An Evaluation of Ageing Well in England and Wales

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Study commissioned and funded by Welsh Assembly Government in partnership with Age Concern England.
Ageing Well Programme

- National network of projects developed by Age Concern to improve the health and well being of people aged over 50 years.

- Volunteers aged over 50 years are trained as “Senior Health Mentors” to provide a range of activities for people of a similar age group e.g.
  - Physical exercise – walks, cycling, chair-based
  - Music and dance
  - IT classes
  - Complementary therapies
  - Diet and healthy eating / cookery
  - One to one support

- 88 projects (17 in Wales, 71 in England).
- Funding: Big Lottery, LHBs, PCTs, local authorities, policy initiatives.
Policy Context and Background

• European agenda to promote quality of life and active ageing (Drennan et al 2005).

• Lay health promotion model is a cornerstone of public health policy (DH 2006).

• Lay health mentor model adopted by Age Concern to reach older people including those living in disadvantaged communities.
Ageing Well: Lay Health Promotion Model

• Volunteers aged over 50 years are recruited from local communities to lead and support older people in activities.

• Volunteers work with individuals to support behavioural change to improve physical, social and emotional health and well being.

• Volunteers are trained, supervised and supported in their roles by paid project coordinators.
Ageing Well Evaluation Study

Research Objectives
To:
• Assess physical, social and emotional health impact on coordinators, mentors and clients and their families and friends.
• Evaluate the training of “Senior Health Mentors”.
• Evaluate support and supervision for coordinators, mentors, clients.
• Make recommendations for future development of the programme.
Methods

**Coordinators:** Focus groups & interviews plus questionnaire (n=33)

**Volunteers:** telephone interviews (n=101)

**Clients:** interviews in 6 projects (n=31)

**Ageing Well national managers & support staff:** interviews (n=3)

**Documentary review:** Project evaluations and reports. Research papers.

**Sampling frame:** urban, rural, BME communities, men’s health, volunteers engaged in range of different activities, clients in different settings (**46 projects out of 88**).

**Analysis:** survey data entered into SPSS. Interviews and focus groups: thematic content analysis
### Characteristics of Volunteers and Clients

<table>
<thead>
<tr>
<th></th>
<th>Volunteers</th>
<th></th>
<th>Clients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>79 women, 22 men (n=101)</td>
<td><strong>Gender</strong>: 25 women, 6 men (n=31)</td>
<td></td>
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<tr>
<td><strong>Age range</strong></td>
<td>25 – 85 years</td>
<td><strong>Age range</strong>: 56 – 86 years</td>
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</tr>
<tr>
<td><strong>Age</strong></td>
<td>%</td>
<td></td>
<td>%</td>
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</tr>
<tr>
<td>&lt; 50 years</td>
<td>8</td>
<td>&lt; 50 years</td>
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<tr>
<td>50 – 59 years</td>
<td>12</td>
<td>50 – 59 years</td>
<td>10</td>
<td></td>
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<td>60 – 69 years</td>
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<td>5</td>
<td>80 – 86</td>
<td>23</td>
<td></td>
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<tr>
<td><strong>Ethnic origin</strong></td>
<td>%</td>
<td><strong>Ethnic origin</strong>:</td>
<td>%</td>
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<tr>
<td>White British</td>
<td>85</td>
<td>White British</td>
<td>71</td>
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<tr>
<td>Asian</td>
<td>10</td>
<td>Asian</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>5</td>
<td>Black Caribbean</td>
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Impact on Health
<table>
<thead>
<tr>
<th>Impact on Health and Well Being of Mentors</th>
<th>Improved a lot</th>
<th>Improved a little</th>
<th>Stayed the same</th>
<th>Reduced a little</th>
<th>Reduced a lot</th>
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<tbody>
<tr>
<td>My knowledge about the importance of physical exercise has</td>
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<td>My knowledge about healthy foods has</td>
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<td>My consumption of healthy foods has</td>
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<td>50</td>
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<tr>
<td>My social circle has</td>
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<tr>
<td>My knowledge about home safety has</td>
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<td>30</td>
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</tbody>
</table>
We exercise every muscle including the eyeballs and the jaws get the most’ (Mentor 75).

‘...social benefits in getting out of the house, I’ve made new friends through Ageing Well’ (Mentor 11).

‘It’s improved my well-being, something that’s satisfying and helping people, good for my health I’m sure’ (Mentor 80).

‘…the grandchildren … they are now keen cyclists. These things have little eddies around them, like a stone in water’ (Mentor 21).
<table>
<thead>
<tr>
<th>Impact on Health and Well Being of Clients</th>
<th>Improved a lot</th>
<th>Improved a little</th>
<th>Stayed the same</th>
<th>Reduced a little</th>
<th>Reduced a lot</th>
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<td>N</td>
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<td>12</td>
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<tr>
<td>My consumption of healthy foods has</td>
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<tr>
<td>My social circle has</td>
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<td>0</td>
</tr>
<tr>
<td>My knowledge about home safety has</td>
<td>13</td>
<td>8</td>
<td>10</td>
<td>0</td>
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</tr>
</tbody>
</table>
Physical, Emotional and Social Health Benefits (Clients)

‘Aches and pains in the morning ... once I get here and do the exercise, I feel wonderful’ (F, 74 yrs).

‘It’s [the exercise] one way to keep fit. It’s not just the exercise, different people come, so we meet different people’ (M, 82 yrs).

‘...I don’t think I worry as much as I did. When you broaden your circle you can see that people are worse off than you. They have problems and you are better off’ (F, 75 yrs).

‘My wife has stopped using fattening stuff, less butter, oil and cut down on rice to twice a week....no sugar and things like that and plenty of vegetables and brown chapatti’ (M, 72 yrs).
Benefits of Volunteer Peer-led Initiatives

• **Speaking the client’s language**
  ‘Volunteers speak the client’s language, they understand the lifestyle and are very friendly’ (F, 56 yrs).

• **The significance of age – going at your own pace**
  ‘It’s better to have a more mature person to be in our age group, so that exercise is appropriate for your needs’ (M, 82 yrs).
  ‘Nobody laughs at you if you make a mistake’ (F, 74 yrs).

• **Understanding, style and approach**
  ‘The Tai Chi instructor is very young, has adapted to our age group, understands the age group’ (F, 74 yrs).
Strategies for Enhancing the Scope of Ageing Well

- Extending provision
- Develop partnerships with statutory and other voluntary providers
- Reaching a more diverse group of clients (especially from BME groups and men)
- Targeted recruitment of volunteers (especially those in mid life, men and from BME groups)
- Promoting the typology of volunteer roles (volunteer, activity leader and community health volunteer)
Conclusion

- Supports the delivery of the public health agenda (DH 2004, WAG 2005).

- In line with personalisation and behavioural change models (Coull et al 2004)

- Ageing Well programme is adaptable to local context and communities.

- Demonstrates the contribution of older people to sustaining health of peers and to supporting their communities.

Report `As soon as I get my trainers on I feel like dancing’ is available from: www.opanwales.org.uk
‘As soon as I get my trainers on I feel like dancing’

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