

# fit *as a* fiddle

fit as a fiddle in the West Midlands:  
Regional Portfolio Impact Report



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)



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## Foreword

The UK has an ageing population. Since 1984 the number of people over 65 has risen from 15% to 16% of the population. Over the same period the numbers of over 85s has doubled. While many people remain active well into retirement, there is growing evidence that participation in sport and physical activity decreases as people get older. The impacts are often experienced as deterioration in physical health and general wellbeing.

These issues underpin the **fit as a fiddle** programme – a Big Lottery Funded initiative that has been delivered by Age UK across the nine English regions from 2007 to 2012. In the West Midlands, there have been two strands of the programme. **Greenagers** projects have focused on gardening and growing produce as a route to increase levels of physical activity, encourage healthier eating, and enable wellbeing. **Prescription for Health** projects have targeted and encouraged people aged 50+ to become involved in a range of physical activities and healthy eating sessions.

Over the five years of delivery, **fit as a fiddle** has reached over 4,000 people across the West Midlands. Towards the end of the programme's delivery period, Reshenia Consulting was commissioned to assess the impact of this work. Our overarching aim has been to establish an evidence base that highlights the health and wellbeing impacts of each project in the portfolio, which will enable shared learning about what has worked well and why. We have visited all the projects and met with project staff and managers, as well as many beneficiaries. The impacts have often been unexpected, and many projects identify small changes that are significant to individuals. It is clear that the often low-level interventions achieved through the **fit as a fiddle** programme make it an effective preventative health initiative. As such, some of the impacts are difficult to quantify. However, the approaches developed throughout the West Midlands fit with the growing emphasis on wellbeing within the public health agenda. A challenge for the future will be finding ways to demonstrate this with greater rigour.

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- Pat Catlin, Greenagers Coordinator at Age UK Herefordshire & Worcestershire
- Sally Elliott, Community Manager, and Norman Leslie, Greenagers Coordinator, at Age UK Warwickshire
- David Nixon, Greenagers Coordinator at Age UK North Staffs
- Maggie Thompson, LEAP Over 50 Project Coordinator, and John Fox, Greenagers Project Officer, at Age UK Dudley
- Jenny Ward-Robinson, Greenagers Coordinator at Age UK Malvern & District
- Carolyn Gunn, **fit as a fiddle** Coordinator, and Alison Montgomery, Chief Executive, at Age UK Stafford & District
- Sally Elliott, Community Manager, and Mandy Morris, Prescription for Health Coordinator, at Age UK Warwickshire
- Sue Hart, **fit as a fiddle** Coordinator, and Dave Montgomery, Physical Activity Development Officer, at Age UK Coventry
- Christine Higgins, **fit as a fiddle** Coordinator at Age UK Kingstanding, Perry Barr and Weoley Castle
- Lucy Coton, Head of Services, and Alison Meakin, temporary **fit as a fiddle** Coordinator, at Age UK Solihull

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- Sharon Dyer, Help at Home Coordinator at Age UK Herefordshire & Worcestershire
- George Waugh, Chief Officer at Age UK Malvern & District
- Alan, Tina and Pat, as well as the volunteers at the Staying Active Centre run at the Cricket Club; and Jo Nuttall at Age UK Stafford & District
- Kerry Burnett, Trainer at Age UK Warwickshire

- Kate Baldwin-Millington, Community Spirit Project Coordinator at Age UK Solihull

Staff from some of the residential settings which host some of the **fit as a fiddle** activities also found time to talk with evaluators in some of the areas, in particular:

- Hereford & Localities: Anne Martyn, Supervisor at Brookside and Kington Court Age UK day centres
- Herefordshire & Worcestershire: Anita Fletcher, Manager, and Hilary Burdon, Activity Coordinator, at Heathlands care home
- Malvern & District: Sue Milward, Manager at Hastings Care Home; and Jenny Parker, Deputy Manager at Howbury House Care Home

Last but not least, we thank the many beneficiaries and volunteers, who were so welcoming, and who spoke to us with enthusiasm and pride about their involvement with **fit as a fiddle**. Their comments and views added insight and depth to this evaluation, and helped us to understand the human impacts of the **fit as a fiddle** programme:

- beneficiaries and volunteers at Brookside day centre, Hereford & Localities
- beneficiaries and volunteers at Pershore allotment, Heathlands care home and The Court retirement home, Herefordshire & Worcestershire
- allotment gardeners at the Rugby allotment, Warwickshire
- members of the Gardening Circle at West End Village in Stoke, North Staffs
- allotment holders in Dudley who talked to John Fox about their experience of the project
- allotment gardeners, Malvern and District
- participants at a Staying Active Centre usually run at the Cricket Club, but on the day of the visit, at the Boat Club in Stafford, Stafford & District
- participants at a Falls Prevention session at Alwyn Freeman House, Warwickshire
- members of the Extend class in Allesley, and the Tea Dancers at St Christopher's Church Hall, Coventry
- members of the Extend class at Homelands, Perry Barr
- members of the Pilates class at Fordbridge Centre, Chelmsley Wood

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# 1. Introduction

## 1.1 fit as a fiddle national programme

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
- 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 nine 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 two national projects and 24 regional projects, delivered by over 200 organisations (99 of which are local Age UKs/Age Concerns). Each of the nine English regions receives £1.2 million to deliver a range of innovative projects in their area. The portfolio builds upon Age Concern's Ageing Well Programme developed in 1993 to specifically to improve older people's social and emotional wellbeing in a wider context. An independent enquiry into mental health and wellbeing in later life revealed five main factors that impact upon older people's mental health and wellbeing: discrimination, participation in meaningful activity, relationships, physical health and poverty<sup>3</sup>. By increasing the focus upon good expectations of good

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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)

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

health in old age and encouraging older people to maintain, sustain and improve their health, **fit as a fiddle** aims to address inequalities and empower older people to live fulfilling lives with the support of peers and their communities.

**fit as a fiddle** projects promote healthy ageing, based around the needs and ideas of local people. At a regional level, projects aim to include black and minority ethnic (BME) communities, older people with specific health risks (e.g. high blood pressure) and those living in deprived urban or rural areas.

At a national level the programme is focusing on training and support to become a volunteer to encourage lifestyle and health improvements via a National Cascade Training Programme. A series of leaflets, resources and materials have also been produced as part of a national Health Literacy project.

## 2. fit as a fiddle in the West Midlands

### 2.1 Overview

The **fit as a fiddle** programme in the West Midlands is delivered by ten delivery organisations, providing 11 different projects. It aims to achieve three outcomes:

- Older people being more physically active and involved in the community through increased skills and participation
- Older people and families eating more healthily
- Older people having enhanced and improved mental wellbeing

There are two different programmes in the region:

- **Greenagers:** this focuses on gardening and growing produce to improve older people's physical fitness and encouraging healthier eating through gardening. Activities are delivered through projects running allotments, and/or gardening circles, where older people work together to support the development of communal gardens, gardens in sheltered accommodation, or allotment sites. Greenagers projects have been delivered by Age UK Dudley; Malvern & District; Warwickshire; Hereford & Localities; Herefordshire & Worcestershire; and North Staffordshire.
- **Prescription for Health:** this targets and encourages people over 50 to be involved in physical activities and healthy eating sessions. These projects have been delivered by Age UK Coventry; Kingstanding, Perry Barr & Weoley Castle (Age UK KPW); Solihull; Stafford & District; and Warwickshire.

All projects have a paid coordinator. The Greenagers coordinators have, in general, been contracted to work only 12 hours a week, and this has influenced their levels of delivery. Inevitably, the expectations of the Greenagers projects are less than those of the Prescription for Health projects, most of which have had a full time (or FTE) coordinator. The coordinators came into post in 2008. Although there have been some changes of personnel, across the portfolio the programme has benefited from considerable stability.

The **fit as a fiddle** projects have generally been managed within the part of their respective Age UK organisation delivering community services, practical services for older people, or an already established department delivering other 'Healthy Living' services or projects. For example:



- In Warwickshire, both the Prescription for Health and Greenagers projects are located in the community development department and are closely aligned to the ActiveAge activities run by the organisation
- In Herefordshire & Worcestershire, the Greenagers Project is one of the Active Ageing Services run by that Age UK
- In North Staffs, the Greenagers Project is included in the Ageing Well team's work
- In Dudley, the Greenagers Project is part of the LEAP Over 50 Project
- In Stafford & District, the Prescription for Health project is included within the Staying Active work of the organisation

This co-location has enabled many of the **fit as a fiddle** projects to integrate a range of provision for older people. It has also encouraged good signposting between services within the organisation, and to other relevant organisations in the local area. A disadvantage, however, is that it has sometimes been difficult to establish the impact of the **fit as a fiddle** work, as distinct from some of the other healthy living projects carried out within Age UK organisations. A lesson for the future would be to develop project management and monitoring systems from the start of delivery.

Milestones for the **fit as a fiddle** programme were set nationally at the start of the programme for each region. For the West Midlands, the milestones are given below.

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Greenagers</b>					
Allotments established or continuing ( <i>cont</i> )	3	3 ( <i>cont</i> )	3 ( <i>cont</i> )	3 ( <i>cont</i> )	---
Allotment beneficiaries	45	60	75	90	90
Gardening circles established or continuing	6	6 <i>cont</i> 6 new	12 <i>cont</i> 6 new	18 <i>cont</i> 6 new	24
Gardening circle beneficiaries	12	24	48	96	96 (4 per circle)
Volunteers trained	---	8	12 (total)	16 (total)	---
<b>Prescription for Health</b>					
Number of older people involved in physical activity and healthy eating sessions	165	440	660	660	165
New volunteers recruited	10	25	25 new 60 total	25 new 85 total	---

## 2.2 Numbers of groups and activities

Across the portfolio, the milestones have been exceeded. Greenagers projects have established ten allotments and 28 Gardening Circles.

The numbers for Prescription for Health activities are difficult to summarise across the portfolio. However, in July 2012 this evaluation identified the following Prescription for Health groups and activities:

- Age UK Stafford & District: 28 groups currently running, 16 of them in sheltered housing schemes, six in community venues and six in Staying Active Centres
- Coventry: 32 activities taking place over five days a week
- Warwickshire: 22 classes ran between Sept 2011 – Sept 2012
- Perry Barr: over 60 groups ran throughout the period of operating

## 2.3 Charging for activities

Most of the Prescription for Health classes and all the Greenagers activities are free to participants. This is in line with advice from the national programme that they should not charge in order to widen access, and not restrict participation only to those who can pay. However, this has limited the amount of activity that some projects can afford to deliver, particularly where refreshments after the class were provided as an important aspect of building the social side of the activity. It also inhibited the longer-term sustainability of **fit as a fiddle** activities after the end of the Big Lottery funding: with no fee structure, there is a concern that some of the activities will cease by the end of September 2012.

Some Age UK organisations have decided to charge modest fees for their activities. For example:

- Stafford & District charge £1.50 for classes that are not run as part of the Staying Active Centres. This supports Age UK Stafford & District's intention that the programme will continue and be financially sustainable after the end of the Big Lottery Funding.
- Age UK Coventry has made a small charge for every participant to help with the sustainability of the groups. By the end of the programme the fees generated by each class are sufficient to cover the direct costs of the class (tutor and venue hire).
- Age UK Solihull has decided to request a voluntary contribution to cover the cost of refreshments and expects classes to be in a position to cover their costs after a three- to six-month period of initial subsidy.

Where fees are charged, these either represent a token amount, or they cover only the cost of hall hire and the tutor's fee for running the class. In no cases do they cover the full cost to their host organisation of providing these activities.

## 2.4 Number of beneficiaries

Projects have returned SNAP forms for all their beneficiaries. This data for the year to end March 2012 shows that, from the start of the programme to February 2012, there were:

- 3,157 beneficiaries on the Prescription for Health programme
- 460 beneficiaries on the Greenagers programme

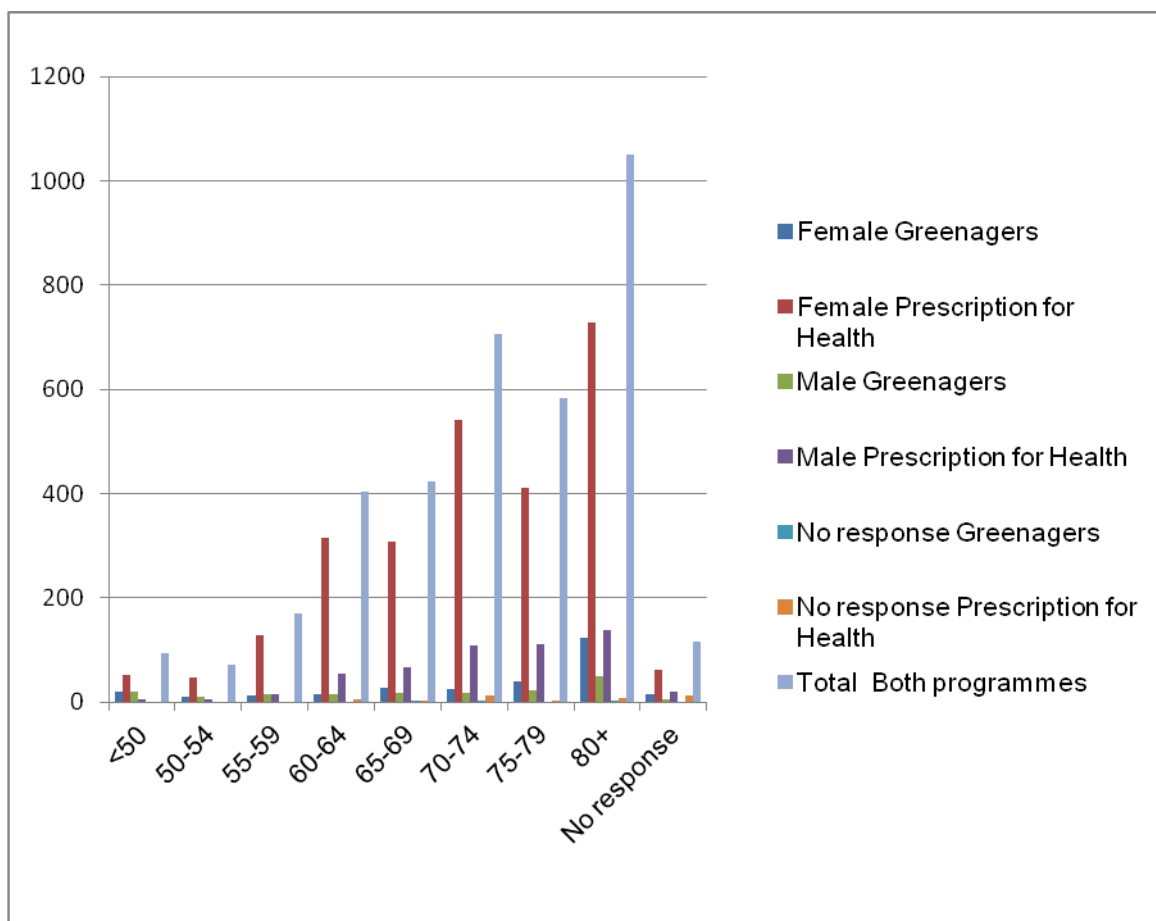
The SNAP data does not reflect the total number of beneficiaries for the programme across the West Midlands region. However, it demonstrates that all the projects in the regional portfolio achieved greater numbers than was anticipated. The Prescription for Health projects were especially successful in exceeding the milestones set by the Big Lottery Fund.

### 2.4.1 Profile of beneficiaries

While the **fit as a fiddle** projects have been aimed at everyone aged over 50, some 64% of beneficiaries have been aged 70+.

All beneficiaries	
Age	% beneficiaries
<50	3%
50-54	2%
55-59	5%
60-64	11%
65-69	12%
70-74	19%
75-79	16%
80+	29%
No response	3%

The chart below shows the spread of ages and genders for all beneficiaries across the whole portfolio, differentiating between the two programmes:



There is a different gender profile between the two programmes, with more men participating in Greenagers. Across the portfolio, while 80% of all participants were women, this reduced to 62% in the Greenagers projects.

Gender of participants across both programmes						
	Greenagers		Prescription for Health		Both Programmes	
	Number	%	Number	%	Number	%
Female	285	62%	2,591	82%	2,876	80%
Male	170	37%	525	17%	695	19%
No response	5	1%	41	1%	46	1%
<b>Totals</b>	<b>460</b>		<b>3157</b>		<b>3617</b>	

This highlights that the Greenagers programme has been an effective way to engage older men in health projects. (See 4.10: Reach)

## 2.5 Beneficiaries' health

SNAP data for the whole portfolio highlights that 48% of all beneficiaries across both programmes reported that they had an (unspecified) disability and/or long term health condition, and that project beneficiaries' subjective experience of their physical health is largely good.

Beneficiaries' current health				
	Greenagers	Prescription for Health	Both programmes	Both programmes %
Good	189	1,892	2,081	58%
Not good	196	756	952	26%
Very good	72	485	557	15%
No response	3	24	27	1%

## 2.6 The role of volunteers in fit as a fiddle

The Greenagers projects have benefited from the active involvement of volunteers, although it has to be noted that the distinction between volunteers and beneficiaries was sometimes blurred. Many Greenagers volunteers are people who began their involvement as a beneficiary, but became so committed to the project that they have extended their involvement. Roles across all the Greenagers projects include:

- Helping on the allotments, watering and weeding throughout the week
- Recruiting members and being particularly active in the Gardening Circles
- Liaising between managers and residents in the residential settings in which Gardening Circles are run
- Carrying out minor repairs to infrastructure – tools, benches, etc

Volunteer groups are sometimes also brought in to carry out heavier work such as digging or rotavating, especially at the start of the season, or building sheds, installing benches on hard standings, etc.

The situation has been different for the Prescription for Health projects, which experienced a significant change from their initial intentions to train and use volunteers to deliver some of the classes. As the national programme developed, Age UK issued recommendations that stated that all exercise<sup>4</sup> instructors working within the **fit as a fiddle** programme had to be on the Register of Exercise Professionals UK (REPs). The minimum qualification for entry on the Register is Level 2,<sup>5</sup> but Age UK recommended that “as they are working with older people, best practice should be that they have achieved a Level 3 qualification and undertaken the module regarding ‘adapting physical activity programmes to the needs of older adults’”.<sup>6</sup> A consequence of this

<sup>4</sup> Exercise is “physical exertion of the body - it is planned, structured and repetitive for the purpose of conditioning any part of the body”

<sup>5</sup> The qualifications which give entry to the are closely aligned to a system of National Occupational Standards (NOS) developed by SkillsActive. Level 2 is the broad base of gym instructors, aqua and exercise to music teachers and Level 3 is for advanced instruction, personal training, special populations and exercise referral. Level 4 instructors are qualified to work with specialist health conditions and have to undertake an approved exercise referral qualification.

<sup>6</sup> Age UK draft: Fit as a Fiddle Guidance on exercise professionals: October 2009

recommendation was that the Prescription for Health projects were not able to use volunteers as Senior Health Mentors to run exercise classes without them undergoing formal training. Projects found that this was both very time-consuming<sup>7</sup> and very expensive, and there was no money in project budgets to enable this training. Consequences for all the Prescription for Health projects have been:

- A reduction in the number and range of groups that could be run
- In some cases, a reduction in the pool of volunteers available to the organisation
- Increased project costs, because all trainers need to be paid: this has had an impact on project sustainability

However, most of the projects use volunteers for the more social aspects of running the groups, such as greeting members, signing people in, collecting subscriptions, and providing refreshments. Given the importance of socialising within the groups, the importance of this role should not be understated. Some projects have also supported people to qualify as trainers. For example:

- Age UK Warwickshire has encouraged five people to qualify as trainers over the life of the **fit as a fiddle** project. An added benefit is that each trainer has increased their work options by being able to run courses for Age UK and others on a freelance basis.
- Age UK KPW has funded one volunteer to follow Extend Level 3 training. They completed the course and delivered an agreed number of classes unpaid, before becoming a professional Extend tutor.

## 2.7 The added value of partnership working

All the projects in the portfolio have established a range of new partnerships through their delivery of **fit as a fiddle**. At the very least, constructive relationships have been formed with individual managers as well as the organisations running a range of sheltered housing and other residential care settings. In some areas, the partnership working with the **fit as a fiddle** project has extended beyond the activity itself, and has led to building better relationships, and sometimes to joint projects, with the wider community. Many operators of sheltered housing have actively encouraged the programme to establish classes in their community rooms, frequently encouraging non-residents to attend. Examples of partnership working across the portfolio are given below.

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<sup>7</sup> The minimum time of learning to gain a qualification at Level 2 is 120 hours. The guided minimum time for Level 3 is around 150 hours to gain the core units in addition to a Level 2 award (120 hours) – ie a total of 270 hours.

### 2.7.1 Partnerships with statutory agencies

All the Greenagers coordinators have worked with their local authorities to identify and provide allotments. Across the portfolio, coordinators have developed referral and signposting arrangements with a wide range of health providers in their areas. Specific examples of active partnerships include:

- Stafford Borough Council's Health Strategy Officer has given talks on nutrition at many of the initial **fit as a fiddle** groups
- Dudley's Probation Service community payback scheme supported Greenagers by clearing weeds and constructing raised beds, as well as distributing publicity leaflets to the area immediately surrounding the allotment
- Dudley Greenagers is in discussion with NHS Dudley to investigate the possibilities for partnership working with Hillside Herbs, an educational produce growing project (June 2012)

A distinctive feature of the delivery of the **fit as a fiddle** programme in Coventry has been close partnership working with the City Council, for whom improving the health of the population is a key priority. For example, the City Council and Prescription for Health have collaborated over where to start new Extend groups and provide tutors to cover each other's sessions. Recently both organisations negotiated a coordinated cut in the rate paid to tutors.

### 2.7.2 Partnerships with gyms & sports centres

Age UK Coventry have developed successful partnerships with two local Sports Centres, the Foleshill Sports Centre and Fitness First, through which they are able to encourage the use of facilities by older people, including the offer of significantly reduced charges at off-peak times. This appears to be unique within the **fit as a fiddle** portfolio, and other projects found that although sports centres were keen to encourage older people to join them, they did not succeed in attracting older members. (See 4.11: *age appropriate activities*)

### 2.7.3 Innovative community-based partnerships

The evaluation identified a number of innovative community-based partnerships across the portfolio. These include:

- In Coventry, a partnership with Coventry City Football club which included a 'Games' event for older people building on the opportunity presented by the city hosting Olympic Football
- Age UK KPW developed a partnership with Birmingham Hippodrome through which the theatre provides free tickets for some of their shows: they also invited the **fit as a fiddle** choir to sing at Birmingham Town Hall

- Age UK North Staffs ran partnership activities in the winter with the Staffordshire Wildlife Trust to construct bird boxes. This meant that allotment members could continue to meet when the weather stopped their usual work. The bird boxes were put up on the allotment.
- Age UK Herefordshire & Worcestershire partnered with a senior lecturer from Pershore College, who has given free training for volunteers in pruning apple trees and fruit bushes. The project has also benefitted from free garden design at the allotment and at Heathlands care home.
- Age UK Hereford & Localities has developed projects with Extra Choices across Herefordshire (ECHO), an organisation for people with learning disabilities. These have included providing support to Rural Crafts and About Face Theatre Company, two ECHO projects that focussed on healthy eating using vegetables grown on the community allotment.
- The Greenagers coordinator in Herefordshire & Worcestershire joined Transition Pershore and this helped her to make useful connections with local councillors and with Pershore in Bloom. The project is located in a market gardening area with many local nurseries and garden centres. The Coordinator's family has a market gardening background and she was excellent at mobilising support, particularly donations in kind of plants and seeds, materials and expertise. For example, links were established with a local wholesaler, who gave the project plants that were not quite good enough to sell on. 30 different organisations and businesses, for example building suppliers, nurseries, Homebase and B&Q, have supported the project.

#### **2.7.4 Volunteers providing additional resources to Greenagers projects**

One of the challenges of running allotment and gardening projects with older people is the need for 'serious muscle power' to undertake some of the harder and more physical tasks, especially establishing the infrastructure and preparing the soil each year. Some of the Greenagers coordinators have developed partnerships which have enabled them to bring in people and resources to do just this. For example, Age UK Dudley (above) has partnered with the Community Payback Scheme.

- Age UK Herefordshire & Worcestershire has partnered with Working World, a learning disability organisation, and they provided a task force of young volunteers with learning disabilities. They have helped with clearing an overgrown site, digging, pruning and replanting. The young people involved have gained valuable skills and experience and the project has benefitted from their assistance with hard physical tasks. There is also a partnership with nearby Pershore College of Horticulture, whose students from the landscaping course at the College participated in the taskforce.



- Age UK North Staffs had a successful 'make-over day' in March 2012, when Wilkinson's Stores offered their staff as volunteers. The Greenagers Coordinator organised working parties for two days to complete the repainting of the sheds, fences, planters and seats on the Stoke-on-Trent allotment, and also for digging over of the allotment. This gave the allotment a kick-start to the year, as beneficiaries said that starting the year on a tidy, well-maintained plot made a real difference to their motivation.

These partnerships have helped to improve both the quality and scale of the practical work that could be achieved, and the donations in kind to the Greenagers projects in particular have supplemented their small operational budgets. Across the portfolio, partnership working has levered in additional resources and represents significant added value to the project.

## 3. Evaluation methodology

### 3.1 Initial assumptions

The original brief had indicated that the national evaluation data and the monitoring and evaluation work undertaken by each **fit as a fiddle** project would provide most of the evidence needed to demonstrate impact on older people in the West Midlands.

However, we found early on that both the Ecorys questionnaire being used for the national longitudinal survey and the CLES questionnaire for the Big Lottery Fund's evaluation of the whole Wellbeing funding programme had proved unpopular and unworkable with many of the project beneficiaries. They were felt to be too long and to ask intrusive questions. Moreover, they were not seen to be relevant by a number of the gardening projects.

#### 3.1.1 Initial visits

Initial visits to the 11 projects in the region revealed that knowledge, understanding and experience of evaluation varied considerably among the staff involved. A number of projects had been collecting information, but were not always clear what they wanted to find out from it beyond general feedback. Where information was being collected, often no-one had time to analyse it. Some had no structured information at all. A number of brief case studies had been produced by some projects and also by Ecorys: these were good 'human interest' stories but were not in themselves robust evidence of impact that was specific and measurable. Crucially, there was very little data that related to social value measures, and what data was available was not consistent across the portfolio.

### 3.2 Agreed methodology

It quickly became clear that additional data would need to be collected through primary research. Following discussions with the Regional Coordinator, it was decided to use a short, focused questionnaire with a sample of the Prescription for Health project beneficiaries, and a guided conversation/interview outline, covering the same indicators, with a sample of gardening project beneficiaries. The limited time available for the evaluation means that the data collected should be considered indicative rather than representative.

This methodology needed the involvement of project coordinators, but all were prepared to help as they recognised that the final reports would help them to demonstrate the impact of their **fit as a fiddle** work. Several were particularly interested in the idea of being able to measure in some way the social return on investment.

### 3.3 Developing possible indicators

The main indicators chosen for this evaluation were intended to investigate whether there was evidence of health and wellbeing benefits from **fit as a fiddle** activities to which an economic benefit could be ascribed. These are described fully in Section 4.

The questionnaire and guided conversation/interview outline used questions on a number of aspects of health and day-to-day living, using indicators that reflect validated measures relating to physical health and wellbeing:

- Use of health services, including visits to the doctors and visits to or from other health care staff such as district nurses, physiotherapists and practice nurses
- Number of recent falls and the extent to which they worried about falling
- How often they had joint pain or stiffness
- How they usually slept
- How much social contact with friends and relatives they had

People were asked to focus on how things were before their involvement with **fit as a fiddle** and the present time.

### 3.4 Advantages and limitations

Any evaluation methodology involves a degree of compromise. There are many aspects of project activity which it would be interesting to investigate, but resources are limited. Just as important is the practicality of ensuring that data gathering is as simple as possible to ensure that information is collected from a wide range of participants.

#### 3.4.1 Advantages

Reshenia Consulting has already undertaken an independent evaluation of **fit as a fiddle** in the South West. The evaluators were able to adapt existing, tested questionnaires that had been developed for the South West projects, which used indicators where there is already an established social value.

It was crucial that questionnaires were easy to complete and simple to administer. It was decided to use a three-page questionnaire with an easy-to-read lay-out so that participants with poor eyesight could complete it without assistance: it was felt that this would be realistic for participants to complete in ten minutes or so. It was also important that the questions were relevant, non-intrusive and easy to understand.

### 3.4.2 Limitations

Conducting an evaluation so close to the end of a programme and over a short period of time is always difficult, particularly if the data already gathered is of limited value. There was no time for a longitudinal study, which would have produced more robust data: participants were asked to recall how things were before their involvement, which produces less accurate data, and was a challenge for some beneficiaries.

The low numbers of beneficiaries of the gardening projects meant that sample size was extremely small, so the findings should be treated with caution.

There was no time to pilot the tools developed for this evaluation. However, they were adapted from similar tools developed for an evaluation of the **fit as a fiddle** programme in the South West region.

### 3.5 Evaluating social value and cost consequences

Older people comprise 75% of users of the NHS, and spending on personal social services for adults is expected to rise from £10 billion to £11 billion over the next 20 years (Health Development Agency 2003). There is a growing emphasis on the need to evaluate the economic impacts of health interventions, summarised as assessing the social return on investment. However, most social impact analysts accept that there is no standard method that can measure the benefit of health interventions in monetary terms, and that there is an even greater challenge in evaluating the social return on community-based prevention programmes such as **fit as a fiddle**. The National Institute for Health and Clinical Excellence (NICE) is the public body charged with providing guidance on quality and value for money in health and social care services. It acknowledges that any approach to analysing social return “must be done with the caveat that one size does not fit all”.<sup>8</sup>

Reshenia Consulting have considered the social value of **fit as a fiddle** in the West Midlands using a hybrid approach drawing on a range of methodologies and data sets, to begin to understand the impact of the programme both in financial terms, and in terms of its outcomes for individual participants. This approach was necessary because there was a lack of both national and local data about costs and social return. This is consistent with national findings from NICE that there is little systematically collected information about physical activity interventions to promote wellbeing in older people.<sup>9</sup>

A fully worked, robust analysis of the social value of **fit as a fiddle** in the West Midlands was therefore not possible within the time frame for this evaluation. However, Reshenia Consulting analysed the key findings of this evaluation against standard assessments of the costs of delivering health and personal

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<sup>8</sup> NICE (2005): Measuring Impact: Improving the health and wellbeing of people in mid-life and beyond: NICE (NHS), London

<sup>9</sup> NICE (2008): Mental wellbeing and older people: Costing Report: Implementing NICE Guidance: NICE public health guidance 16: NICE (NHS), London

social services by both statutory and voluntary agencies. Findings were also placed within the growing body of data about the importance of 'wellbeing' as an indicator of good health.

With hindsight, data enabling a detailed SROI analysis could only have been gathered via a number of detailed one-to-one interviews, supplemented by more general questionnaires, as well as robust and consistent data from all projects about their unit costs. There are clearly issues here for the evaluation of future programmes.

## 4. Health and wellbeing impacts

### 4.1 Social value measures

The **fit as a fiddle** programme in the West Midlands aims to enable older people to become more physically active and involved in the community through increased skills and participation, to eat more healthily, and to have enhanced and improved mental wellbeing. Measuring impact against these outcomes, particularly at the end of the programme, would not give detailed information about the social value of the programme. The lack of consistent data about unit costs meant that it was not possible to demonstrate the cost consequences of **fit as a fiddle** on a project-by-project basis. There was, however, qualitative evidence about the difference projects made directly to beneficiaries, and often to their families and communities.

The evaluation aimed to assess the impact of the work against the measures outlined below. These measures are based on standard assessments of the costs of delivering health and personal social services by both statutory and voluntary agencies. Findings were also placed within the growing body of data about the importance of 'wellbeing' as an indicator of good health (see section 3).

It was not possible to apply all of these measures to all of the projects within the portfolio. However, some of them either had data from their own surveys, or used the questionnaire designed by Reshenia for this evaluation which enabled a calculation to be made about the impact of the programme in relation to some core social value measures.

### 4.2 Impact on GP services

The Personal Social Services Research Unit (PSSRU) at the University of Kent at Canterbury compiles data annually about the unit costs of health and social care.<sup>10</sup> Current unit cost data for GP services shows that the costs of a GP clinic consultation lasting 17.2 minutes is £53; and a GP home visit is £121.

Among the West Midlands **fit as a fiddle** portfolio:

- A survey carried out by Age UK Stafford & District found that 39 people visited their GPs less over a 12 months period since attending the activities
- 23% of the 109 respondents to the survey for this evaluation in Coventry said that they visit their GP less than before they started the **fit as a fiddle** class

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<sup>10</sup> Curtis, L., (2011): Unit Costs of Health and Social Care, 2011: Personal Social Services Research Unit (PSSRU), University of Kent at Canterbury

- 10% of the 20 questionnaire respondents in Solihull who answered the question said that they visit their GP less than before they started the **fit as a fiddle** class
- 23% of those interviewed for this evaluation by the Greenagers Project Officer in Dudley thought they had seen their GP less often over the last six months or so
- 18% of the questionnaire respondents in Hereford & Localities said that since they started Greenagers they saw their GP less often
- 25% of the questionnaire respondents in Stoke-on-Trent (North Staffs) said that since they started Greenagers they saw their GP less often

No numerical value was given for the reduction in appointments (i.e. how many appointments were saved). Nevertheless, it is clear that the **fit as a fiddle** programme represents a significant cost saving to the NHS. This finding is in line with Reshenia's evaluation of the **fit as a fiddle** programme in the South West of England<sup>11</sup> where 18% reported that they visit the doctor less.

### 4.3 Costs of other health care appointments

Reshenia's evaluation of **fit as a fiddle** in the South West also found a reduction in visits to other health professions of 17%. PSSRU data gives the following unit costs for community based health care services:

Service	Average costs for a one-to-one contact
Community Physiotherapist	£47
Community Chiropodist/Podiatrist	£39
NHS Community Occupational Therapist	£74
LA Community Occupational Therapist	£82
Community Nurse	£40
Nurse in a GP practice	£51 per hour of face to face contact

- 36% of questionnaire respondents in Coventry reported that they use these services less than they did before they started the **fit as a fiddle** class
- 20% of questionnaire respondents in Solihull reported that they use these services less

<sup>11</sup> Bee, Streich and Whitfield (2012); 'No Lycra, no Leotards!'; Reshenia Consulting, Bristol <http://reshenia.co.uk/our-work/a-few-examples/>

- 27% of those interviewed for this evaluation by the Greenagers Project Officer in Dudley who have seen other health professionals reported a decrease in their visits over the last six months or so
- 44% of the questionnaire respondents in Hereford & Localities said that since they started Greenagers, there had been a decrease in their visits to other health professionals

The figures for many of these projects (especially the Greenagers projects) should be treated with caution as the sample size is very small. Nevertheless, they indicate that the **fit as a fiddle** programme may be saving the Health Service money.

Qualitative data from interviews with a wide range of participants in many of the projects went some way towards explaining these findings. For example, the quote below captures the views of several beneficiaries, explaining why they were less inclined to visit the GP since their participation in **fit as a fiddle**:

*“Since joining the group I feel more positive about life and more inclined to get on with things and not bother the doctor with little aches and pains.” (Older person: Prescription for Health)*

#### 4.4 Falls: decreasing experience, likelihood or fear of falling

Falls prevention amongst older people is an NHS priority. The National Osteoporosis Society estimates that a strategy to prevent fractures would cost the same as managing 15 of the 104 hip fractures that occur in a population of 100,000 each year. In 2003, it was estimated that each hip fracture cost the NHS £17,000 per year.<sup>12</sup> More recent data from the College of Occupational Therapists calculates that “a fall that leads to a hip fracture costs the state around £28,665 per person”.<sup>13</sup> However, regular moderate physical activity has the potential to reduce by half the incidence of hip fractures in people aged over 45.<sup>14</sup>

All the Prescription for Health projects addressed this issue, either by running specific Falls Prevention classes (for example, Age UK Warwickshire) or by partnership and referral arrangements with the local falls clinic (as in Coventry). Many projects across the portfolio have referral arrangements with their falls services, although some operate on less formal basis.

- Of the questionnaire respondents in Coventry, 26% of participants had fallen prior to joining their **fit as a fiddle** class. Of these, 59% reported that they have experienced a reduction in the amount that they fall.

<sup>12</sup> Health Development Agency (2003): Improving the health and wellbeing of people in mid-life and beyond: making the case for local authorities: NHS, London

<sup>13</sup> College of Occupational Therapists website

<sup>14</sup> NICE (2008) Mental wellbeing and older people: Costing Report: Implementing NICE Guidance: NICE public health guidance 16: NICE (NHS) London



- Of the questionnaire respondents in Solihull, 25% of participants had fallen prior to joining the class. Of these, 60% reported that they have experienced a reduction in the amount that they fall.
- A survey carried out by Age UK Stafford & District survey found that 16% of respondents reported that they had fewer falls since attending the group.

Qualitative data adds substance to these findings. Many participants talked about how they now felt more confident, and less stiff:

*“It’s a great class, it loosens our limbs up and as I have had osteoporosis my joints get stiff and the exercises help no end. I even do them at home and it helps me to grip and to do things that keep me independent.” (Older person: Prescription for Health)*

A trainer described the benefits of the activities as

*“disproportionate to what they do: sometimes it is as simple as being able to get out of the chair [which they could not do when they started the programme]. The confidence that an older person gains from this is immeasurable. That alone enables greater activity and independence.” (fit as a fiddle trainer: Prescription for Health)*

There are close links between increasing confidence and a fewer falls, and a general decrease in physical stiffness.

## 4.5 Decreased pain and stiffness leading to increased physical activity

Outcomes for participants as a result of an hour’s physical activity per week are less likely to bring major health improvements than to demonstrate a commitment to maintaining and improving activity and fitness. However, there is real and evidenced social value of this participation. For example, the College of Occupational Therapists (COT), quoting the Chief Medical Officer in 2004, notes that adults who are physically active “have a 20 – 30% reduced risk of premature death and up to 50% reduced risk of developing the major chronic diseases such as coronary heart disease, stroke, diabetes and cancers.”<sup>15</sup> COT, and joint research carried out by COT with NICE, highlight the significant cost saving of low-level, preventative health initiatives such as **fit as a fiddle**.

Findings across the portfolio show that the overwhelming majority of participants experience pain and stiffness in their lives; and that **fit as a fiddle** has a significant impact in enabling participants to become more physically active, and so in reducing this.

<sup>15</sup> College of Occupational Therapists website: <http://www.cot.co.uk/influence-service-commissioners/older-people>

*“I move better, less stiff, feel happier.” (Older person: Prescription for Health)*

Data from questionnaire responses and other survey work found that:

- 90% of respondents to the questionnaire in Coventry reported that they sometimes (62%) or often (28%) felt pain and stiffness. Of those who reported that they felt pain or stiffness, 59% stated that this had improved since they had started the **fit as a fiddle** class.
- 85% of respondents to the questionnaire in Solihull reported that they sometimes (55%) or often (30%) felt pain and stiffness. Of those who reported that they felt pain or stiffness, 47% stated that this had improved since they had started the **fit as a fiddle** class.
- Data from Age UK Stafford & District from a survey of 39 people attending the Staying Active Clubs (which include **fit as a fiddle** activities) in May 2012 shows that 48% of respondents reported increased agility and 35% reported a reduction in pain

Comments on the questionnaires and in interviews gave further insights into the impact of participation on people’s lives:

*“Have more confidence walking and am able to climb stairs quicker and with less joint pain.” (Older person: Prescription for Health)*

Several groups commented on the changes and improvements to balance, stability and general fitness experienced by some of the participants. The comment below reflects several others:

*“By the end of the six week sessions, I was doing some of the exercises out of the chair and standing up.” (Older person: Prescription for Health)*

Many participants became more confident as a consequence of their involvement in the **fit as a fiddle** programme. This can enable them to retain a level of independence, for example by being better able to do the tasks needed for independent living:

*“I have found that by doing this, I have become a little more confident around the house.” (Older person: Prescription for Health)*

For others, their increased confidence encouraged them to continue taking exercise either on their own or in other groups, and that this supports a higher level of both physical and social activity:

*“Gardening on the plot seems to have eased some aches and pains. I’m getting used to exercise.” (Older person: Greenagers)*

In this way, **fit as a fiddle** contributes significantly to improving wellbeing among older people.

## 4.6 The benefits of improved sleep

Improved sleep is significant: sleep is fundamental to wellbeing, health and active ageing, and the impact of poor sleep can lead to more serious repercussions on health. There is increasing evidence that both short sleep (under 6.5 hours) and poor quality sleep is a risk factor in mortality, diabetes, coronary heart disease and depression; that lack of sleep is a major cause of accidents; and that poor sleep inhibits recovery after illness. Further, poor sleep is an independent risk factor for falls and depression.<sup>16</sup> Findings about improved sleep supports **fit as a fiddle's** aim of improving wellbeing, and in this way, preventing future ill health.

Findings across the portfolio in the West Midlands found that about a quarter of all participants experience this key wellbeing indicator as a result of their participation. This was demonstrated by questionnaire data from the Warwickshire and Hereford & Localities Greenagers projects, Dudley Greenagers (18%); and Prescription for Health projects in KPW (25%), Solihull (29%) and Coventry, where 38% of respondents reporting that they sleep better. As one interviewee commented:

*“I’ve noticed that I have a deeper, longer sleep after doing work on the allotment.” (Older person: Greenagers)*

## 4.7 Wellbeing outcomes

Wellbeing is becoming increasingly recognised as a key element of good health. The Ecorys interim evaluation report of the **fit as a fiddle** programme nationally comments that:

*“fit as a fiddle offers participants opportunities to engage on a variety of levels... While not directly providing services to help support or improve mental wellbeing... the positive mental wellbeing outcomes from the programme were clearly evident...”<sup>17</sup>*

There are many definitions of wellbeing, along with a growing body of data about the impact it has on people’s lives. In a report of its “Shaping our lives” project, the WRVS defines wellbeing as:

*“feeling healthy, free from pain and able to lead an active life... Wellbeing is also associated with feelings of self-worth and*

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<sup>16</sup>SomnIA Conference (October 2010): Sleep, Wellbeing and Active Aging: New Evidence for Policy and Practice: Conference run by the SomnIA project, University of Surrey

<sup>17</sup> Ecorys (November 2011): **fit as a fiddle**: interim evaluation report, prepared by Ecorys with the Centre for Social Gerontology, Keele University

achievement”<sup>18</sup>

This report summarises the views of a large number of older people. It says that the most frequently mentioned aspects that contribute to wellbeing are relationships and social contacts and “groups and clubs, which also provide structure to people’s lives and ‘something to look forward to’.”<sup>19</sup>

It is not possible to place a monetary value on these impacts based on a small, summative evaluation. However, a discussion paper for HM Treasury and the Department of Work and Pensions found that:

“wellbeing is a good predictor of health, such as heart disease...and strokes.... People who report higher life satisfaction were less likely to catch cold and would recover quicker if they did... [Another study] found that people with higher life satisfaction heal more quickly from wounds.”<sup>20</sup>

The connection between wellbeing and exercise is made clearly in a report for the Institute of Public Policy Research (IPPR) in 2008. This found that:

“for all age groups exercise protects against mental health problems, including depression, as well as preventing physical health problems.... epidemiological studies ... [find] exercise to give a positive effect on mental wellbeing.”<sup>21</sup>

Supporting the findings of the WRVS research, IPPR also identified social and community participation as being “the most important factors underlying older people’s health and wellbeing”. Lack of social support was found to be “associated with increased mortality and poor health.”

#### 4.7.1 Wellbeing impacts of the fit as a fiddle programme in the West Midlands

*“Sometimes we just have a gossip and a laugh.” (Older person: Prescription for Health)*

*“It’s so good to hear people laugh and chat and enjoy themselves.” (Project worker: Prescription for Health)*

It is clear from the findings of this evaluation that **fit as a fiddle** is most effective in delivering wellbeing outcomes. Other local research supports this. For example, a Warwick University study ‘Mental wellbeing in Fit as a Fiddle Participants’ carried out for Age UK Coventry reports a measurable and significant improvement in the mental wellbeing of **fit as a fiddle** participants. The study uses the Warwick-Edinburgh Mental Well-being Scale

<sup>18</sup> Hoban, M., James, V., Patrick, K., Beresford, P., Fleming, J. (November 2011): Voices on well-being: a summary report of research with older people: WRVS with Brunel University (London) and de Montfort University (Leicester)

<sup>19</sup>Ibid

<sup>20</sup> Fujiwara, D., & Campbell, R. (July 2011): Valuation Techniques for Social Cost-Benefit Analysis: a discussion of the current issues: HM Treasury and Dept of Work and Pensions, London

<sup>21</sup> Allen, Jessica (2008): Older people and wellbeing, IPPR, London

(WEMWBS)<sup>22</sup> . It is significant that the overall findings are the same, although the methodology is different.

Across the portfolio, interviewees talked about how their participation creates a structure and a purpose, and a reason to go out of their homes. The following quotes from participants represent many others.

*“It makes us get ourselves up and dressed on the morning we come to the Centre. Often, I don’t want to have to do that, but I know I will enjoy it when I get here.” (Older person interviewee: Prescription for Health)*

*“I definitely feel more cheerful now. It’s given me a different and more positive focus because we all work together.” (Older person: Greenagers)*

Through the interviews, a number of common themes were identified that highlighted the ways in which the project coordinators, beneficiaries and volunteers have supported each other through a range of difficult situations including:

- bereavement
- mental health issues
- deteriorating health
- moving house, including moves into sheltered housing from independent living
- returning to work after a period of mental ill-health, or dealing with stressful situations at work
- loss of a sense of purpose after retirement

These positive impacts are achieved in part because the projects provide a structure for social contact, friendship and mutual support. A case study written by Ecorys<sup>23</sup> about the Warwickshire Prescription for Health project states that:

*“The social aspect of the Prescription for Health sessions was very important particularly for older people who lived on their own.”*

Across the portfolio, the data supports this comment.

- In Dudley (Greenagers Project), eight of the interviewees (36%) have made new friends, and a number of people comment on the positive

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<sup>22</sup>Tennant, R, Hiller, L, Fishwick, R, Platt, S, Joseph, Stephen, Weich, Scott, Parkinson, Jane, Secker, Jenny and Stewart-Brown, Sarah L. (2007) The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. Health and Quality of Life Outcomes, Vol.5 (No.63). ISSN 1477-7525 <http://wrap.warwick.ac.uk/543/>

<sup>23</sup>Prescription for Health Warwickshire, West Midlands Case Study, Ecorys with Keele University (no date)

benefits of sharing advice, ideas and plants. A number have attended and enjoyed activities and events arranged by the allotment.

- All interviewees in Herefordshire & Worcestershire (excluding those interviewed at the care home) said that Greenagers gave them an opportunity to engage in regular social activity and four said that they were now undertaking other social activities as well as Greenagers
- In Hereford & Localities, 82% of questionnaire respondents said that their social contact had increased since they started Greenagers. The same number said that Greenagers had encouraged them to participate in new groups and activities, indicating that the wellbeing benefits are likely to extend beyond direct involvement in Greenagers.
- In Solihull (Prescription for Health), 60% of questionnaire respondents said that they had increased their social contact and 40% reported that they had joined new groups
- In Rugby, 75% of questionnaire respondents at the Greenagers project said that they had increased their social contact and 50% reported that they had joined new groups
- In Stafford & District (Prescription for Health), a project reports states that, of 111 people surveyed, 85% say that the group is “very social” and 82% report that they have met new people through it
- In Coventry (Prescription for Health), 75% of questionnaire respondents said that they had increased their social contact and 55% reported that they had joined new groups

Many of the **fit as a fiddle** groups offer a great deal of mutual support, encourage participants to achieve a little more at each session, and celebrate each improvement no matter how small this might seem. Furthermore, participants described how they have made new friends and were managing to cope with stresses in their life more effectively:

*“It is a good place where we can tell each other our troubles.” (Older person: Greenagers)*

The comments below from survey respondents reflect many of the comments made in interviews and on the survey forms:

*“I now feel part of the community. I have made new friends and improved my levels of confidence.” (Older person: Greenagers)*

*“I was very lonely before I went to the class, now I have friends that I go out with.” (Older person: Prescription for Health)*

All the qualitative data gathered across the portfolio identified that participants benefit from having an opportunity to engage in an enjoyable activity that

improves their health while also giving them a chance to chat, meet people, share their concerns, and have fun.

#### 4.7.2 Impacts in residential settings

Many of the projects in the portfolio deliver groups and activities in residential settings. In many projects, the benefits for residents in sheltered housing schemes have been particularly apparent. For some of the Greenagers schemes, these benefits have supported decisions to focus project resources on developing gardening circles in these venues. The impacts include providing opportunities for residents to get to know one another, and so to expand their social lives within the schemes:

*“It is a great place for working as a team and so getting to know your neighbours.” (Older person: Greenagers)*

As a consequence, residents have gained the confidence to participate in other activities and groups that were run in their community. A project coordinator commented that many people in sheltered housing do not participate in regular coffee mornings, partly because it can be difficult to “make the first move into the communal lounge....but if they know something else is happening, they’ll come down to try it, or just to find out what it is”. The experience of **fit as a fiddle** has been that, once residents have joined the group, they have made friends and then carried on meeting up. In some of the residential settings, the gardening circles have successfully improved the common areas as well as the gardens and the general environment within their schemes. This has improved the quality of life for all residents. In one Care Home, the garden has become an area where everyone now socialises, even using the garden for parties. In this home, residents have up to a dozen events a year now they can spill over outside.

In at least one care home, the increased use of the garden has prompted the residents and staff to organise fundraising activities to support the gardening project. In another sheltered housing scheme, an important spin-off has been better links with villagers who have come to events and admired the garden. A new walking group has been established for villagers and residents which has further strengthened those connections:

*“It has made us part of the village and we’ve met other people. It’s widened our horizons so we’re not talking about the same thing all the time.” (Older person: Greenagers)*

Another care home manager said that, with the garden right outside the lounge window, carers also have a good talking point when they visit. In another care setting, the gardening circle has created an environment which encourages engagement with non-gardeners in their residential community. As the group has developed, they have established a ‘plant hospital corner’ where other residents can bring ailing specimens for some tender loving care. The social spin-offs from the group, then, extend well beyond its own membership.

In at least one Care Home, the Greenagers project acted as a catalyst for staff who were stimulated by the project to develop new ideas that build on what has been done: one has recently brought in an old Belfast sink for planting up; and a chicken-run has been installed.

*“It’s ignited a flame for us. Staff are thinking more outside the box... it’s motivated us to think how else we might use volunteers, and we’re now linking with the wider community: we’ve recruited some volunteers for other activities.” (Care Home Manager: Greenagers project setting)*

This Home went on to run Extend exercise classes three times per week for residents, and this is now being rolled out across all the homes run by the same company.

Staff can also find the newly created gardens to be an invaluable resource if residents are anxious or distressed:

*“It’s a peaceful, relaxed space: if someone’s distressed, staff take them into the garden and they invariably become calmer.” (Care Home Manager)*

These unintended outcomes of working in residential settings for older people are picked up when we consider the health and wellbeing impacts of therapeutic horticulture.

#### **4.8. The health and wellbeing benefits of horticulture projects**

A set of indicators from the literature on the benefits of ‘social and therapeutic horticulture’ (STH) are relevant only to the Greenagers projects. These show the connections between STH and wellbeing, and demonstrate the positive impacts of:

- spending time in or in close proximity to green space, which has been shown to relieve depression and anxiety, and enables people to be more calm: studies report that “being outside” can be like being “in a place of healing”
- providing a neutral and shared space which fosters social interaction
- providing an environment that is similar to ‘work’ in that it enables participants to produce something useful: this generates a sense of “real job satisfaction” as opposed to “doing something because you’ve got to as a means to an end”<sup>24</sup>

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<sup>24</sup> Sempik, J., Aldridge, J., and Becker, S. (2005): Health, Wellbeing and Social Inclusion, Therapeutic Horticulture in the UK, Executive Summary, Thrive and University of Loughborough



- providing activities that enable people to participate in physical activities that they would not otherwise do: many **fit as a fiddle** Greenagers projects have a larger number of male beneficiaries who engage through gardening but who would not attend an exercise class

The Centre for Child and Family Research at the University of Loughborough states that:

“the reported benefits of social and therapeutic horticulture include increased self-esteem and self-confidence, the development of horticultural, social and work skills, literacy and numeracy skills, an increased sense of general well being and the opportunity for social interaction and the development of independence.”<sup>25</sup>

This evaluation has found strong evidence that support the findings in the literature about the benefits of horticulture projects: that they relieve depression and anxiety, enable participants to gain a sense of ‘job satisfaction’ from having produced something tangible or ‘real’, and that there are benefits simply from spending time in close proximity to green spaces and in the open air. Most of this data is qualitative, from the interviews with participants in the Greenagers projects and staff directly or indirectly involved. However, 64% of those interviewed in Dudley said they “feel better about life” because of their involvement on the allotment. Their reasons included: being in the fresh air, having a new interest, letting off steam by digging, and a sense of achievement. These experiences were supported by other older people interviewed for this evaluation. The quotes chosen for this summary are indicative of other comments made by participants across the Greenagers portfolio.

For example, talking about the benefits of spending time in close proximity to green spaces and in the open air, one person reflected the views of many when he said:

*“The fresh air and exercise, combined with the planting, growing and nurturing of vegetables, has brought some focus to my life, this in turn has helped me to put some of my other day-to-day problems into some kind of perspective... this ... helps me to cope with life in general in a much better way.” (Older person: allotment volunteer)*

Others linked the physical health and wellbeing impacts together, commenting:

*“I’m much more physically active now and I feel so much better for it. I get a lovely sense of wellbeing from being outdoors and having some exercise.” (Volunteer)*

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<sup>25</sup> Sempik, J. and Aldridge, J., (2002): Social and Therapeutic Horticulture: evidence and messages from research: Centre for Child and Family research, University of Loughborough

*“The garden encourages me to be active – we can’t let it get overgrown. Gardening keeps my joints moving and bit of strength in my muscles.” (Older person: residential setting)*

Several people described ways in which their participation in the Greenagers project helped to relieve depression and anxiety. A participant with a long-term health condition highlighted a particular benefit from gardening as an activity:

*“I’d got into a downward spiral. I didn’t feel well so I didn’t go out or mix with people. It did me good and got me out of the house. When you’re gardening you focus on what you’re doing and forget about everything.” (Older person: allotment)*

Another, reflecting experiences commonly expressed by Greenagers participants, said:

*“Sometimes I feel down due to family illness problems. Going to the allotment helps cheer me up and take my mind off some of my problems. It helps me to put things into perspective.” (Older person: allotment)*

One person commented on increased mindfulness:

*“I appreciate little things I would have ignored before, like flowers and birds.” (Older person: allotment)*

Many interviewees also spoke about how their involvement gives them a sense of purpose from the allotment or gardening circle:

*I used to be a keen gardener but not now. I like to do the planting here so I’ve got something pretty to look at. It gives me a sense of achievement.” (Older person: day care setting)*

Those involved with allotments talked about how the needs of the plot itself provided a structure for them at least one day a week, or more often for the volunteers who water and weed through the week, which provided a sense of purposeful employment. This was particularly valued by the newly retired or recently bereaved.

The Greenagers projects were found to have particularly positive impact on the wellbeing of people who had been keen gardeners but who no longer could manage their own garden or allotment, or who had recently moved into residential settings. Many people moving into sheltered housing struggle with making this transition. For those who enjoy gardening, the loss of their garden can be a cause of sadness and sometimes more severe depression. Participants interviewed in sheltered housing schemes spoke of the importance of the gardening circle in this regard. In a Day Centre, the supervisor spoke of the importance of the Gardening Circle activities,

including to those with dementia:

*“Many of the older people who come here used to have gardens. They get a real sense of pride from planting up a pot. They can take it home for their family. When you’re frail, that sense of achievement is really important.” (Supervisor at day centre: Gardening Circles)*

## 4.9 Healthy eating

“Older people and families eating more healthily” is one of the **fit as a fiddle** outcomes. Reshenia Consulting has not specifically evaluated against this outcome. It is a complex issue and the short time-scale for this evaluation did not allow for a full enough assessment of the variables that effect changes to diets and eating habits. However, the evaluation found qualitative evidence of impact. Many of those interviewed said that they were eating more healthily since they had become involved with the programme. This was especially true of Greenagers participants, because of the close relationship they had with fresh produce. Some people said that they enjoy knowing that the vegetables and fruit they ate are fresher as they have just been picked, and that produce is organic. Most of the allotment projects, and several of the gardening circles, increase their impact through the distribution of produce. For example, in both Rugby and Pershore, surpluses from the Greenagers allotments are used in the Age UK Day Centre, instead of using frozen or pre-packaged foods. A resident involved with a gardening circle said:

*“We’ve supplied half the people here with cucumbers and lettuces!”  
(Gardening circle member: residential community)*

Produce is also swapped among participants and others, and this generates an additional social benefit of the project.

Most of the **fit as a fiddle** projects organise healthy eating sessions and cooking activities, and many also distribute recipe cards as well as the **fit as a fiddle** cookbook. Because of the availability of fresh fruit and vegetables, several people reported that they had tried vegetables they had never eaten before and also new recipes, with ideas and encouragement from the project coordinator. 54% of the interviewees in Dudley stated that they are eating more healthily since taking on their allotment: five said they and their families eat more vegetables; five eat less convenience or pre-packaged food; and seven eat their ‘five a day’ more regularly.

*“I have never bothered about sauces but am keen to make them now. Also encouraged to adapt more with recipes.” (Older person: Prescription for Health)*

*“It is a simple choice now to alter my way of eating with the knowledge I’ve gained. I can now make food that before was bland much more enjoyable.” (Older person: Prescription for Health)*

For men, particularly those who have been recently bereaved, this has been an additional gain from the project. For example, Age UK Solihull developed a Cook at Home Project teaching cooking skills to people in their own homes or in a local school kitchen, with a particular focus on men who have lost their partner or have taken on a caring role. This project has been made possible by the recruitment of a volunteer who is a former catering lecturer from the local college. One beneficiary reported that he is far more confident in the kitchen now and regularly cooks himself a stir fry. He said: “My wife was the cook and I didn’t have a clue really, but I’ll have a go now.”

Some interviewees (both genders) commented on the economic benefits of healthier eating:

*“Your income changes when you retire. Fresh fruit and vegetables are expensive and getting produce from the allotment really helps.” (Older person: Greenagers)*

Several freeze surplus produce to eat out of season, which suggests that their healthier eating will be sustained. One man swaps surplus produce for meat with a friend. 77% of those interviewed in Dudley said that they are saving money through their allotment.

An unexpected outcome relating to healthy eating was reported in one sheltered housing scheme. Many people who live on their own, and especially the recently bereaved, cook infrequently because it seems like too much trouble to cook for one, and eating alone is not always enjoyable. In one scheme, members of the Prescription for Health group were so inspired by the healthy eating session (and the impact on their health and wellbeing of not cooking and eating healthily) that they formed their own ‘supper club’ comprising four members who now regularly cook for each other several days each week. One person cooks a meal for four, which makes it “seem like a worthwhile thing to do”, and all get together to share the food.

#### 4.10 Reach

Some of the projects across the portfolio have been able to attract larger numbers of male participants than is usual for many activities. A report produced by Age UK Warwickshire commented that:

*“The social element of the coffee breaks has provided a forum for men to be able to discuss issues in a safe and friendly atmosphere.”*

As noted above in 2.4.1, the Greenagers projects have been successful in attracting men as beneficiaries, and so extend Age UK’s reach to a ‘hard-to-reach’ group. This has also allowed the projects to signpost men to a wider range of services that they find helpful but would probably not have accessed without the input and support of the **fit as a fiddle** project.

These projects, particularly the allotments, have also provided a form of engagement for people who, in the words of an occupational therapist who

makes referrals to the Greenagers project, “*perhaps don’t want to attend a traditional day service*”. In this sense, Greenagers offers an innovative approach to extending the reach of services for older people.

#### 4.10 Age-appropriate activities and venues

Staff and beneficiaries from several projects commented that **fit as a fiddle** classes (especially Prescription for Health) are run in an age-appropriate setting in which participants feel comfortable. Although Age UK Coventry has developed partnerships with local gyms and sports centres (see 2.7.2), others have not. A member of staff from Age UK Stafford & District, for example, described how they had tried working with a local gym that wanted to run activities for over-60s. The gym set up some activities sessions, and some of the members of the nearest Staying Active Centre went along to try them out, but found that the gym was too expensive, didn’t offer transport, and was generally alienating as an environment.

Attitude and approach is also important. A Prescription for Health tutor for Age UK Solihull’s was very careful to stress that there should be no competition between participants, “*the only competition is with yourself*”. Two participants commented favourably that the class is much more supportive than the one they had attended previously at a gym. Tutors in all classes are careful to allow participants to adapt exercises to their own physical capabilities, adapting activities for each individual according to their own needs, from adapted exercises for people who have balance problems or have had new or hip replacements, right down to one tutor for Age UK Warwickshire bringing in cakes for all the group and including diabetic cake for one member who needed this. This mirrors a theme identified through Reshenia Consulting’s evaluation of the **fit as a fiddle** programme in the South West Region.<sup>26</sup>

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<sup>26</sup> Bee, Streich and Whitfield (2012); ‘No Lycra, no Leotards!’; Reshenia Consulting, Bristol <http://reshenia.co.uk/our-work/a-few-examples/>

## 5. Conclusions

### 5.1 Overview

The **fit as a fiddle** programme in the West Midlands has been most effective as a preventative health programme, in increasing general health and wellbeing, and in supporting older people through a range of significant life changes that can impact negatively on older people's health. These include bereavement, moving into sheltered or retirement housing, retirement, mental ill-health and significant medical interventions such as hip or knee replacements and cancer or heart treatment. Data gathered for this and other evaluations demonstrates that participation in **fit as a fiddle** activities has measurable health benefits that contribute to a reduction in health expenditure.

The projects have played an important health prevention role. Regular participation and the consequent building of trust within the groups has enabled participants to talk about their lives in a safe environment, and for peers, staff and volunteers to find solutions to problems or concerns. With regular participation, staff and volunteers are in a good position to notice small changes, and where necessary to signpost and help older people to take action that will "nip problems in the bud".

There is evidence that the Prescription for Health projects have developed well-planned and, in some cases, self-sustaining programmes of exercise courses and activities. These are generating significant savings in direct health expenditure, which supports a case to maintain the existing programmes and to retain their capacity within their host Age UK organisations.

Across the portfolio, the social aspects of participating in **fit as a fiddle** activities were very clear and cannot be overstated. The groups have enabled people to make new friends, expand their social activity, and have a greater structure in their lives. Many participants described how the mutual support thus gained helped them to manage the stresses in their lives more effectively.

Flexibility has been a key element to the success of the portfolio across the region. For example, projects have changed venues when it became apparent that certain local factors meant that some venues were (or became) unpopular. Both Greenagers and Prescription for Health projects built relationships with sheltered housing providers as a way to extend their reach. And when the original gardening circle model didn't work, it was adapted from supporting individuals with their own gardens, to gardening in a more collective context. This change both enabled the development of more social networking in the groups, and built a range of new partnerships with the residential care sectors in the areas in which some of the Greenagers projects were working.

## 5.2 Partnership working

All the projects in the portfolio have established a range of new partnerships through their delivery of **fit as a fiddle**. These range from constructive working with individual residential care settings, through to strategic partnerships with the local authority and health authorities. Most of the projects have established referral arrangements with health providers, including GP practices, occupational therapy departments, etc. There have been some partnerships with education providers including with local schools and/or local colleges. Some of the Greenagers projects have established partnerships with Garden Centres and wholesalers through which they are able to source seeds, plants and materials at lower cost.

Some Greenagers projects have applied a partnership approach to solve the problem of the need for 'serious muscle power' to undertake some of the harder and more physical tasks, especially establishing the infrastructure and preparing the soil each year. Examples include a partnership between Age UK Dudley and the Probation Service Community Payback Scheme, Age UK Hereford & Worcestershire with Working World, a learning disability organisation and Pershore College of Horticulture who formed a task force of young volunteers, and Age UK North Staffs' work with Wilkinson's Stores staff who have run a couple of 'make-over days' on the allotment.

In all cases, working in partnership has raised the profile of the **fit as a fiddle** projects, and brought in a range of resources in addition to the project's own budget. In some cases, this is seen as key to the sustainability of some of the portfolio activity.

## 5.3 Resource issues

### 5.3.1 Staffing

The role of the Coordinators has been key in developing and sustaining the projects. In some cases, their backgrounds have influenced the directions of the projects. This is in part inevitable: people have brought their existing connections to their new jobs, so Coordinators with a background in health or nursing have found it easier to build relationships with, for example, nursing homes or GP practices, while those from a community work background have tended to develop community projects. In all cases, the level of support for the Coordinators from the Age UK organisation has influenced the degree of impact that each project has had. This is particularly so with the Greenagers projects, whose Coordinators worked only 12 hours per week.

Managers in care settings interviewed for this evaluation reported that the role of the Coordinators in developing, supporting and maintaining activities, and bringing in resources has been invaluable. It appears that the activities would not have happened without this input. The original intention, particularly for the Greenagers projects, was that the gardening circles would become well-developed and self-sufficient. This is the case with some of the circles,

particularly those based in residential settings with a relatively stable community and a core group who will keep the project alive. However, it is clear that some leadership, whether from paid staff or dedicated volunteers, is needed to maintain momentum in the longer term. This raises challenges about the sustainability of this model.

### 5.3.2 Volunteers

In many of the projects, the role of volunteers has been very important. Volunteers have developed new skills and confidence and in some cases this has led to new employment for them.

In Greenagers projects, the roles include watering and weeding through the week on both allotments and in the gardening circles, and recruitment and liaison with staff and residents in residential settings. Many started as beneficiaries but became so committed to the project that they have extended their involvement. Volunteer groups have also come in to projects from time to time to carry out heavier work such as digging or rotavating especially at the start of the season, or building sheds, installing benches on hard standings, etc.

In most of the Greenagers projects, the distinction between the roles of volunteers and beneficiaries has not always been clear. The impact of the blurring of time spent at the allotment as a volunteer and that spent as a beneficiary is that it becomes difficult to establish the financial gains to the project from the input of volunteers, and also the full costs of each Greenagers project. In consequence, it is not been possible to assess the full social value of this project.

Many of the Prescription for Health projects use volunteers to help with running the groups. Tasks include greeting members, signing people in, collecting subscriptions, and providing refreshments. Given the importance of socialising within the groups, the importance of this role should not be understated. In Solihull and Coventry, volunteers also keep in touch with members of the class. This helps with signposting and promoting other activities run by Age UK.

However, across the Prescription for Health portfolio, there was a significant change from their initial intentions to train and use volunteers to deliver some of the classes that resulted in projects not being able to use volunteers who had not undertaken formal training (see 2.6). This factor reduced the number and range of groups that could be run, increased project costs and in some cases, reduced the pool of volunteers available to the Age UK organisation. Although some Age UKs have been able to support individuals to become qualified trainers, most Prescription for Health projects reported that this factor had a negative impact on their organisations.

Some projects from both parts of the portfolio reported that, while many people were happy to volunteer informally as part of a 'taskforce', many more were put off by the paperwork involved in official volunteering. This, again, is



an issue beyond the influence of **fit as a fiddle**, but will influence the development and sustainability of future projects that rely on volunteering.

None of the projects have looked at the outcomes for volunteers or quantified their added value to the projects.

## 5.4 Co-location

Many of the **fit as a fiddle** projects operated within the community development or 'healthy living' departments of their Age UK organisation. This co-location, and the organisational support it brought, enabled **fit as a fiddle** to integrate a wider range of provision for older people, and encouraged signposting between services within the organisation and to other relevant organisations in the local area. In some Age UKs it is also enabling the continuity of some of the classes and activities after the end of the **fit as a fiddle** funding, at least in the short term.

A disadvantage, however, is that it has sometimes been difficult to establish the impact of the **fit as a fiddle** work, as distinct from some of the other healthy living projects carried out within Age UK organisations. This could be overcome by establishing project management and monitoring systems from the start of delivery of each project.

## 5.5 Reach and access

Some of the delivery models have enabled some of the **fit as a fiddle** projects to reach groups that typically do not engage with services. However, the project budgets placed against their milestones allowed very little time for development work. This was especially true for the Greenagers projects, whose Coordinators worked only 12 hours per week. A consequence has been that, in some settings, participants have been 'joiners' who could have found other activities had **fit as a fiddle** not existed for them. Arguably, some of the work could have been more focused, and less thinly spread, particularly for the district- or county-wide projects. This would have resulted in greater impact although with fewer people. This is particularly relevant to projects where the direction was to run as many groups with the widest reach as possible, but whose experience was that there was little time to do anything other than run an activity and be off again. There are concerns about the sustainability of this model.

Enabling access for hard to reach groups involves a number of considerations and costs, including transport. Very few projects had a budget for transport on a regular basis, and this meant that some of the projects were only accessible to older people with their own cars. This is an issue that applies in both urban and rural areas.

Many of the projects, especially within the Prescription for Health portfolio, worked around this problem by running activities in community venues that were on the doorstep, could be reached by walking to the venue, or in some

towns/cities, by bus. The development of groups in residential settings also went some way to addressing this issue.

## 5.6 Access and costs

The initial structure of the **fit as a fiddle** programme included an assumption that access would be increased if all classes and activities were run at no cost to beneficiaries. Some coordinators were critical of this approach, commenting that people pay for what they value, and if it is free they will come and go as they please. This meant that some classes were difficult to maintain, and that many would not be sustainable after the **fit as a fiddle** funding came to an end. In some cases, particularly in Coventry and Solihull, the fees collected have covered the running costs of courses within a charging structure that will enable them to continue, with minimal staff input, for some time after the **fit as a fiddle** funding ceases.

Where fees have been levied for some activities, they tend to represent a token amount, or to cover only the cost of hall hire and the tutor's fee for running the class. In no cases do they cover the full cost to their host organisation of providing these activities. Assessing the full costs of activities is necessary to sustain activities such as those run by **fit as a fiddle**. This should cover staffing to coordinate existing activities and to develop new courses to respond to changing and growing needs.

## 5.7 Sustainability

There are concerns about the future of the **fit as a fiddle** activities across the West Midlands. Some Age UK managements have agreed to continue the activities for a period of time. Some were discussing the feasibility of continuing activities on a voluntary-run basis – in particular some of the Greenagers projects. Some were negotiating with the managers or activities coordinators in the residential settings for them to continue to run the gardening circles; or to use their activities budgets for trainers for exercise classes.

If the activities are to continue, we recommend the routine collection of data based on the social value measures outlined in this report, and clear outcomes measures. This, matched with accurate unit cost data about the project, would help to make the case for further funding for the project to continue, and possibly develop further.

## 5.8 Conclusions

As stated above, there is evidence that the Prescription for Health projects have developed programmes that are generating significant savings in direct health expenditure. This supports a case to maintain the existing programmes and to retain their capacity within their host Age UK organisations. The benefits from the Greenagers projects are less clearly quantifiable. However, they demonstrate clear gains to individual wellbeing, which supports the overarching finding about the impact of **fit as a fiddle** as a

preventative health approach. The model that projects have developed in residential settings could be replicated by providers themselves, perhaps working with a local volunteer bureau to recruit volunteers, supported by charitable funding for infrastructure, equipment and seeds. The benefits of the programme overall suggest that a positive next step would be to explore ways to maintain as many of the activities as possible that have been built up over the past four years.

## About the consultants

Reshenia Consulting is a partnership of independent consultants who work with voluntary, community and social enterprise organisations and the public sector. We support individuals, teams and organisations to:

- Improve their performance
- Demonstrate their impact
- Develop strategies and action plans
- Interpret public policy, and apply changes in the policy environment to the work they do

Reshenia is a Russian word for reaching solutions: that is what we help our clients to do. Reshenia Consulting draws on the skills and expertise of freelance professionals, who are all self-employed, to meet the specific needs of each client.

This evaluation has been undertaken by a team of four consultants: Lori Streich, Lin Whitfield, Vicky Redding and Will Bee.

For more information, see our website [www.reshenia.co.uk](http://www.reshenia.co.uk)

## Appendix A: Questionnaire

### Fit as a Fiddle in the West Midlands: Questionnaire for participants

We want to know if **fit as a fiddle** is making a difference for older people in the West Midlands. This will help local Age UKs improve what they provide, and secure the funding to keep up the work.

This short questionnaire asks you if there have been any changes to your health and wellbeing since you started this activity with Age UK's **fit as a fiddle** programme.

It should only take about 10 minutes to complete. We would like you to answer all the questions, but if you are unhappy answering a particular question just leave it blank.

Your responses will remain anonymous. They will be sent to the regional evaluators who are working with **fit as a fiddle** in the West Midlands.

#### About the group or activity

<b>fit as a fiddle</b> area	
Group or activity	

1. Please give us a little basic information **about you**.

Date of birth	Day	month	year
Gender	M	F	

2. Approximately how long have you been involved with fit as a fiddle?

Less than 6 months	6 months – 1 year	1 – 2 years	2 – 3 years	3 years plus

#### Your general level of activity:

3. Since you started this **fit as a fiddle** group/activity, how has your overall level of activity changed?

By “level of activity” we include doing a regular exercise class, walking the dog, shopping, DIY or gardening, etc.

I do more now	It's about the same	I do less now
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**Your general health:**

4. Before you started this activity/group, did you suffer from joint pain or general stiffness?

Often	Sometimes	Never

5. *If you have suffered from joint pain or stiffness, has this changed since doing this activity/group? If you haven't, please leave this question blank.*

Got better	No change	Got worse

6. Before you started this activity/group, did you fall over?

Often	Sometimes	Never

7. *If you did fall over, has this changed since doing this activity/group? If you did not, please leave this question blank.*

Got better	No change	Got worse

8. Since you started this activity/group do you go to see the doctor?

Less	The same	More

9. Since you started this activity/group do you see other health professionals (physiotherapists, community nurses, dieticians)?

Less	The same	More

10. Since you started this activity/group, how well are you sleeping?

Better	The same	Worse

**Your general wellbeing:**

11. Since you started this activity/group, has the amount of social contact you have in a typical week?

Increased	Stayed the same	Decreased

12. Have you participated in new groups and activities since you became involved in **fit as a fiddle**?

Yes	No

13. Thinking about your general health and wellbeing, has anything else changed since you started this group/activity?

Once you have completed this form please return it to the **fit as a fiddle** Coordinator or your course leader.

**THANK YOU**

