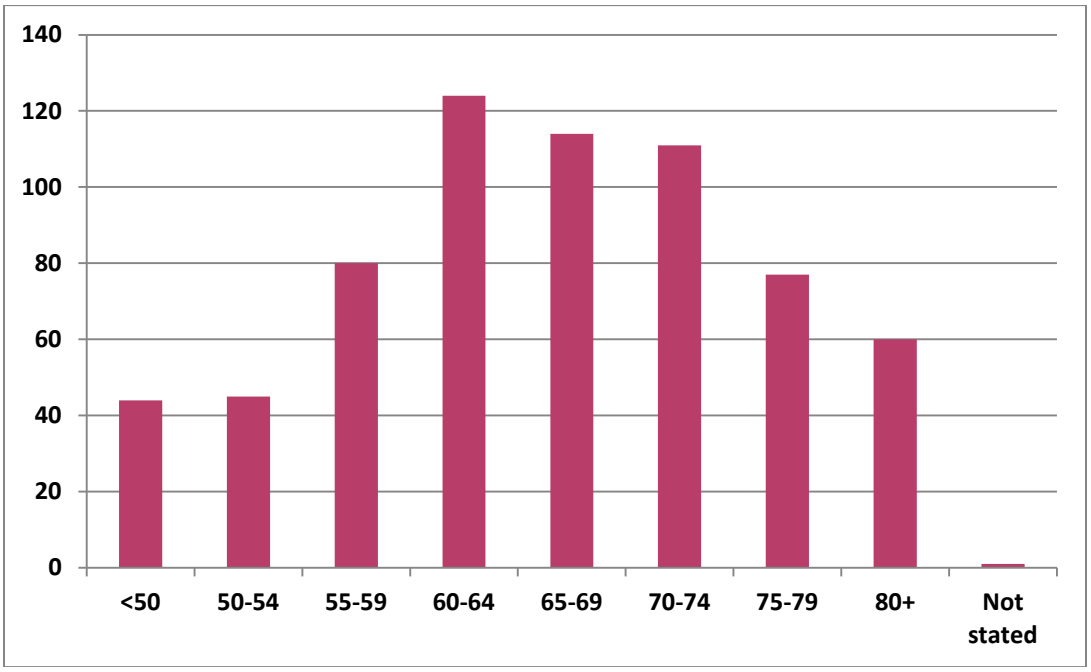
Post code area	Number of monitoring forms	Postcode area (cont)	Number of monitoring forms
Birmingham	7	Medway	1
Bradford	13	Milton Keynes	1
Bromley	5	Northampton	13
Cambridge	2	Norwich	1
Canterbury	3	Nottingham	1
Chelmsford	2	Oxford	3
Chester	14	Portsmouth	2
Crewe	1	Reading	6
Croydon	9	Redhill	3
Dartford	1	Romford	33
Doncaster	1	Salisbury	1
Dorchester	1	Slough	6
Dudley	62	Southall	13
Durham	1	Southampton	2
Enfield	3	Southend on sea	1
Gloucester	2	St Albans	2
Guildford	20	Stevenage	5
Hemel Hempstead	6	Sutton	2
Hereford	3	Swansea	1
Huddersfield	1	Swindon	1
Ilford	12	Torquay	1
Kingston on Thames	9	Tunbridge wells	5
Leicester	54	Twickenham	11
Liverpool	111	Wakefield	1
London	156	Watford	5
Luton	6	Worcester	1
No data			*29*
Total			**656**

The majority (74%) of those participating in the project were 60 or older (508/656). Just under 170 were under the age of 60 – this reflecting the volunteers who filled out monitoring forms, and presumably carers and families of older people -see figure one. Sixty (9%) were 80 or over. There were many more women than men participating, with 508 (77%) women and 148 (23%) men. From our monitoring data, we do not have details of whether people lived alone. However we do have information about the living situation of 37 of our sample who received one to one support. Just over three quarters (28) lived alone.

The majority of the people involved in the projects were White British. The project did engage people from a range of ethnicities including Asian British, especially Indian, Black British African and Caribbean, Chinese, Irish, other White background and other ethnic groups.

Just under half of those involved in the project (49%) were disabled or had a long standing illness, and for 117 of these it impacted on their life a lot, 152 impacted a little. Just under a quarter felt that their current health was 'not good', half felt it was 'good' and a quarter felt it was 'very good'. Of the 37 participants who received one to one support, we have information for, 23 considered themselves to be disabled (62%).

Figure 1: Age of those reached by the project



2.5 Outcomes compared to revised targets

After the pilot stage, the project was reviewed, and in agreement with Age UK the targets were reduced. The total revised outputs for training and road shows were agreed in March. The targets were to train 100 volunteers to work with 255 older participants in a one to one setting. An original expectation was that each volunteer would work with five participating older people. After pilots this was deemed unrealistic and was revised to a ratio of one volunteer working with one to three participants. In terms of the road shows, the target was 600.

Table 4: outcomes compared with revised targets

	Target	Achieved
Number of organisations trained	17	12
Training days	11-15	20
Number of volunteers trained	100	108
Number of beneficiaries	255	78
Roadshows	600	463*

**this is felt to be under counting due to low monitoring returns, estimated amount exceeds 600*

This table shows that more training days were delivered than anticipated and more volunteers were trained than the target. Several organisations were approached to participate; some were unsuitable as they were unable to deliver within the timescales or were unable to access older people. Three organisations were signed up but did not continue to the training stage as they were unable to secure volunteers or were unable to commit to the project fully.

The number of beneficiaries for 1:1 support is considerably lower than targeted. The reasons for this are explored further in section 2.6 below.

Fewer monitoring forms than targeted were received from roadshows, however estimates are made that the number of people benefiting exceeds 670 if those who attended but did not fill out monitoring forms are taken into account.

As discussed above, over 12 partners were involved in the roll out of the training, and four organisations were involved in organising roadshows and events. Other organisations attended these events and will have had the opportunity to access materials and information from the project. Five organisations had workshops from the **fit as a fiddle** team. Many of the trainees were staff of these partner organisations, who have been able to integrate the learning and materials from the training in their work.

2.6 Key successes and lessons learned

The project engaged a wide range of partner agencies, and delivered training on **fit as a fiddle** to above the target number of volunteers and staff. The training was well received, and feedback has been positive (see chapter four). It worked particularly well with housing associations and day centres, where there is a clear local presence. The roadshows succeeded in engaging a wider range of older people and their carers and aspects such as activities, the smoothie bike were engaging and enjoyable.

'They did the smoothie bike which was fabulous. Had exercises and indoor bowls mat, Wii-fit, belly dancer. The smoothie bike was amazing, [people were] queuing up to go on it. It caused so much amusement. I think people might have seen smoothies but not tasted them. They really experimented, some were a funny colour. I think it was inspired as it is a good way of getting fruit in for older people given they often can't chew crunchy apples etc. I don't know if they have tried them since but we had a 100 year old lady on it.' [partner]

As with any innovative project, working with a complex partnership arrangement, it faced challenges. These were reviewed and attempts were made to address them.

Recruiting and training volunteers: Some difficulties were encountered with the volunteer targets set for the project. The initial idea was to recruit from the 1,000 or so volunteers who work with Independent Age, mostly as befrienders of older people. However, the **fit as a fiddle** approach did not fit easily within the existing structures, and ways of working within Independent Age. The volunteers are dispersed, and their co-ordinators work from home, they do not have local bases. There is not an established training structure, and the befriending 'model' is in general a few visits per year, with occasional telephone contact. Thus, the **fit as a fiddle** model of two days intensive training followed by frequent visits to individuals over a defined period of time represented a substantial move away from their usual practice. There was a lack of take–up within the existing volunteers, and where there was interest, there were practical barriers to participation – for example it was hard to get volunteers together for training. This meant that the model of delivery had a greater reliance on partnership working, and building up these partnerships took a greater lead-in time than anticipated. Volunteers were recruited through other local organisations, volunteer infrastructure organisations, and using alternative approaches to recruit including on-line recruiting (Gumtree website) and school newsletters.

There was a steep attrition rate for volunteers both between those who signed up as being interested, but could not attend the training, and further losses after the training when volunteers could not find time to deliver the one to one visits.

Reasons for volunteers dropping out were various and included:

- Having other commitments which meant they were unable to proceed (including illness)
- Many of the training sessions were in the early summer (May, June). Several volunteers who had children could not fulfil the visiting duties during the summer holidays as they had childcare commitments.
- Similarly students recruited were unable to proceed during the summer holidays.

- Several volunteers were keen to participate, but were unable to be matched with participants, or their participants declined to be involved in the project

- 'Volunteers' who were staff members not being given time off to do the training, or were not actively encouraged by their organisation.

- Some volunteers who came forward were deemed to be unsuitable for the role.

- Some organisations lacked the capacity themselves to recruit and work with the volunteers.

Engaging participants: The project also found it harder than expected to engage participants. In the original plan, it was anticipated that 50% of the participants would be existing Independent Age beneficiaries – many of whom are isolated at home. In the pilot area, Leicester, only 8 of the 58 older people that Independent Age themselves supported expressed an interest in the project. Thus, for the most part, it was the role of partner organisations to identify participants. The organisations varied in their structure and approach for identifying participants:

- Some organisations were based in housing schemes or supported accommodation and had a 'case load' of people who they supported on a one to one or in a group situation. They either identified 2-3 people they felt would benefit from the project, or offered it to a group of people. For example, one approached 10 older people but only three took it up.

- One organisation had a befriending service with a waiting list, and offered **fit as a fiddle** to those who were waiting to be matched to a befriender.

- Another organisation had 'advocates' who approached individuals in deprived neighbourhoods offering a range of services relating to housing, benefits and other welfare. They integrated the **fit as a fiddle** to this approach and offered it to their clients.

- One organisation ran a day centre for older people, and provided outreach services to older people living in the area. They identified people who attended their services, lived alone in the community and who they felt would benefit from the project.

- One organisation worked with carers of the frail and elderly, and mainly provided an intensive support service for people in crisis of a maximum of six weeks; this would have been an expansion of usual work.

Various reasons for lower recruitment rates of participants were:

- Lack of interest in the **fit as a fiddle** model and subject matter amongst participants. Independent Age and other partners proposed and implemented ways to address this. For example Independent Age proposed offering a voucher for healthy food at the end for each individual, but this was not acceptable to the funders.

- The training was designed (and most efficient) to train volunteers of 6 to 15 volunteers, which would assume organisations would have access to 18 to 45 participants who needed support. For some smaller organisations this expectation was too great, and they did not have the outreach capacity to identify participants. This was addressed in part by offering joint training to different organisations at the same time.

- Some organisations early on in the process did not buy-in to the project, or necessarily understand the expectations of the process beyond the training. A 'Host Organisation Pack which set out clear guidance and expectations was established to address this.

- For many of the organisations especially those in the national roll out, the timescale was too rushed to find sufficient participants. Volunteers were trained in the summer of 2012 and were expected to have finished the intervention by September 2012. This put too much pressure to 'deliver' older people to complete the 3 month project. ' *the organisations we were working with were slow to come up with beneficiaries, as it was a tight timetable'*

  ' *the housing association were going to come up with the participants but they didn't come through with it, due to timescales. It couldn't really happen in the holidays'*

3 Key findings – impacts on older people

To get an idea of the impact on older people we drew on 'before and after' assessments analysed by the external evaluators Ecorys. These assessments were done at the beginning of the intervention, at the end of the intervention, and ideally they were to be completed four weeks after the intervention to see if changes made were sustained. Ecorys has analysed the findings of all three isolated at home projects. The analysis presented here is for the subset of those who participated in Independent Age's project. In total, we had 25 forms completed at two different times before and after, from the 78 participants who had one to one support. We also interviewed four participants of the project, and asked volunteers and partner organisations for feedback about the impact they saw on the participants. Additionally we had a further 12 forms from participants at the start of the intervention, but without follow up.

3.1 Impacts on healthy eating and diet

I decided I needed to lose a bit of weight. We discussed what food was good to eat and tried new foods. Each week we looked at our food diaries and looked at what was good or not. We talked about portion sizes and increasing fruit and vegetables. I cut out fats, and sugar and alcohol. I don't eat so much bread, crisps or chocolate and choose fat free yoghurts and cook with less fat. I'm basically eating similarly but eating more veg and fruit. She showed us how to make cakes with less sugar and fat. We also did chair exercises, started gently but then got more heavier ones with bands. I definitely feel better, my arms are stronger. I didn't really think about arm exercises, I just used to think of walking as exercise. [participant]

The best thing was the support. We met twice a week with the volunteer and the other lady doing it. I could have done it for a week on my own, but talking about things, thinking about different foods. It's nice to have something to do on a Thursday, and meeting with the other lady. We still meet and weigh ourselves. It is a very good idea, especially the social aspect. [participant]

For 25 of the participants, we have 'before and after' information about their attitudes and activities on their diet collected by the volunteers. A fuller analysis of all the isolated at home strands has been done by Ecorys including statistical analysis of difference. This analysis draws on the Independent Age participants.

It appears from this information that most participants were aware of the importance of healthy eating, and a majority were already 'doing something about it at the moment' before the start of the intervention (16) whereas nine were not doing anything about it. Five of these started to do something about it during the intervention.

There was an increase in the participant's reported consumption of fruit and vegetables, with the average daily portion increasing from 2.84 per day to 4.17.

Half of the sample (13) increased the portions of fruit and vegetables they were eating, and 9 remained the same. (One person decreased, two didn't answer).

Table 5 Eating meals cooked from fresh ingredients (per day)

N=25	At the start of fit as a fiddle	At the end of fit as a fiddle	Difference
Daily	8	7	-1
4–6 times a week	4	4	0
2–3 times a week	7	9	2
Once a week	2	2	0
Less than once a week	1	0	-1
Never	3	2	-1
Don't know	0	1	1
Total	25	25	

One of the aims of the project was to increase the consumption of food that has been prepared from basic ingredients. The findings from this show that many of the participants were in fact eating such food regularly (either cooked by themselves or by someone else), with nearly half (12) having them daily or 4-6 times a week, and only 4 having them never or less than once a week. There was little change seen in this.

Change in diet

I cut out sugar. I drink a lot of tea and I had two teaspoons of sugar in it each time. I just started cutting out one teaspoon, eating less chocolate and cakes. I'm eating lots of fruit and vegetables. It was really good to talk as a group about what we eat. I had been eating rubbish and so much sugar. I learnt more about vegetable and fruit and about exercise and what it does for the body. I enjoy vegetables, cabbage, broccoli, sprouts, greens. I cut out bread and I'm now eating mackerel twice a week. I didn't eat it very often before.' [participant]

We asked the managers of the partner organisations and volunteers to feedback on whether they felt the project had had an impact on healthy eating with the participants. See table 6 below.

Table 6: Impact on Healthy Eating

Feedback from 5 partners and 12 volunteers	*n=*	strongly disagree	disagree	neither	agree	strongly agree	agreeing / strongly agreeing %
Raised awareness about eating healthily amongst older people	17	0	2	1	7	7	82
Changed the attitudes of old people towards eating healthily	17	0	0	7	8	2	59
Helped older people to eat more healthily	17	0	1	1	12	3	88

The majority of respondents agreed, or agreed strongly that **fit as a fiddle** raised awareness of healthy eating, and helped older people actually to eat healthily. Fewer felt that it changed attitudes towards healthy eating. Some identified clear changes in eating patterns:

'those involved are definitely trying new foods' [partner]

*'He is always looking forward to the visit and is quite pleased to open his fridge to show you things he now eats.' [*Volunteer]

*'She had read through the materials and made some slight changes, stopping white bread, was aware of eating less meat' [*volunteer]

'eating more healthily yes, they got together to decide what they were going to eat and suggesting more healthy things to each other' [volunteer]

[male participant, with mild LD] '*had never had a jacket potato with tuna, and he surprised how easy was, and we told him about doing it with beans*' [volunteer]

Some volunteers identified increasing the hydration of the participants:

The older lady, she ate ready meals as she was not steady enough to peel vegetables. So I took her out to lunch, and I did get her drinking more water. She realised she hadn't drunk enough. [volunteer]

'I did manage to get her to drink more water, but she ate quite well, ate a lot of fruit anyway'. [volunteer]

For many, they were already aware of healthy eating but needed support and encouragement to do it.

They were already aware as lots of information around, but taking it more seriously with this [volunteer]

For one organisation, doing the project meant that support workers found out about the diets, and dietary requirements of the participants, and could therefore match their needs, and improve their health.

'We've seen some good changes particularly with two men who attend. Found out from the visits that one had high cholesterol and one was diabetic. We had suspected this but wasn't in his notes and he denied it. The one to one approach helped them disclose it, and going into the home and seeing the medication there.. we are now giving them appropriate diets at the centre' [partner].

3.2 Impacts on physical activity and exercise

'We did exercises, just started by throwing the ball around, arm exercises to get rid of my bingo wings. I'm still doing the exercises, I do them in the afternoon and evening, leaving the TV on while I do it. My breathing is better, a lot better. I can bend down and cross my legs which I couldn't do before. You don't notice these things until afterwards. I go and do exercises at the centre, nice to do it. I've got arthritis in one leg, now feeling better and walking more. I think that's from the (reduction in) sugar.' [participant]

For 25 of the beneficiaries we have 'before and after' data about any changes they have made in their levels of activity. Half the participants (12) increased the amount of time they spent walking, 9 remained the same, and three showed a decrease (see table 7 below). Within those who did increase their walking, the increase is quite substantial.

Table 7. Minutes walking per day

Minutes walking per day N=25	At the start of fit as a fiddle	At the end of fit as a fiddle	Difference
0-15 minutes	5	3	-2
up to 30 mins	6	3	-3
up to 60 mins	10	11	1
up to 1 hour 30	1	2	1
up to 2 hours	2	2	0
up to 3 hours	1	2	1
more than 3 hours	0	1	1
no reply	0	1	
	25	25	
Average minutes	47	73	
Number of people walking more	12		
Staying same	9		
Walking less	3		
(no reply)	1		

The average number of minutes walking per day increased from 47 minutes to 73 minutes -an increase of 26 minutes (55% increase). Before the intervention 11 were walking for less than 30 minutes per day, and afterwards only six were still doing that little.

Table 8 below shows changes in more vigorous physical activity 'that made them breath somewhat harder than normal'. Eight (a third) of respondents increased the amount of vigorous exercise, 10 stayed the same and three decreased. The average minutes went down. This can be partly explained by one very active person not giving an 'after' score.

Table 8. Minutes heavy exercises (minutes per week)

Minutes heavy exercise per week	At the start of fit as a fiddle	At the end of fit as a fiddle	Difference
0-15 minutes	12	9	-3
up to 30 mins	4	6	2
up to 60 mins	4	2	-2
up to 1 hour 30	0	1	1
up to 2 hours	1	2	1
up to 3 hours	0	0	0
more than 3 hours	4	1	-3
no reply	0	4	
Total	25	25	
Average minutes	97	48	
Number of people exercising more	8		
Staying same	10		
Exercising less	3		
(no reply)	4		
total	25		

Table 9 strength exercises – minutes per week.

Minutes strength per week	At the start of fit as a fiddle	At the end of fit as a fiddle	Difference
0-15 minutes	7	4	-3
up to 30 mins	4	3	-1
up to 60 mins	4	5	1
up to 1 hour 30	1	1	0
up to 2 hours	0	4	4
up to 3 hours	3	1	-2
more than 3 hours	5	6	1
no reply	1	1	
Total	25	25	
Average minutes	130	139	
Number of people exercising more	13		
Staying same	7		
Exercising less	3		
(no reply)	2		
total	25		

In terms of strength exercises, half (13) of the participants increased the amount of time doing strength exercises, 7 remained the same and three people decreased. Seven people were doing less than 15 minutes and this went down to 4 afterwards. The average numbers went up by 9 minutes. This survey also monitored daily activities relating to keeping active and preparing food. They were measured from 1= not at all confident to 5 as extremely confident.

Table 10 confidence in day to day activities

Activities	Average Score		Score 4 or 5		Numbers who Change in confidence		
	At the start of fit as a fiddle	**At the end of fit as a fiddle**	**At the start of fit as a fiddle**	**At the end of fit as a fiddle**	**Increase**	**Same**	**Decrease**
Walking round the house (n=24)	3	4	11	14	8	13	3
Doing light housekeeping (n=24)	3	3	8	10	8	16	0
Doing simple shopping (n=24)	3	3	9	11	8	16	0
Preparing a meal (n=24)	3	3	9	11	12	10	2
Getting myself up in the morning (getting dressed, washed etc) (n=25)	3	4	12	14	7	17	1

Interestingly half of the sample (12) increased in confidence in preparing a meal which showed the biggest positive change. A third (8) showed an increase in confidence in walking around the house, doing light housekeeping and doing simple shopping, and just under that (7) showed an increase in getting themselves up in the morning. There is also an increase in the number of people giving scores of 4 and 5 – the 'extremely confident' end of the scale across all the activities.

Partner organisations and volunteers also gave their perspectives on the impact on physical activity. See table 11 below. All the respondents felt it raised awareness of physical activity and the majority felt it changed attitudes and actual physical activity.

Table 11: impact on physical activity – volunteers and professional views

	n=	strongly disagree	disagree	neither	agree	strongly agree	agreeing / strongly agreeing %
Raised awareness about physical activity amongst older people	17	0	0	0	12	5	100
Changed the attitudes towards physical activity among older people	17	0	2	1	13	1	82
Helped older people to be more physically active	17	0	1	4	9	3	71

Examples were given in both the activities that volunteers did as part of their visits for example taking people out for walks, and the exercise ideas found in the information packs.

'I did some exercises with older people to start with. I brought my own stretchy bands in for them to use. We used the exercise ideas in the pack. There could have been more of those. The exercise was most important'

'I took them out for walks, not just sit in the house with them.'

'She wanted to go for walks around the local area from home, she didn't have the confidence to go out alone'.

'I encourage one to walk round her home and garden more, and went out for walks together. She feels secure going out with someone'

Others observed longer term changes in the exercise habits:
'Two men that come to our centre, they used to sit and play dominoes but now they doing tai chi and yoga' [partner]

' one is using the rower every day, gently, the other is doing the exercises with the bands. One said her joints are less painful. Might be due to stretching'.

One participant had progressed to a smoking cessation programme.

3.3 Impact on mental well-being

'I was interested as I felt very unhealthy and I suffer from depression. To start with just thought it was somewhere to go, something to do. We met twice a week. It made a difference, changed my diet and feeling happier. [it was] really good to talk as a group about what we eat. Having others helped no end. It has given me confidence, the volunteer and other lady doing it, we each encourage each other. I feel stronger in myself. I don't feel so tired during the day. I go up there more now. It helped with the depression, a mixture of the eating, exercise and meeting more people. They make me feel OK living on my own. I learnt to talk to others, I lost a stone in 8 weeks. [participant]

One of the key areas for the project has been to improve the mental wellbeing of the participants. Feedback from the volunteers and partners confirmed that the older people they were working with were isolated, and mental wellbeing was a key problem for them.

The participants made a self assessment of how satisfied they were with life, with 1 being extremely dissatisfied and 10 as extremely satisfied – thus the higher number meaning a higher level of satisfaction. The average score before the intervention was 5 out of ten which increased to 6 out of 10. Just over half (14) of the participants felt more satisfied with life after the intervention than before, eight stayed the same and 3 decreased.

The Warwick Edinburgh Mental Well Being Scale was also used as a measure of mental wellbeing. This scale comprises nine items and produces a possible range of scores from 9–45, with higher scores indicating greater mental wellbeing. The average score increased from 29 to 32 points and 18 individuals showed an increase, 3 stayed the same and 4 decreased.

Table 12 Impact on mental wellbeing and confidence – volunteer and professional views

	n=	strongly disagree	disagree	neither	agree	strongly agree	agreeing / strongly agreeing %
Improved the mental wellbeing of older people	15	0	1	0	10	4	93
Helped older people to develop new personal relationships or friendships	17	0	4	0	8	5	76
Helped increase the confidence of older people	16	0	0	2	10	3	81
Helped prevent older people from having a fall	12	1	0	2	7	0	58

The majority of the managers and volunteers did feel that the project had an impact on the older people's mental wellbeing. This was a harder measure for people to articulate but they gave examples of the person really looking forward to seeing them, and benefited from going out and about.

'some volunteers are still in regular contact with the older people as they have built a relationship. We had a telephone call from one of the people on the programme praising the volunteer and the help and the confidence they had provided' [partner]

'working with client, seeing the enthusiasm and effort' [volunteer]

'I see the joy they show in learning how they could improve their health' [volunteer]

'for instance one client took steps towards stopping gambling, another become happier because she could share her emotions and talk about them'.[volunteer]

I think they both feel a bit more in control. [volunteer]

'None of [participants] were targeted because they had specific health or poor diet issues, mostly wanted to be visited and wanted to get out and about.' [partner]

'We notice our clients often lost confidence to go out alone. For example one man who was physically quite fit but had lost his wife and didn't want to go places on his own. Need someone to accompany them' [partner]

'as a member of the local Asian community I feel it is so important to visit the elders who need support. To be able to help them look at diet and exercise issues and maybe help them to get outside the house for a short walk is so important.' [volunteer]

Several of the participants had quite severe mental health problems including depression and Post Traumatic Stress Disorder, and both staff and volunteers were worried about the volunteers' ability to help these people appropriately. Some were 'almost becoming counsellors, giving people advice, out of their depth'

*'a lot of the problems were quite severe mental health issues. For example, I had a suicide attempt over the phone. Luckily the participant called the office rather than the volunteer and we were able to help her. These people clearly needed one to one support but not through [**fit as a fiddle**] they wanted to talk about their family issues and stuff. Needed more about mental well being, and that you can't train in 1.5 days. They need a lot more support, and some have become attached to us as a support, so what to do after the four session.' [partner]*

'My sadder lady had disability and didn't want to do it she was too depressed. I felt a bit of a failure.' [volunteer]

'One had PTSD who had other concerns, and lived one day at a time.' [volunteer]

Reducing isolation and giving confidence

'Last year I went to town to get my eyes tested and decided to walk around town, but suddenly I couldn't do it. Not physically, but I felt so vulnerable; I couldn't make myself do it. I had to go back in and wait in the opticians. I thought I can't be like this so I contacted [voluntary organisation]. I looked forward to [volunteer's] visits. I have no relatives here, and my friends are dying around me. I need contact with people, we are all isolated in our little homes. I feel hemmed in. I was already eating very healthily, and order my groceries on-line from supermarket. [Volunteer] took me to the supermarket to see the food, she took me out and is going to come again soon.' [older lady, [int 9]

Clearly one of the key targets for this project was to help people who are isolated. 28 out of 37 for whom we have information lived alone. Many of those living with partners may have been their carers. Again the professionals and volunteers felt that the project did help the participants develop new friendships and relationships. Two organisations identified that the volunteers had introduced the older people they were working with to each other and that they had met up separately.

'The way we organised it, we had volunteers working with people who lived near them, and were close to each other. The service users realised that they were near each other and started to pop round for tea etc . They didn't know that they lived near each other before'.

' its so important that isolated older people have contact with other people. I know that I may be the only person they see that week, so I try to make a difference and make the visit enjoyable.' [volunteer]

3.4 What worked well/ not so well. What do differently next time.

In terms of impact on older people, there were certain elements of the programme that were felt to be effective:

Peer support – it was clear that for some participants having peer support helped them keep on track with changes in lifestyle, whilst at the same time increased the social aspect of the project, working towards positive mental wellbeing. This didn't have to be large groups necessarily, most examples given were of one or two people supporting each other.

The **personalised approach** was felt to be helpful, as the older people participating in the project had a wide variety of different needs, and constraints. As one partner expressed it:

'it is very good as it is so personalised. Best way to present it – "we really care about your health, want to help you" rather than a big presentation saying here's what you should eat, which is off-putting.

Actively participating with the individuals like taking them for walks rather than sitting and chatting where possible.

Building a rapport Some volunteers felt that building up a rapport with the participant was important before launching into the **fit as a fiddle** activities, and needed to extend the process over more sessions.

'A few sessions is not enough, you need to warm up to it. First time she looked at it, she wasn't interested but by sessions 3 she was getting interested and doing it. It is better to do 8 sessions, not 4.'

Barriers to impact on older people

Several respondents felt that the focus on healthy eating and lifestyle was actually a hindrance to participation, and that the focus on healthy eating was too dominant. Some participants were aware of healthy eating, and were put-off or even offended by the approach taken. Several said that they did not want to participate within the first session.

'Quite a few said in the first 20 minutes that they didn't want to do it. They are the generation who don't eat fast food, have lived through rationing, and are set in their ways about eating patterns. They get their three square meals a day and eat an apple! The project clearly identified people who needed support, but much more support about mental wellbeing rather than healthy eating. I would say only about a quarter really bought into it in terms of healthy eating and were keeping at it' [partner]

'I approached 10 people I thought it would be good for, older men who were over-weight and lots of people with diabetes, but only had three takers. They don't really look after themselves, cook for themselves. The older ladies are a bit offended by it – they know how to look after themselves and others, they've brought up a family. So don't need to be told how to do it, but aren't actually looking after themselves. The men turned it down straight away. People got upset about it.'

Thus, several respondents qualified their response about the impact on healthy eating, especially about raising awareness. Many of the older people were well aware of healthy eating.

'It didn't raise awareness on healthy eating as they know about it, just needed help to enforce it.'

Others identified that even where healthy eating is an issue, it was hard to change attitudes particularly with this age group.

'It was bit heavy on the nutrition and less on the activities and social isolation aspects, keeping mind active and healthy. Healthy eating can be a difficult message to get across to the elderly – they've made it this far on what they've been eating! And they are a client group who don't want to be told. It is an issue though, we've got clients who don't really bother to eat, just have a bowl of soup'

Others identified that changing attitudes takes a long time and is a more complex process. Several felt that people were particularly resistant to it even though they had been identified as needing help with their diet

'My third lady was quite stubborn. She was large lady so I felt I could make some progress with her. But she wouldn't buy fruit because it went stale. I wondered why she'd signed up for it. She wanted a singing club.' [volunteer]

'I didn't think people learnt very much about healthy eating, it was what we all know really but need to remind ourselves. Only two saw it through. The other, who was very large needs to accept that she has to make some changes. She couldn't see where she was going wrong. I hope that she had learnt something. She may have taken some of it on.' [volunteer/ staff]

Many pointed to physical barriers such as not being able to cook themselves.

'None of them were interested in the healthy eating side of it. The barrier to healthy eating was not awareness but constraints about being able to make things from scratch and stopping them using convenience foods. None specifically had poor diets.' [partner]

This is borne out by the feedback from the participants, showing that the majority were averagely confident in preparing a meal themselves, and were eating freshly prepared meals regularly (see table 10).

As with the healthy eating aspects, there were barriers identified by volunteers and staff to increasing physical activity. Several participants were unable to do any exercise due to disabilities.

'One lady really couldn't do anything, she'd had lots of operations on her arms and hips so couldn't exercise at all, she could barely walk to the shops. I couldn't suggest activities for her, it made her arms ache just doing housework.'

Others identified problems with access to appropriate exercise classes which were affordable.

'Problem is the limitation of their situation. One did want to join a gym so I sent her the information. [I'm] not sure if she's done it, will find out on my next visit.'

'You can visit gardens but there is a lack of facilities. She couldn't afford to go to gym and I don't know about available health/ exercise groups.'

'They really need someone to do exercises with them. I'm not allowed to do it myself as I'm not qualified, but they don't want to pay for exercise'

Others identified attitudes and motivation being hard to shift.

'He was the hardest one, he has trouble with his knees. He can walk to pub in village – but won't go on the bus to doctors which involves less walking.'

4 Key findings – impacts of volunteering

Over one hundred people were trained in the **fit as a fiddle** programme, approximately 12 were staff members; the majority were volunteers. There was a wide range of different types of volunteers who participated in the projects:

- Students particularly in nursing, sports science and occupational therapy were targeted
- Existing befriending volunteers
- Members of staff in voluntary organisations – either implementing it as part of their role, or as volunteers in their spare time
- Volunteers with health and social care background

The feedback about the training was very positive; all partners and volunteers who were interviewed were positive about the training, and from a sample of 14 evaluation forms from one of the training events the feedback was excellent in terms of both content and delivery. Volunteers also clearly enjoyed the training.

'I really enjoyed the training to be a visitor. Learning about health, nutrition and exercise gave me a better idea of what I should be doing and has inspired me to encourage the people I visit to look at their lifestyles and maybe start to do more.' [volunteer]

'the training was very good, interesting. At first I wondered what they would be able to tell us we didn't already know but were some interesting bits' [volunteer]

'I enjoyed the training, it was really good and interesting, well done.' [volunteer]

Things that were identified as useful were:

'Cycle of change, this can be used for lots of different scenarios, work, diet etc'

'The food analysis and the eat well plate '

'The healthy plate was good, salt and good fats vs bad fats we discussed that. I copied those and took them home.'

It was felt to be very appropriate for volunteers, using straightforward language yet being sufficiently detailed.

'Information was very detailed and very good. I couldn't criticise it. Very straightforward language, easy to understand. Could use it with staff and volunteers. Not too much jargon '

One criticism that was made by several organisations was that two days training was too much to expect volunteers to give up their time for, and that it could have been compressed into one day. Several organisations identified that volunteers could only attend training at weekends to accommodate those with full time work, and the need to be flexible around parents with children (and offering crèche facilities).

For employees who had a background in health and social care or sports the training could have been compressed further and focused on implementing the **fit as a fiddle** approach rather than the content of the material.

'Training was OK. I've done nutrition. It was easy enough, straight forward – an enjoyable couple of days. I didn't learn much, but you forget stuff so got refreshed'

Some partner organisations felt that there was too great a focus on healthy eating and not enough on emotional wellbeing and isolation

4.1 Impacts on the volunteers

The project did not systematically gain information from the volunteers about the impact on themselves. Some feedback was gained by interviews with some volunteers and partners, and four volunteers filled out questionnaires on this issue. Many enjoyed the training (see above). Anecdotal feedback shows that some of the volunteers learned from the training and changed their own behaviour themselves.

'The volunteers changed, they adapted their diets. For example, one identified that she might not be getting enough iron in her diet from the information given, so went to her GP and had a test and it showed that she was low on iron. It showed us all that even when we might appear healthy, still need to look at your diet.' [partner]

Four volunteers identified that they had gained more skills and increased self confidence and self esteem from participating. All four went on to do more voluntary work one had progressed to a job placement and paid work, and three were putting it on the CV. One felt their mental health had been improved and another saw an improvement in their physical health.

Several identified enjoying the process of visiting people, and were continuing to visit their older person beyond the end of the project.

'I love visiting the people, I feel that I can give them confidence to start to maybe get out and about and start to live life again.'

Some expressed disappointment when they couldn't help some of their participants, and one said that she felt ' a bit of a failure' with one person who she visited who was very depressed.
'I do enjoy teaching people to be healthy but don't think they wanted to do it. I was disappointed as I think really could help but they didn't want it' [volunteer]

4.2 Impacts of volunteering on the organisation and partners

Few of Independent Age's Volunteers participated in the project overall. Independent Age is in the process of reviewing the way it supports isolated individuals at home and expanding their volunteering roles, and training. As with some of the other partners, **fit as a fiddle** was seen as an innovative way of working and a potential model to investigate. The different approach threw up some problems as outlined in section 2.6. This experience has fed into the review of the work Independent Age is doing – for example they conducted a survey of their beneficiaries of their support needs, and beneficiaries said they would like a model of eight visit spread over a year.

Many of the partner agencies who did participate with the help of volunteers were drawing on an existing pool of volunteers. Some organisations did feedback that they had gained a greater understanding of working with volunteers. One had not considered accessing students as volunteers and was surprised at how many were initially interested in participating (although ultimately they could not continue, given the timescales of the project). They gained a better understanding of volunteer needs, and that they needed the space and time to support the volunteers. For example some volunteers needed confidence and support to participate, especially students to visit someone in their home, or to double up as buddies.

One partner described how the project had changed the approach of an existing volunteer:

*'We have a volunteer who does a therapeutic cooking class. She was on the [**fit as a fiddle]** training has changed the way she does it. She has increased user involvement, got them to choose what they wanted to cook, and to bring in their own ingredients.'*

Organisations also fed back that the project raised substantial support needs that could not be resolved by the volunteer alone. This ranged from identifying mental health needs to a range of other services needed. Some volunteer co-ordinators had to intervene to convince the participants to continue with the project, as the volunteers were ill-equipped to deal with the initial objections that participants had.

Often volunteers were not linked into other community services and therefore were not able to refer them to other support, and it was important that the 'host' organisation could follow this up.

The project helped two organisations to experiment with new ways of working with volunteers. One organisation was already reflecting on their befriending scheme. They had a waiting list for their existing scheme, but were having difficulties matching befrienders. They were interested in this shorter-term approach over three months as a way of engaging volunteer befrienders who prefer to make a time limited commitment, and to move into a more 'mentoring' role. Another volunteer fed back that an organisation she worked with in a different capacity had tried to set up a befriending scheme targeting isolated older people but had not been successful as the participants did not want to admit to, or see themselves as lonely. She felt that using a health promotion angle was an interesting way to approach people and to spend time with them.

One partner fed back that the programme had highlighted to her how dependent the organisation's operation was on a few very dedicated and active volunteers - who were unable to participate after the training due to illness.

4.3 Key successes and lessons learned

The project successfully recruited volunteers and staff from a wide range of backgrounds to engage with the training. The training was enjoyed and positive feedback was given about the content and delivery. Having the training over two days was felt to be onerous for volunteers, and was seen as a barrier for people with busy lives, and could have easily been compressed. Conducting training at the weekends and offering crèche facilities helped. Feedback from volunteers (although limited) was that the process was enjoyable and rewarding. Some expressed disappointment when they could not help the person they were visiting.

Organisations learnt about different ways of working with volunteers and new pools of potential recruits. Some described increased support that the project required through their volunteer co-ordinators or support.

It helped to be responsive to individuals needs when promoting it, emphasising the elements of the programme that were most appealing to the participants. *'We sold it to people on the getting out and about aspect, and tried to do health related things like taking them to the supermarket, but the issue for us was isolation'.*

5 Key findings – impacts on partnerships, sustainability and equality

5.1 Partnerships

Independent Age took the lead on coordinating the training of volunteers and the monitoring process. It supported 12 partner organisations across the country to engage with older isolated adults. The majority of partners were positive about the support and training that Independent Age had provided, and that the partnership had worked well, and several expressed an interest in continuing the work, or working again with Independent Age. A minority responded that they would have liked more on-going support.

The project had a range of impacts on partner organisations. Some impact can be seen in the volunteering section above. Others identified that the training and wellbeing messages have been integrated into their work, especially where staff members had been trained. One organisation provided new services around men's health based on the information gained by working with participants in **fit as a fiddle**. The one to one visits had highlighted that two individuals had diet-related health conditions that they had not disclosed to staff. They went on to tackle the issue of not wanting to talk about their illness, and started to run a men's health group. The service users decide the issue to discuss and are supported by staff members finding information about it.

Others described that the project had identified a new group of individuals who needed support, and had shown a real need for a befriending type scheme or other services, even if not one relating to physical wellbeing and healthy eating.

'We are helping [the participants] in lots of different ways- referral to day excursions, clubs, cleaning services, equipment being fixed (getting scooter going), parking badges, problems with shower, transport issues, welfare benefits advice. Open doors to people to get other services. They do need support but not necessarily for this ***[fit as a fiddle****].'*

Several organisations described it as a way to find out more about the issues in the lives of the older people the work with, and to identify other problems that they can help with.

'The model makes a good opening, and can check other things like whether they are warm enough etc.' [volunteers]

'It has given us information about their lives, for example we start looking at income if they say they can't get to the shops or are eating a lot of ready meals. Looking at why they are eating poorly.' [partner]

'The training had some useful tools which the volunteers will be using in their work. They won't be sitting down and doing a piece of work with them but will use the pointers in assessment of need – are they exercising and eating healthily? For both carers and cared for. It adds another element of way we evaluate what we do. Use a wellbeing wheel baseline where someone is at and whether this has improved. This is another tool to make sure we cover all aspects of their lives.'

Some partners felt the time constraints of the project were a barrier to implementing the project. The national roll out of the project was delayed and many of the training sessions for volunteers happened in May and June of 2012, and the deadline for completing the one to one sessions with participants was September 2012. This timing caused problems for the availability of volunteers (as outlined in section 2.6 above). For some it did not allow sufficient time to consult with partners and really get their buy-in on the project, which mean low response with volunteers, and with participants. This was especially the case where there were more complex partnership arrangements.

'It was pressured and output focused. It was all on top of the partner's workloads. The timescale meant it felt like we were pushing work on to them without getting buy-in for it.'

5.2 Sustainability

Independent Age trained volunteers and staff in twelve organisations, and worked with a range of others for workshops and roadshows. Most of the participating organisations were continuing to work with the **fit as a fiddle** materials in some way in the future. Several described integrating the messages into their existing and on-going work. For example two identified using some of the resources to help assess and monitor their clients' diet and levels of exercise.

In one organisation, where staff rather than volunteers were trained are planning to continue and expand the work, possibly in the New Year with new participants. They have integrated the ideas into their work, and staff trained on the course are using the ideas from the training in their day to day work with clients. They are continuing with healthy lunches where older people plan and cook healthy meals together. The project has been discussed in team meetings and staff are cascading the training and are 'buddying up' with other staff to help each other. Healthy eating and exercise is now a standing agenda item on resident's meetings, and some one to one support is continuing for example on a smoking cessation programme.

*'I would like to get more [participants] involved. I will try and get others involved and get new [**fit as a fiddle**]packs'*

Several identified that they are retaining the volunteers. Some of whom were continuing to work one to one with the participants, others were working in some other capacity.

'Volunteers are still active and using it. Given them confidence to look into other aspects of people's well being.'

'the training manual and folders were all really good, I'm taking some of it and using in own work'

One of the partner organisations had found that the project had raised the need for an outreach/ befriending project with a wider remit, and have subsequently received Big Lottery Funding to recruit and train more volunteers to provide such a service.

Another partner expressed the desire to scale up the **fit as a fiddle** project and to expand to other related services, such as the stroke care unit and falls prevention, but lacked funds to do so.

ft as a fiddle was seen to fit with many of the partners' own policies and objectives – of keeping people active, prevention and healthy lifestyle. Sustainability was enhanced when it also was seen to fit with the local PCT and Council Agendas.

'It fits in with PCT / council policy. Currently working on the five ways to health and well being, being active is one of them and mental health is one of our priorities'.

5.3 Impact on Equality and Diversity

The key focus of this strand is to support people who were isolated at home, and beyond this, the project did not target any specific groups. For those we have information, three quarters lived alone, and many of the volunteers described people as being lonely and isolated. Fewer men participated in the project than women. The project did have a diverse mixture of people participating in terms of their geographical spread. Several of the partner organisations did however have particular groups that they worked with, for example several of the host organisations in Leicester and London focused on African, Caribbean, and Asian older people. Efforts were made to ensure training was sensitive to different needs. For example Prayer time was offered at the ACC for young Muslim students on the training, and the diet materials included a range of different foods from different regions and cultures. One of the projects in Liverpool targeted areas of deprivation and were therefore reaching people on low incomes.

As described in chapter 2 above, the majority of the participants were over 60 in age, and mostly women. The project did not specifically reach out to men, and there was some anecdotal information about men not wanting to engage in the project. However, many of the examples of benefits given in section three above were describing the impact on men.

5.4 Key successes and lessons learnt

Overall the **fit as a fiddle** isolated at home strand engaged with a variety of participants.

Several partners identified impacts on their practice from the fit as a fiddle approach and materials. Those with longer term volunteers and staff were integrating the message and approach into their on-going work. Some had triggered new services they were running such as additional exercises or groups. Some organisations learnt more about the needs of older people in their area, and were able to provide services and solutions for them. Several expressed a desire to continue with the programme, although had not identified funding to do so; one had received Big Lottery Funding to increase their overall volunteering programme.

6. Conclusions and recommendations

6.1 Conclusions

Independent Age's **fit as a fiddle** isolated at home programme engaged trained 108 volunteers and provided one to one support to 78 older people in their homes. Over 450 people attended and benefited from roadshows and workshops.

The training was well received, enjoyed by participants and gave them the confidence to engage with older people on issues of healthy eating, fitness and wellbeing. Volunteers and staff trained in the programme integrated the messages and approach into their on-going work.

There were positive outcomes for older people especially around physical activity. Older people recorded changing their eating patterns and their physical activity, and many became more confident in making their own food. Half increased the portions of fruit and vegetables they were eating. Some observed modest changes such as drinking more water. Half increased the amount of walking they did, a third increased the vigorous exercise they were taking and half increased strength exercises. Feedback from individuals described increase in mental and emotional wellbeing, and confidence.

It was successful in reaching lonely and isolated people at home and working with them on a one to one level. It increased access to services for a range of older people as part of the new contact with agencies. The older people appreciated the visits and particularly being taken out for walks or on visits, and peer support. Some identified feeling better physically. Volunteers and managers also reported improvements in the older people on the scheme.

The project worked with a lot of different partner agencies, and ultimately provided training and support to 12 partners, with four running roadshows and a further five receiving workshops. Partner organisations appreciated the training and many integrated it into their on-going work and disseminated the fit as a fiddle messages. Some organisations used the opportunity to trial new approaches to volunteer visiting/ support and learnt from the process. For many it helped them learn more about their existing clients, and to offer more support to them as appropriate. For others it demonstrated a need for further support.

The workshops and roadshows were effective in reaching a wider range of people in a fun and engaging way. The project reached people throughout England, and had a relatively diverse group in terms of age and ethnicity.

The project encountered problems engaging participants in the project - providing one to one support to 78 people out of a target of 255. There was a high attrition rate of volunteers who trained but did not then go on to support older people. Problems included a lack of appeal of the issue to older people, lack of fit between organisations and the volunteering model, and insufficient lead in time.

Factors that made it effective were the personalised approach for individuals, working with host organisations with local knowledge and resources to support volunteers and participants.

6.2 Recommendations

Training

- The training was appreciated and it should continue to be made available.
- Consideration should be made to compressing it to one day where appropriate.
- The focus on mental health and emotional wellbeing should be emphasised.

Engaging participants

- Consideration should be made about the way it is presented and promoted, and to the individuals who are targeted.The subject matter and approach of fit as a fiddle was not attractive to many older people. Some were 'offended' by it, others refused to participate, although they were identified as being in need of this support. Others engaged with it for the company or as 'something to do', but did engage with it more once they were introduced to it.
- Sensitivity needs to be applied especially when trying to get people to change their diet, and consideration should be made around the other external practicalities facing people.
- Greater emphasis should be made on the mental wellbeing and isolation aspects of the project as well as the healthy eating and physical activity aspects.
- Peer support and social aspects of the project should be emphasised as well as the individual one to one support.

Engaging and supporting volunteers

- Sufficient time should be allowed for recruiting, training and supporting volunteers. Host organisations need to be available to support volunteers in referring older people to other services, or to take on some support function for the older people where necessary. Some older people may need on-going support past the end of the 12 week sessions.
- Avoid the summer holiday season, especially when volunteers have childcare responsibilities.
- Be prepared for a level of attrition of volunteers from expressing an interest in participating, to training and implementing the training.

- Consideration should be given to reaching more older men who are isolated. There was a low proportion of men participating. Partner organisations and volunteers often identified them as being particularly in need of support, especially if recently bereaved.

Partnership working

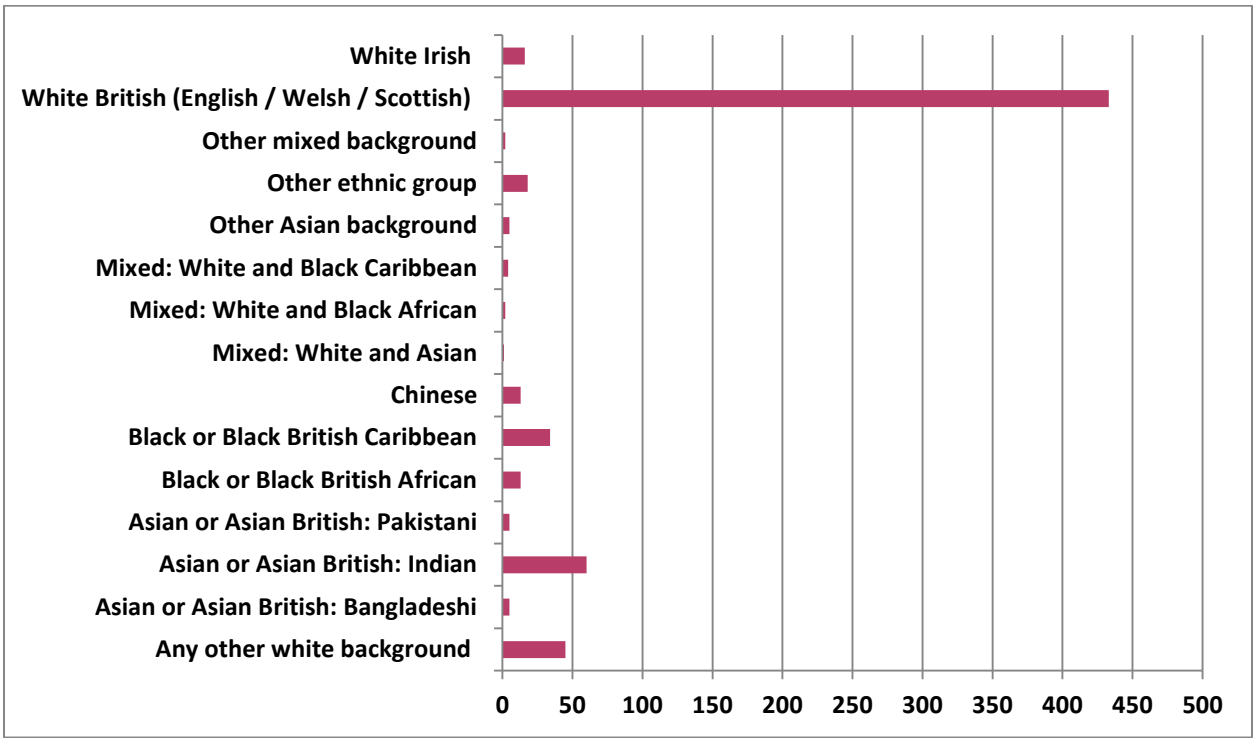
- Longer time should be allowed for this partnership development work. The project successfully worked with a range of partners across the UK. Developing partnerships takes a long lead-in time, and several hopeful links fell through for external reasons. Indeed, many of the successful partnerships came to fruition towards the end of the timescale of the project.

Appendix A: profile of participants

Profile of participants

From our monitoring data, we do not have details of whether people lived alone. However we do have information about the living situation of 37 of our sample who received one to one support. Just over three quarters (28) lived alone.

Figure one: Ethnicity of participants.



The majority of the people involved in the projects were White British. The project did engage people from a range of backgrounds including Asian British, especially Indian, Black British African and Caribbean, Chinese, Irish, other White background and other ethnic groups.

Just under half of those involved in the project (49%) were disabled or had a long standing illness, and for 117 of these it impacted on their life a lot, 152 impacted a little. Just under a quarter felt that their current health was 'not good', half felt it was 'good' and a quarter felt it was 'very good'. Of the 37 participants who received one to one support, we have information for, 23 considered themselves to be disabled (62%). Of the 37 participants who received one to one support, we have information for, 23 considered themselves to be disabled (62%).