

## **An Evaluation of 'Passion for Life': Final Report**

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# An Evaluation of 'Passion for life'

Final Report

Jan Gilbertson and Elaine Batty

May 2011

  
**NHS**  
*Doncaster*

 **Doncaster**  
**ageUK**

  
**Doncaster**  
Metropolitan Borough Council

**CRESR**  
Centre for Regional Economic  
and Social Research



# 'Passion for life' Evaluation

Final Report

*Centre for Regional Economic and Social Research  
Sheffield Hallam University*

*Jan Gilbertson and Elaine Batty*

May 2011



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*The findings presented in the report are however entirely the responsibility of the research authors.*



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## 1. Introduction

This report presents the findings of a small evaluation project principally designed to investigate the impact of the Passion for life programme on participants and volunteers. Passion for life is an innovative pilot programme aimed at empowering the Over 60's to achieve a healthy lifestyle. Jointly supported by NHS Doncaster and Doncaster Metropolitan Borough Council (DMBC) Passion for life was launched in September 2009 and initially funded for a period of eighteen months until the 31st March 2011. The programme is delivered by volunteers with assistance from the support service provider, Age UK Doncaster (formerly Age Concern Doncaster).

### About the Research: Aims and Research Questions

The research was carried out by the Centre for Regional and Economic Research and conducted in two phases between March and July 2010 and October 2010 to March 2011.

The main aim of the research was to investigate the impact of the Passion for life programme on participants and volunteers but the evaluation also examined issues around the programme's delivery and performance and explored how well volunteers delivering Passion for life sessions were supported.

Findings from the evaluation will feed into a separate assessment of how well the Support Service Specification has helped to ensure the success of the programme. Recommendations from this report will also inform the development of the programme which recently received funding for an additional year until the end of March 2012.

In relation to the impact of the programme on participants and volunteers three key questions were explored:

- To what extent have older people been empowered through participation in the programme to take responsibility for their own health and well being
- To what extent have older people been empowered to spread the programme's messages to other older people
- Whether older people have made lasting changes to their behaviour or lifestyle that promote health and well being

### Research Approach and Methods

The research adopted a qualitative approach to capture the experiences of participants and volunteers and any learning from the Passion for life programme. It employed semi-structured interviews and focus groups to consult with stakeholders, volunteers and participants involved in the programme. These techniques enabled research participants to express their views on their own terms and facilitated the exploration of the impact of the programme in some depth. Interviews with stakeholders also highlighted any issues associated with the programme and its performance.

In total the following were conducted:

- Five focus groups with Passion for life participants
- One focus group with Passion for life volunteers
- Interviews with nine volunteers
- Interviews with five participants
- Six interviews with stakeholders including Age UK Doncaster, NHS Doncaster, DMBC and South Yorkshire Centre for Inclusive Living.

### **Structure of the Report**

The remainder of the report is structured as follows:

- Section 2 About Passion for life
- Section 3 Programme delivery and performance
- Section 4 Passion for life volunteers
- Section 5 Passion for life participants
- Section 6 Conclusions and recommendations

## 2. About Passion for life

This section of the report introduces Passion for life and provides the background and context to the Passion for life programme in Doncaster. It sets out some of the issues facing Doncaster and its older people and details how the Passion for life programme is designed to be delivered.

Doncaster's Passion for life is an innovative programme aimed at empowering older people to achieve a healthy lifestyle. It is based on a pilot project which was implemented in Jonkoping in Sweden in 2005-2006. This was a collaboration project between the Swedish Association of Local Authorities and Regions, Qulturum, Jonkoping County Council and Vastra Gotaland. Passion for life Doncaster is run in partnership by NHS Doncaster and DMBC.

Launched in September 2009, the pilot programme is funded until 31<sup>st</sup> March 2011. Trained volunteers deliver the Passion for life programme and support is provided by Age UK Doncaster. Age UK Doncaster, work in partnership with statutory, voluntary and community organisations to deliver the outcomes of the programme. The project is funded through the Primary Care Trust and DMBC with £50,000 from the Communities for Health Fund.

The project arrived in Doncaster after Dr. Lis Rodgers; Clinical Lead for Unplanned Care for NHS Doncaster visited Jonkoping County Council. After seeing Passion for life in operation she was keen to adopt a similar programme for older people in Doncaster. The idea for the project was taken forward by Elaine Thompson and Jacqui Wiltchinsky at the Primary Care Trust and a Steering Group was set up involving DMBC to develop the idea for the project. The concept of the Passion for life project fitted well with work which was already being undertaken by NHS Doncaster and DMBC on improving the independence and wellbeing of older people.

### The Context of the Passion for life Programme in Doncaster

In line with the rest of the UK Doncaster faces a number of issues in relation to its growing older population. These include the growing demand for, and rising cost of health and social care provision, the desire and necessity to promote active and healthy ageing in order to foster increased independence and reduce the cost burden on local government and NHS budgets, the demand from older people to live independently in their homes for as long as possible and for them to be given a greater say in the services that are provided.

Doncaster's population is ageing. The 2001 Census showed over a third of its population of 98,445 were over age 50. The number of people over 65 is set to increase from 48,500 in 2009 to around 54,000 in 2012 (NHS Doncaster, 2009). Whilst life expectancy at 65 is increasing strongly in the UK, the numbers of years that people can expect to live in good health is not increasing at the same rate. The levels of long term limiting illness for those over age 75 in Doncaster is high. According to the 2001 Census 70 per cent of those in this age group reported having an illness that restricted what they were able to do.

High levels of illness and dependency blight many older people's lives and increase the burden of health and social care costs on the NHS and society. Chronic conditions such as dementia, arthritis, hearing and vision problems, and diabetes increase as our population ages, whilst falls represent the largest risk factor in the accidental mortality in older people (National Audit of the Organisation of Services for Falls and Bone Health in Older People, 2009). Falls were recently estimated to cost £4.6 million a day by Age UK (<http://www.ageuk.org.uk/latest-news/archive/cost-of-falls>) and often lead to further health problems. Of particular concern are the loss of confidence and independence and the increased risk of social isolation which is associated with falls.

Loss of independence results in higher social care budgets and half of DMBC's £39 million net spend on services for the Over 65's is spent on residential and nursing care. NHS Doncaster estimates that expenditure on health care services for people over 65 amounts to around £122 million, accounting for over 40 per cent of total resources.

The goal of improving healthy life expectancy is embedded in the World Health Organisation's approach to active ageing (2002). It is outlined in the previous Government's National Indicator Set and written in NHS Doncaster's Strategic Objectives for their 2010-2011 Business Plan. Doncaster's Older People White Paper, 'In All Our Interests' (2008), identifies six priorities for the future of Older People's services in Doncaster:-

1. To ensure Older People are better informed, empowered and engaged.
2. To invest more resources towards improving Older People's general health and well-being.
3. To support more Older People to live independently at home for as long as they are able.
4. To ensure carers can define and get what they need to support them in their caring role.
5. To work together with a range of providers to create high quality options for Older People who can no longer live at home.
6. To commission and deliver services in an integrated way to ensure a co-ordinated approach for Older People using health and social care services.

The challenge for the NHS and local government is to help older people to age well, to reduce illness and improve independence by assisting them to overcome barriers to an active and healthy life, improving access to services and protecting vulnerable older people.

The Passion for life programme helps Doncaster to respond to this challenge by aiming to prevent poor health and improve life quality by encouraging positive changes to habits and lifestyle patterns. It is designed to empower older people to take control over their own health and independence. The importance of prevention and improving lifestyles as a way of enhancing healthy life expectancy and tackling wider social inequalities in health is emphasised in the recent Government White Paper Healthy Lives Healthy People:

*"Many premature deaths and illnesses could be avoided by improving lifestyles. It is estimated that a substantial proportion of cancers and over 30% of deaths from circulatory disease could be avoided, mainly through a combination of stopping smoking, improving diet and increasing physical activity" (page 19).*

With regard to older people evidence suggests health promotion interventions in this population can be successful in encouraging changed behaviour particularly in relation to diet and exercise, resulting in reductions in disease prevalence such as cardiac morbidity and falls (Christmas and Anderson, 2000; Taylor-Davis et al, 2000).

Passion for life is not only targeted to older people, it is also designed to be delivered by them by utilising older volunteers who are over 60. The potential older people have to contribute to their local communities is increasingly being recognised and older people's voices and experience are at the heart of Doncaster's health and social care services joint future vision (DMBC, 2008). A recent review of the Partnership for Older People Projects (POPPs), an initiative set up to test out preventative approaches and demonstrate that prevention and early intervention can work for older people, found 29 per cent of projects established under the initiative involved older people as volunteers (PSSRU, 2009). Older people have been found to be highly committed volunteers and a range of peer education programmes delivered by older people and designed to promote wellness and quality of life, encourage healthy eating and physical activity and advise on falls prevention have been found to be successful (Peel and Warburton, 2009). Peer education programmes tend to be successful if the sharing and transfer of ideas and beliefs and the influence of behaviour and attitudes occur between people who share common characteristic and experiences. Greaves and Farbys (2004) found older mentors to be effective in facilitating social activity and behaviour change, and in promoting psychological well-being and self-esteem. The advice and support of other seniors who have had the same life experiences is reported to be the most successful approach to healthy ageing (Buonocore and Sussman-Skalka, 2002).

The new Coalition Government also stresses an approach to health which aims to build people's self-esteem, confidence and resilience. Healthier Lives Healthier People emphasises more personalised, preventive services that are focused on delivering the best outcomes for citizens and that help to build the Big Society.

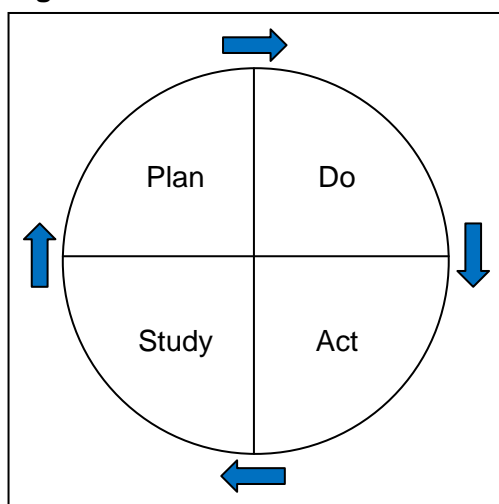
### **The Passion for life Programme**

Passion for life is based on the Plan, Do, Study, Act (PDSA) model of behaviour change which encourages participants to implement changes in their daily routines to improve their lifestyles. The model is founded on three questions:

1. What are we trying to achieve?
2. How will we know that a change is an improvement?
3. What changes will result in improvements

Evidence (see for example Bowling and Iliffe, 2006) shows the PDSA way of working to be effective in terms of making successful changes aimed at improving health and well-being, which is the basis of the Passion for life programme. In the model the process of improvement is seen as an on-going cycle with any number of 'iterations' of the 'Do' and 'Study' ('Test') phases. The solution to the problem is refined, re-tested, re-tried and re-tested again until it becomes long-term and sustained. As a result the PDSA model is often described as a wheel of improvement and is called the 'Life Wheel' in the Passion for life programme (Figure 2.1).

**Figure 2.1: The Life Wheel**



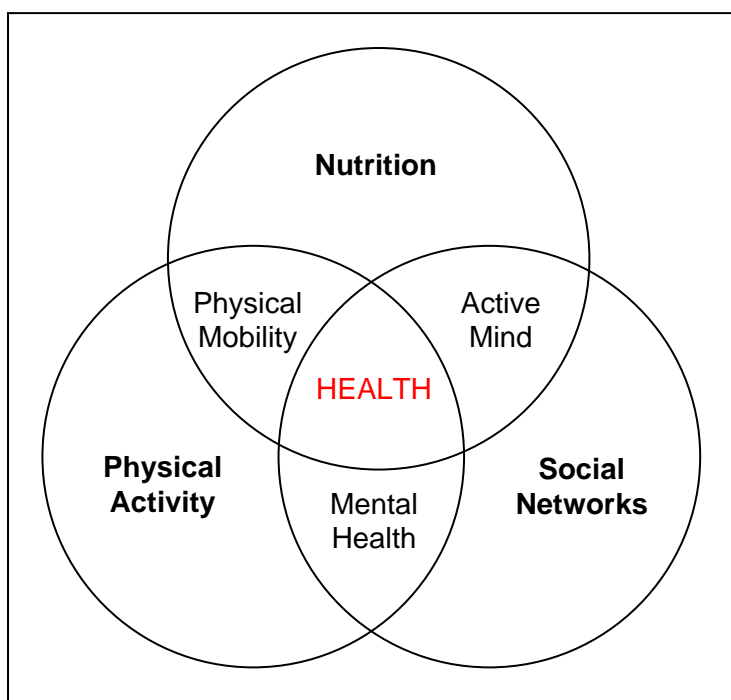
Passion for life is designed to encourage participants to consider their own situation in relation to four topics which are likely to have the greatest effect on health and help maintain independence:

- Safety at Home
- Social Networks
- Food and Drink
- Physical Activity

Participants plan the changes they personally feel they can make to benefit their health. They then act on these changes whilst 'studying' the effects that the changes have made to their lifestyle, before going on to plan the next change.

Importantly, the topics covered by the Passion for life programme are mutually dependent and have a significant influence on the quality of life of older people. In a systematic analysis of 78 studies of older people Stuck (1998) found risk factors associated to loss of function were related to alcohol consumption, smoking, nutrition, low physical activity and a limited social network. Since these factors interact, successful prevention models for older people usually take a similar multi-dimensional approach to that of Passion for life and encourage participants to take responsibility for their own health (Gagnon et al, 2006). Figure 2.2 below shows how the topics covered work simultaneously.

**Figure 2.2: The interdisciplinary Health Advisory Team model (based on Tannahill) Dapp et al (2005)**



The Passion for life programme is designed to be delivered as a series of six informal sessions or 'Life Cafes' and includes an introduction session and a final summing up session as well as sessions on the four topics:

- Life Café 1 Introduction - This session is designed to welcome the participants, discuss the purpose of the Passion for life project, to help enhance understanding of healthy ageing and how participants can influence their health as well as introducing the topics to be covered.
- Life Café 2 Safety - This session focuses on creating awareness about safety in the home and how changes can improve safety in the home environment. Participants are asked to begin to plan what changes connected to safety they could measure and test in their own homes. The session usually involves a talk by a DMBC representative on safety and repair and provides details of the services and help available.
- Life Café 3 Social Networks – This topic may cover painful issues so it is important that it is handled sensitively. The session looks at the importance of social relationships in contributing to good health and participants review the changes that take place with different types of social relationships as people age. Participants are encouraged to think about ways they may be able to enhance their social life, for example by getting in touch with a friend they have not seen for a while or going out and doing something they enjoy.
- Life Café 4 Food and Drink – The aim of this session is to illustrate a lifestyle which promotes good health through improved eating habits. The session usually involves a talk from a Dietitian to discuss what constitutes a balanced diet and to explain the importance of calcium and Vitamin D for strong bones. Participants are encouraged to take part in the 'eatwell plate' exercise where they are asked to decide the amount of food from each food group that should be eaten. Participants complete a 'What do you eat?' sheet and discuss the



food diaries they have kept which were introduced at the previous Passion for life meeting.

- Life Café 5 My body and Activity – This session focuses on activities which help to promote health and looks at ways it is possible to build increased physical activity into daily routines. The session highlights the health benefits of physical activity and involves participants taking part in a chair based exercise session.
- Life Café 6 – The final session provides an opportunity to review and share experiences from the project and to look at the changes participants have made as a result of the project.

Passion for life participants receive a variety of support materials and hand outs. The programme is based on a workbook designed to assist participants work through the course and to plan and review changes they make. Volunteers receive training and are provided with a booklet or 'road map' which guides them through each session. The road map contains useful information, tips and ideas designed to help volunteers facilitate the sessions. Volunteers are supported mainly by the Volunteer Coordinator at Age UK Doncaster whom acts as a mentor whilst also helping with practicalities such as finding groups to deliver the sessions to and booking speakers for sessions.

At the beginning of the Doncaster Passion for life project 23 volunteers were recruited and trained to deliver the programme. Training for the initial group of volunteers was undertaken by Elsa Ingesson, a Passion for life project leader in Sweden with support from Elaine Thompson who led the project at NHS Doncaster. The training programme was based on the Swedish programme as were the workbook and road map, although these were adapted for the Doncaster project. The training also involved other providers who delivered specialist areas of training in diet and nutrition and physical activity.

The volunteers and almost 200 delegates attended a Launch Event for Passion for life Doncaster in September 2009.

The next section of the report looks at what happened after the launch of Passion for life and considers a number of factors which affected the delivery of the programme. In light of these issues it assesses how well the Passion for life programme has performed in terms of achieving its performance targets.

### 3. Programme Delivery and Performance

This section of the report assesses the delivery of the Passion for life programme and considers how well the project achieved its key performance targets. A number of factors which affected the project's performance are also highlighted and discussed. The section also looks at some of the efforts made by NHS Doncaster, DMBC and Age UK Doncaster to address problems with the performance of the Passion for life programme which occurred during the pilot.

#### After the Launch of Doncaster's Passion for life Programme

Although Doncaster's Passion for life had 23 volunteers trained to deliver the programme at its launch in September 2009, by the time Age UK Doncaster was confirmed as support service provider in December the number of volunteers had fallen to 15. (Although Age UK Doncaster was involved in the development of the project and were the expected support service provider at the time of the launch they were not fully appointed until December).

A month after the launch of the programme volunteers received further training provided by NHS Doncaster on how to deliver Passion for life sessions. Additional training was delivered in response to feelings expressed by some volunteers that more information was needed on delivery of each of the Life Café sessions.

Of the initial group of volunteers one volunteer dropped out almost immediately after the launch as they felt the project was not for them. Another four volunteers subsequently dropped out because of their personal circumstances and other commitments they had. After the training was completed three more volunteers were lost from the project due to their refusal to complete CRB checks.

#### Key Performance Indicators

The loss of some of the initial group of volunteers was a set back and reduced the pool of volunteers Passion for life could draw on. Key performance targets for Passion for life assumed that the original group of volunteers would deliver at least three Passion for life courses within twelve months of being trained. It was also anticipated an additional 15 volunteers would be recruited by Age UK Doncaster and that these volunteers would deliver two courses each by the time funding for the project was scheduled to cease in March 2011. Each of the courses delivered was to aim for a minimum of five participants.

Overall Passion for life has struggled to retain and recruit sufficient volunteers to achieve its targets. A sizeable proportion of the initial group of volunteers recruited have never managed to deliver a course. Of the 15 volunteers who started the project with Age UK Doncaster, six did not deliver a course, six have delivered one course only and each of the remaining three volunteers have delivered two, three and four courses respectively.

Only five additional volunteers were trained during the life of the project but this group of 'new' volunteers have delivered more courses per volunteer in a comparatively short period of time. Of this group two volunteers have delivered three Passion for life courses, one has delivered two courses, one has delivered one course and one has not delivered any. Again there was some drop out from this group as originally nine potential volunteers were signed up to take part.

Some of the reasons why the Passion for life volunteers did not deliver the number of courses expected will be discussed below along with factors identified by stakeholders during the evaluation which were viewed as having affected the ability of the programme to achieve its targets. These included:

- High drop out rate of volunteers initially (outlined above and also see later )
- Difficulties associated with the marketing and promotion of Passion for life
- Differences in the ways of working of the organisations involved
- The nature of working with volunteers (and their preferred way of working)

### **Marketing and promotion of Passion for life**

One of the requirements of the Passion for life service specification was for the support service provider to 'expand the opportunities for volunteers to spread Passion for life within their communities providing encouragement and support to increase confidence in their delivery and play an active part in promoting the programme across the borough'. A major part of this work involved marketing and promoting Passion for life to various groups of older people across Doncaster in order to recruit new volunteers and groups to the programme. Whilst considerable effort was put into promotion of Passion for life by Age UK Doncaster (see Annexe 2), the programme failed to attract sufficient new volunteers and groups. Particular obstacles to the take up of Passion for life were encountered and included:

- A general sense of apathy toward Passion for life – older people did not always see the relevance of the programme
- Some resistance from established groups as they did not want Passion for life to disrupt their usual social activities
- Some aspects of the programme and the terminology adopted in its promotional material came across as 'off-putting'. Some confusion also arose as the original promotional material for the programme stated that it was targeted to the Over 65s. This changed at the launch when it was decided Doncaster's Passion for life would be aimed at those 60 plus

A number of stakeholders interviewed commented on a lack of interest in the programme and difficulties in getting older people to see its relevance:

*"I think it's the nature of it there's been a lot of apathy, in terms of people in Doncaster saying it's not for me, I don't need it, they don't realise that it's not about whether you need it or not, it's about you taking charge of your health and independence now so that you can reduce the chance of becoming dependent in terms of your health and care needs in the future"*

And:

*"That's where a big stumbling block is [in] getting people to take it on board and I don't know whether that's how we're selling it or whether that's just general apathy"*

Another particular difficulty encountered by Age UK Doncaster when promoting Passion for life to different groups was a general reluctance from established social groups to commit to the programme because it interfered with their usual activities. One Passion for life programme collapsed after three weeks when participants from a particular club decided they preferred their usual bingo and raffle. Feedback received by Age UK Doncaster from some groups they presented to also indicated that the groups felt they did not need to be targeted by Passion for life. Such groups often felt they were already socially active or were engaged in physical activities such as chair based exercises and so felt the programme was not for them. Because the programme was perceived by some to be 'telling' older people what to do it was regarded as patronising.

The programme was hard to sell particularly early on, and finding an appropriate marketing strategy proved difficult. Difficulties in selling Passion for life were compounded by the view that the terminology used in the promotional material was sometimes seen as off putting. Terms like 'empowerment' were not commonly understood by potential participants, and phrases like 'improvement methods' were felt to be condescending.

There was a clear sense of frustration from all stakeholders involved in the project that despite their best efforts it was a struggle to attract new groups and recruit new volunteers to the programme. These difficulties severely impacted on the numbers of groups and volunteers recruited overall. At times during the pilot there were no groups available for the existing volunteers to deliver the programme to.

### **Differences in the ways of working of the organisations involved in Passion for life**

Whilst all stakeholders were frustrated by the slow up take of Doncaster's Passion for life there was a feeling that differences in the ways of working of the organisations involved did not always help the programme reach its targets, and there was perhaps some conflict in the expectations held by the organisations of what it was realistically possible for such a project to deliver within the given timeframe.

From NHS Doncaster's perspective the approach initially taken by Age UK Doncaster was "too relaxed" and there was not enough drive pushing the programme forward towards its targets. Whilst factors outside the control of the support service provider had slowed down the progress of Passion for life, there was a feeling that the number of volunteers and potential groups had not increased sufficiently by June 2010.

*"It's now the middle of June and we have still got 8 potential groups some of which have not started yet, some [volunteers] should be on to their second group and aren't and we should have picked people up from those groups who may want to come forward as volunteers, we've got none of that, got no new volunteers which should have been trained in May and they should be delivering as well...so all of these things are concerning in terms of where it might go long term, the potential for it is immense but unfortunately it's having*

*the support to really, really drive it forward and that is what we wanted to commission but it does not seem that we have got that as a client"*

The project was some months along before Age UK Doncaster actively began to seek new groups. One difficulty for Age UK Doncaster was that volunteers often only wanted to deliver one Passion for life course at a time and consequently it took time before volunteers became available to work with new groups. There was also a suggestion that Age UK Doncaster could have perhaps acted to utilise resources available to them earlier in the project. For example, it was felt that Age UK Doncaster were slow in getting trained staff to promote Passion for life and the programme only began to be delivered through their Day Centres early in 2011.

However, moving the programme into these facilities was not so straight forward and took some time to organise after June 2010. The timing of the Passion for life programme had to fit in with the other existing activities which were going on in the centres, and inevitably had to avoid the extended busy Christmas period. One view was delivering Passion for life to a 'captive audience' of older people attending Day Centres did not adhere to the philosophy of the programme. Moreover delivering Passion for life in this setting was seen as an "easy option" in order to achieve targets. In practice delivering Passion for life has worked well in some Day Centres and not so well in others. One problem encountered is that older people are more likely to leave Passion for life sessions to attend other activities which are going on at the centres. But if participants belong to an existing group based at a Day Centre then they are often more willing to incorporate Passion for life into their usual activities or meet for an extra hour to partake in the programme.

From the support service provider's perspective there were also questions about whether there was too much expected from an original group of volunteers. The expectation that volunteers would work with their own groups and then move on to delivering Passion for life with other groups was not appropriate for all the volunteers recruited and some volunteers only ever wanted to work with their own groups. A number of volunteers also experienced difficulties in convincing the groups they belonged to, to take part in Passion for life. Delivering the programme was a 'big ask' of volunteers and required a sizeable commitment from them. Expectations about the speed with which it was possible to achieve targets perhaps failed to fully appreciate the reality of working with volunteers (see below) and the different groups involved.

### **The nature of working with volunteers and preferred ways of working**

It may not be so surprising that Passion for life experienced a high drop out rate of volunteers, particularly given their age. Many of the volunteers who either withdrew from the training and / or project at the start, or who failed to deliver any courses, did so for personal reasons related to their health and family commitments.

However, there were unanticipated reasons why volunteers did not deliver the expected targets. A high proportion of volunteers wanted to co-work and so there was an immediate reduction in the number of Passion for life courses that could be delivered. Of the nine volunteers from the original group of 15 who delivered at least one course, six expressed a desire to co-work. Only one of these volunteers has subsequently attempted to deliver another Passion for life course individually.

As already mentioned some volunteers only ever wanted to work with their own group and were not willing to commit to delivering Passion for life with another group. Most of the volunteers who originally started with Age UK Doncaster were involved with existing groups such as social groups or luncheon clubs. One of the main aims

of the Passion for life programme was that volunteers who had delivered a Passion for life course with their own group would move on to work with other groups. However, it became clear that some volunteers may have misunderstood this goal and did not expect they would have to deliver Passion for life to other groups. Three out of the nine active volunteers only worked with their own groups and then withdrew from the project.

One stakeholder commented:

*"I think the hope was that there would be 15 volunteers..... and they would deliver Passion for life to their group and then go on to deliver it to other groups but that has not happened because they want to co-work or they then don't want to go on and do it with another group they only want to work with their own groups".*

And:

*"I think that was an unanticipated outcome because the expectation when I had a meeting, we were expressing concern that some of the volunteers don't want to do another group...and it was felt that at the training it was quite clear to them that the expectation was that they would be a Passion for life volunteer but now they are actually doing it they don't want to carry on with it."*

The size of the impact of all these factors on the programme's overall performance was under estimated.

In addition there was a feeling that the pressure to meet performance targets was not always conducive to working with a group of older volunteers. Things did not always run smoothly and there was a balancing act to be had between the aims and targets of the Passion for life programme, the needs and circumstances of volunteers and the very nature of volunteering itself.

*" [the project] has to tick the boxes and fulfil targets but in reality it doesn't happen like that and I think with the nature of the people we're dealing with it does not happen like that because we're dealing with older people....and they are volunteers you have to treat them differently...you have to be careful with volunteers not make them feel obliged, they are volunteers and they can say well I'm not doing it now so it's a balancing act of how to keep them as well".*

To some extent the pace of delivery of Passion for life was dictated by volunteers' commitments and their subsequent availability to deliver sessions, as well as the requirement for volunteers to accommodate what their groups wanted. Groups decided how often they wanted the Passion for life course to run and sessions were run on a weekly, fortnightly and monthly basis. Although it was appreciated that there would need to be some flexibility in programme delivery some volunteers only completed one course in six months and this impacted on targets.

### **Efforts to overcome problems with delivery**

In order to overcome some of the problems associated with the programme's performance a meeting was held in June 2010 between NHS Doncaster, DMBC and Age UK Doncaster to discuss key concerns about the delivery of Passion for life. A plan of action for the remaining period of the project was developed and a number of changes were agreed.

1. A change in approach to marketing – Age UK Doncaster adopted a more personal approach to selling the Passion for life programme to groups of older people. The approach taken was more flexible and presentations adapted to the particular groups presented to. The emphasis was on fitting Passion for life around the groups rather than the groups fitting round the programme.
2. Course materials were revised – Age UK Doncaster, NHS Doncaster and DMBC consulted and worked with volunteers to improve learning materials and make them user friendly for both volunteers and participants. Rather than concentrating on the programme workbooks a Resource Pack with visual teaching aids and prompt cards for each Passion for life topic was designed. Off putting terminology was changed.
3. Age UK Doncaster took over responsibility for training volunteers allowing it to be delivered more flexibly – Up until then training had been delivered by NHS Doncaster. However, there were limitations on the availability of the member of staff to undertake this training which created problems and delays when trying to organise convenient dates for training days of potential volunteers.
4. Monitoring and performance was also improved and greater effort was put into collecting evaluation forms from programme participants and volunteers.

As a result there was a shift in focus and delivery of the programme improved in the latter half of 2010.

### **Programme delivery achievements**

One question when considering the delivery achievements of Doncaster's Passion for life is how realistic were the key performance targets for the project? The view from NHS Doncaster is that targets were realistic and achievable given the number of volunteers initially recruited and trained by their Programme Manager in a relatively short period of time. There was an expectation that a third sector organisation like Age UK Doncaster with all its available networks and resources should have been able to recruit more volunteers to the programme than it actually did. However, the potential pool of volunteers was never as great as the number initially recruited suggested. The programme experienced a high drop-out rate and the number of volunteers that could realistically be expected to be retained throughout the life of the programme was not anticipated at the outset of the project.

It is also easy to under estimate the time needed to recruit and support volunteers and all the stakeholders involved in the programme acknowledged that this had probably been the case. A considerable amount of time and effort was put into recruiting both groups and volunteers to the programme but this failed to achieve the numbers required. Selling the programme was much more difficult than expected and whilst the volunteer coordinator worked exceptionally hard she acknowledged that marketing and promotion were not her areas of expertise.

The model of delivery did not really take off as it had been hoped and the programme perhaps needed a more comprehensive or separate marketing strategy rather than being reliant on selling the idea to existing groups and expecting volunteers to 'spread the word'.

Despite problems, by the 31<sup>st</sup> March 2011 Passion for life was delivered to a total of 17 groups and approximately 218 participants. The original group of 15 volunteers have delivered to 13 groups (with some volunteers co-working). Two of these volunteers have delivered at least three sessions, the performance target set for the

initial group of trained volunteers. The new group of five volunteers have delivered to four groups (with one volunteer co-working) and three of them have delivered at least two courses, the performance target set for new volunteers.

At the outset, key performance indicators assumed the following:

15 volunteers x 3 courses = 45

And

15 volunteers x 2 courses = 30.

**Total = 75 courses**

However if we take into account a high proportion of volunteers will always want to co-work then a more realistic assessment of the pool of volunteers and courses delivered may have looked like this:

8 volunteers x 3 courses = 24

And

8 volunteers x 2 courses = 16

**Total = 40 courses**

Key performance indicators assumed a minimum of 5 participants per course resulting in a total of at least 375 participants or if we take the lower assessment 200 participants receiving the programme. Although the current Passion for life programme has fallen well short of the target number of courses to be delivered, taking a more conservative assessment suggests the shortfall is perhaps not so great and the programme has been more successful at reaching a reasonable number of participants. The Passion for life programme is currently working with a much smaller pool of volunteers who are committed to Passion for life. Work with the new batch of volunteers has shown it is possible to deliver more courses in a shorter period of time.

## Reaching the socially isolated

It was acknowledged that the Passion for life programme had not reached socially isolated older people in the way it had been hoped. Passion for life is particularly concerned with helping older people to avoid and overcome social isolation. However involvement in the programme has come mainly from existing social groups and older volunteers who are already actively engaged in their communities.

Difficulties with the programme's general recruitment may have resulted in less emphasis being placed on reaching those who are socially isolated than might have otherwise been desirable. Some early opportunities to engage Doncaster Metropolitan Borough Council's neighbourhood managers and workers in the programme may have also been missed early on in the pilot programme. A training session with the council's Wellbeing Officers was undertaken in August 2010 but subsequent changes in the job role of these professionals have resulted in them not being able to signpost to the programme as it had been hoped. To reach the socially isolated raising awareness of the programme amongst professionals working with these groups is crucial. Passion for life is reliant on frontline workers going out and promoting the programme and also on how well the information is passed on. Unfortunately cuts in funding are affecting staff in these jobs and overall the programme has struggled to reach socially isolated older people.



However, the programme has successfully worked with a visually impaired group and a group from the deaf community which involved adapting the Passion for life course materials so that they were suitable for these groups (see Section 5 of the report).

## Summary

To summarise a number of issues affected the performance of Doncaster's Passion for life programme. These included the initial high drop out of volunteers, difficulties associated with the marketing and promotion of the programme, some differences in the ways of working of the organisations involved and in their expectations of what it was realistically possible for such a project to deliver within the given timeframe, the nature of working with volunteers and the effect of a series of unanticipated factors which impacted on the delivery of the programme. All organisations involved acknowledged that the time needed to recruit and support volunteers was underestimated. Although the programme failed to achieve key performance targets, there are issues about how realistic these targets were and whether they were over ambitious. The programme has also struggled to reach socially isolated older people.

The next section of the report looks at the Passion for life volunteers, considers their experiences and views of the programme for life and assesses the impact of the programme on them.

## 4. Passion for life Volunteers

This section of the report considers the Passion for life volunteers in more detail and reviews their opinions and experiences of the programme. It also looks at the benefits volunteers derived from their experience of volunteering and from delivering the programme.

The main method of gathering information from volunteers was through face to face interviews with nine volunteers, some of whom co-worked. Six of the volunteers were from the original group recruited and three were from the 'new' group of volunteers recruited later. We also attended two volunteer feedback sessions organised on a quarterly basis by Age UK Doncaster. The first meeting attended enabled the research team to meet some of the initial group of volunteers and inform them about the evaluation. The other meeting attended provided an opportunity to run a small focus group to gather additional feedback and also to meet some of the new volunteers who had been recruited by that time. Five volunteers attended the small focus group, two of whom we had not spoken to before.

It should be noted that most of the volunteers we spoke to were already engaged in their communities through the groups they delivered the Passion for life programme to and / or had experience of volunteering before they became Passion for life volunteers. Our discussions with volunteers revealed most had fairly similar views about the Passion for life programme. Whilst some volunteers' experiences with their groups differed, they consistently identified a series of key points about the programme and these are discussed below.

### Some pressure to be involved in the programme

At least four out of the six volunteers we interviewed who were from the group initially recruited mentioned they felt some pressure to be involved in the Passion for life programme. These volunteers mostly attended the initial Passion for life training day and launch to find out about the Passion for life programme and what volunteering for the programme entailed, rather than fully appreciating they were then expected to deliver it. One volunteer said she went along with the view to *"find out and then decide"* and others commented *"once you got there you were a volunteer"*. This suggests that some of the first group of volunteers recruited were perhaps not fully aware of the implications of attending the training day, and would have benefited from some more information about the programme and what being a Passion for life volunteer involved before they went along to the training day. They should have at least been given a clearer indication of what they were taking on and committing to. Once they were at the training session some felt that they could not back out and it was *"taken for granted"* they would volunteer.

### Training and practical help with delivery

Almost all those interviewed felt more practical help was needed to assist with actually delivering Passion for life sessions or Life Cafés. Whilst the initial training day at the programme launch was adequate in as far as it went, it did not provide some volunteers with sufficient confidence to be able to deliver the sessions. At least three volunteers mentioned the feeling that they had been *"thrown it at the deep end"*

*“it was just dropped on us”* or that they *“didn’t know where to start”*. Whilst additional training was offered after the launch to address some of these concerns, there was still a sense from volunteers that more help with the practicalities of delivering sessions would be welcomed. One or two of the very experienced volunteers interviewed were not so apprehensive about delivery and described the initial training as *“comprehensive”* and *“covered all aspects of the programme”* but reflected that training on how to deliver Passion for life had not been so detailed and was probably insufficient for inexperienced volunteers or those new to volunteering.

Newer volunteers who received their training from Age UK Doncaster described the training as *“ok”* and *“excellent”*. The volunteer who found the training excellent also felt prepared to deliver the sessions and felt that the trainer had managed to generate enthusiasm about the programme amongst the volunteers. However some of this volunteer’s initial enthusiasm waned because she felt too much time passed between her training and the time when she was provided with a group to begin to deliver Passion for life to. She explained you *“get out of it”* and this contributed to some apprehension about delivering the programme as she would have preferred to start straightaway:

*“The first sessions are the hardest so it would be good if you had the training just before you started delivering the sessions”.*

For some volunteers there remained a sense of the programme appearing daunting and they questioned whether they would be able to deliver it. Comments included *“it [the training] was not dreadful but it was a bit daunting, a bit scary”*. Another volunteer explained there were *“lots of facts”* and *“if it had been a bit lighter it might have been better”*.

Although the thought of delivering Passion for life was a daunting prospect for a number of volunteers, much initial apprehension was eased once they started delivering the Life Cafés. Meeting and delivering Passion for life to groups volunteers did not know and translating the course material contained in the workbooks into ‘workable’ sessions that were fun and enjoyable were key challenges. Volunteers explained how going to an unknown group is initially hard. One volunteer talked about her nervousness before going into a new group and how her initial anxiety was allayed as the group were a good group to work with, very welcoming and *“fantastic”*. Two volunteers spoke of their initial concern that the sessions may come across as *“lectures”* and how they feared that the course material and structure might restrict their own personalities from coming across when delivering the programme. Both of these volunteers felt it was much easier than anticipated once they got started with the course.

## Co-working

For those volunteers who worked together when delivering sessions, co-working enabled them to support each other and helped to reduce initial apprehension about delivering Passion for life. Co-working gave volunteers *“confidence”* that they were delivering sessions properly and helped them to *“bounce ideas off each other”*. It enabled volunteers to draw on their different expertise and experience and share this with their groups and most importantly it was *“fun”*. During the interviews it was suggested that a ‘buddying’ system whereby experienced volunteers could pass on their skills and experience might help to overcome some of the difficulties associated with the practical side of delivery. It was felt that the system would also help encourage confidence in new volunteers and those less experienced.

Earlier feedback from the evaluation in August 2010 suggested a 'buddying' system or some form of observation of experienced volunteers may be a way forward to help new volunteers by providing them with much needed training support in delivery methods and helping them to engage and interact with new groups. It was clear volunteers could not be left to their own devices if they were new or inexperienced and were not sure how to engage people. A buddying system to support new volunteers was subsequently introduced and Age UK Doncaster has actively suggested to new volunteers they might like to work together. Those newer volunteers who had worked together appreciated the experience and felt that it was a good introduction to the programme. However, volunteers recognised co-working only worked if the volunteers involved were able to work well together and had a good rapport with each other.

## Volunteer support and establishing groups

There was a strong feeling from the volunteers we interviewed that it was too much to expect them to set up and establish groups on their own. In isolation Passion for life was not a sufficient pull to attract people to attend a group and the course needed to be tagged on to existing groups or integrated into groups somehow. Volunteers appreciated the role Age UK Doncaster played in providing groups for volunteers to work with, in organising speakers for sessions and in sorting out venues. Some volunteers felt that if they had to go out and find a group to work with this would put them off volunteering for Passion for life. One volunteer summed up feelings and commented:

*"I don't mind volunteering as long as it's not made difficult"*

Most volunteers we spoke to had fairly regular contact with the volunteer coordinator at Age UK Doncaster through telephone and email and felt that support *"worked well"*. Having the volunteer coordinator introduce new volunteers to new groups and supporting them by attending their first sessions helped to break the ice with new groups. Quarterly volunteer feedback sessions were also a source of support enabling volunteers to meet up and discuss any issues they had in more detail.

## Style of delivery

A strong theme to emerge from the interviews with volunteers was how crucial the style of delivery of the Passion for life programme was to its success with groups. One issue frequently mentioned by volunteers was how participants were immediately turned off if sessions were too much like a *"lecture"* or felt like *"being at school"*. Sessions needed to be delivered in a more *"informal chat style"* that encouraged discussion and participation and sharing of experiences. It was also important for sessions to be *"fun"* and volunteers had to be able to be flexible with the delivery of Life Cafés and sometimes *"just go with it"*. One volunteer explained that as people grow older it was important not to treat them like children and said *"we're not here to patronise or railroad participants"*.

Ways of encouraging involvement and interest included: using props like the stress balls and exercise bands as a way to engage participants, and sitting in a circle so that sessions felt less like lessons. Guest speakers had also helped to add interest to sessions and were a way to spark off discussions.

Some volunteers who belonged to existing groups did not follow the structure of the Passion for life programme as their groups either did not want to follow the course in the way it was prescribed, or were not interested in the programme if it meant

interrupting their usual social activities. One volunteer invited a series of guest speakers to come along and talk to her group about different aspects of safety rather than deliver Passion for life as a full programme. Participants of the group were not interested in Passion for life as a course and the volunteer explained *“if they think they have been taught anything they won’t come”*. The speakers had been well received and the group had enjoyed the talks but did not want to engage in the programme fully. Other volunteers had integrated bits of Passion for life along with other activities that their group was involved in and delivered it in *“bite size pieces”* rather than deliver a whole Life Café in one sitting. One long session involved too much talking and did not allow participants space *“to do their own thing”*.

This evidence highlights the difficulties some of the first batch of volunteers faced when trying to deliver Passion for life to groups that were not so receptive to the programme. It also demonstrates how anything too formal was a considerable ‘turn-off’ to groups of older people that the programme targeted. Volunteers were obviously faced with significant challenges when trying to follow the Passion for life programme whilst at the same time pitching delivery in a way that their groups were comfortable with. Unfortunately this task was not aided by the Passion for life workbooks, the main learning tool for the programme.

### Workbooks and re-designed materials

Overall the Passion for life workbooks were not well received by the volunteers we interviewed and many thought the terminology contained in the workbooks was *“off putting”*. If volunteers had handed them out to their groups they were not usually completed by the participants volunteers worked with, and few participants brought them along to each session. At best workbooks acted as a *“good guide”* and participants used them as reference books at home. One volunteer felt that they were *“useful and worthwhile and added value to the course”*, participants valued being presented with something they could use and refer to later. Whilst a few volunteers felt workbooks contained useful information *“if you read them but most people don’t”*, one or two volunteers of groups that had not completed their workbooks described them as *“a waste of time” “too confusing and demanding”* and *“none of the information was useful”*.

Most volunteers felt that the workbooks were not conducive to working in a flexible and informal manner needed to deliver Passion for life effectively. Given the nature of the workbooks volunteers found it difficult to utilise them when delivering the Passion for life programme. Essentially the workbooks felt too structured and did not fit with the style of delivery needed to ensure sessions were popular. Furthermore, volunteers were perhaps not provided with sufficient practical guidance on how they might adapt the workbooks and yet stay within the structure of the programme when working with their particular groups. Some volunteers felt *“in the dark about them”* and would have liked more explanation and practical ideas to encourage participants to engage with the workbooks and fill them in.

These difficulties were recognised. In order to address some of the problems associated with the workbooks project stakeholders held a session with volunteers in October 2010 to consult about how course materials could be improved. Additional feedback from volunteers suggested that:

- there was little evidence of people using the workbooks at home
- the size of the workbooks was awkward
- their layout was confusing
- the workbooks contained too much text and were off putting

- participants disliked too much form filling and writing

Volunteers felt:

- the information contained in the workbooks needed to be broken down into 'bite size pieces'
- the material needed to be more visual and contain pictures and boxes to tick rather than lots of writing

Materials were redeveloped along these lines using a Health Training Manual as a guide and a 'Resource Pack' with more visual teaching aids, picture sheets and prompt cards was developed. Involving volunteers in redesigning the materials has proved successful and volunteers were positive about the changes made. The newer volunteers interviewed had all employed the revamped learning materials when delivering sessions and certainly felt they helped simplify things when compared to the workbooks. Those volunteers who had worked with both the workbooks and the new materials described the handouts as "*less formal*" and "*more user-friendly*". Volunteers felt "*happier*" and "*more comfortable*" when the learning materials were redesigned and not so restricted by the "*heavy*" structured approach to the programme outlined in the workbooks.

## Evaluation

In order to keep track of the programme's performance, support volunteers and evaluate how well Passion for life was being received, the pilot project was heavily reliant on volunteers collecting relevant information about participants and their attendance and also on volunteers completing evaluations of their Life Cafés. Some difficulties were experienced by the support service provider in getting this information from volunteers. At times it could be difficult to get volunteers to take on board the importance of the evaluation and to insist that they complete the paperwork. The Age UK Doncaster volunteer coordinator conceded there may have been issues about how well this message was communicated to volunteers.

Of the volunteers interviewed, four had not minded filling in forms and keeping the necessary records about participants. Keeping records was "*not too onerous*" and volunteers usually circulated attendance forms for participants to complete. Volunteers were also asked to undertake an evaluation of each session and these volunteers had generally managed to complete the relevant form. One volunteer who had completed some sessions had found the process "*a bit repetitive*" and was told by the volunteer coordinator that she could write all the sessions on one form if she preferred. The volunteer felt this was a better idea and was what she would do for the rest of the sessions.

Some volunteers did not keep records of their groups and evaluation forms were not universally completed by volunteers. In some instances this came down to the way volunteers worked with their own particular groups preferring not to ask participants for their personal details and not to run the Passion for life course in such a formal way. Two volunteers also felt that they didn't really understand them and they were not quite sure how to use them.

Linked to the evaluation and a concern raised by five volunteers interviewed was what happens after the Passion for life course ends? Some volunteers felt that once they stopped working with groups participants were left on their own. One volunteer commented:

*"It's a shame we are really throwing them in [to Passion for life] and then saying now it's up to you".*

Other volunteers were concerned about what might happen to any groups which specifically formed to participate in Passion for life and questioned whether sufficient capacity would have been built to keep the group going after the end of the course. It was likely such groups would cease after Passion for life as they would struggle with things like finding funding and venue costs. In reality this situation did not arise since Passion for life has run with existing groups rather than groups being formed around taking part in the programme.

In order to continue Passion for life, one or two volunteers felt it might be worth looking at topics in more detail or extending the range of topics covered by Passion for life programme. Suggestions included providing more speakers on issues around safety and perhaps considering issues related to medication. One volunteer had invited a pharmacist to come and speak to her group which resulted in members of the group saying they felt they could now approach their pharmacist and discuss any concerns about their medication they may have.

Some volunteers thought it may be beneficial to return to Passion for life periodically with their groups, or to revisit groups that had taken part in Passion for life from time to time. One volunteer felt some sort of 'Passion for life Refresher' might be a nice idea and volunteers could go back to visit a group they had worked with and see how participants were getting on. Feedback to groups was also important and one volunteer had used photos of sessions as a way of providing visual feedback to participants and commented that *"it helped participants see themselves as part of something"*.

## **The Benefits to Volunteers**

Volunteers were clear about the benefits of volunteering to them. For most, volunteering involved meeting and helping new people and enabled them to stay active in their communities *"volunteering gets me out into the community"*. Volunteering provided new challenges, opportunities and activities and helped to build *"confidence"*. One experienced volunteer described it as a *"compulsion"*. When specifically asked about Passion for life, volunteers described the experience as *"challenging", "time consuming", "satisfying"*. Volunteers had gained in confidence, enjoyed meeting the groups and felt like they were giving something back. One volunteer commented how the feedback from the group she worked with had made the whole experience of volunteering worthwhile but commented:

*"I know they have enjoyed it but whether they take on some of the messages is another thing"*

With regard to their own health and lifestyles the majority of the volunteers we interviewed felt Passion for life had helped increase their awareness about things like safety in the home and diet and exercise and one volunteer explained she could see the relevance of the course for her own future independence. Fewer volunteers had acted to make changes to their lifestyles though, and two volunteers felt they were already doing much of what was included in the course and *"it was not really anything new"*. Those volunteers (three) who said that they had made changes mentioned *"not taking so many silly risks with safety at home"*, one volunteer was undertaking some of the chair based exercises at home and had also told her own grown up children about the course and they had made changes to their diet. One volunteer explained how although you may know the benefits of things like healthy eating it is something that can easily slip. Passion for life had *"helped bring him back*

on board” and he and his wife were eating more fish and had increased the range of fruit and vegetables they were eating.

When asked about whether they would recommend the course and encourage others to volunteer, most volunteers we spoke to thought they would and commented that they would tell potential volunteers *“it’s not as difficult as you think”* and the experience *“helps to give you a lift”*. On the whole volunteers felt that being a Passion for life volunteer would make a good first volunteering experience as long as new volunteers were supported and perhaps initially worked with a more experienced volunteer. However, volunteers mentioned that so far nobody who attended Passion for life had come forward to ask about being a volunteer. One volunteer felt she would be a *“bit selective”* and only encourage those she thought would make a good volunteer to do it.

## Summary

To summarise findings suggest some of the first group of volunteers recruited felt a certain degree of pressure to volunteer and were perhaps not fully aware of the commitment they were taking on after attending the first Passion for life training day. Early on volunteers felt they needed more practical help to assist with delivery of the Life Cafés. Volunteers were critical of the workbooks and found them difficult to use and adapt. Volunteers stressed how crucial style of delivery was to the success of the programme, sessions needed to be informal and anything that felt too much like a lecture was an immediate turn off. Involving volunteers in redesigning learning materials has proved successful and volunteers were positive about the changes made. Co-working was an important source of support for volunteers and has worked well. Volunteers particularly valued the support they received from Age UK Doncaster in finding groups for them to work with, in organising speakers for sessions and in sorting out venues. Volunteers felt it was too much to expect them to find groups to work with. There were some issues with evaluation and concern was raised about what happens at the end of the programme. Some volunteers felt groups would benefit if the programme was revisited periodically or they returned to groups to deliver a 'Passion for life Refresher'. Being a Passion for life volunteer was a *“challenging”* experience and had helped to increase volunteers' awareness of the topics involved. A small number had made changes to their own behaviour or lifestyle and had passed messages on to family members.

Moving on, the next section of the report considers the views of Passions for life participants and the impact of the programme on them.



## 5. Passion for life Participants

This section of the report discusses the main findings from a series of five focus groups conducted with Passion for life participants and also from a small number of interviews conducted with them. Participants were members of groups engaged in the Passion for life programme. In all a total of 48 participants were consulted about their views and experiences of Passion for life, as well as about the impact of the programme on them. This represents just over a fifth of the total number of participants who were involved in the programme up until 31st March 2011. Key findings which emerged from discussions included:

- Overall the Passion for life course was enjoyable, fun and well run – descriptions included “*lively and fun*”, “*looked forward to it*”, “*enjoyed it a lot*”
- The role Passion for life played in enabling groups to talk about subjects they would not normally discuss
- Passion for life helps participants get to know each other better and can help newly established groups to develop
- Passion for life can act as a catalyst for activities and ideas
- Passion for life needs to be delivered with other activities and is not a sufficient draw alone
- Targeting of the programme – some groups felt they were already active and socially engaged
- The programme is “*common sense*” but acts as a reminder of things you need to do for your health
- Passion for life helps with useful tips and access to information
- New learning materials were well received and adaptations worked well for groups with special needs
- Some evidence that Passion for life can result in changes to behaviour and lifestyle and of messages being passed on

### Talking about different topics, developing groups and acting as a catalyst

Whilst Passion for life was generally well received by participants and most enjoyed the sessions and felt that they were “*well run*”, discussions with participants particularly highlighted the role the programme played in enabling groups to talk about topics they wouldn’t normally discuss and in helping groups to get to know each other better. All the groups consulted acknowledged that Passion for life resulted in such benefits and in some instances resulted in the group engaging in other activities.

For one newly formed chair based exercise group participants felt Passion for life had helped the group to develop. This group wanted to attract new members and rather than just advertise themselves as an exercise group they wanted their group to have a social function too. The group decided to meet for an hour to chat and have coffee before they did their exercises and take part in Passion for life during this time. The

programme provided them with a focus for their social meeting and allowed them to discuss things with each other that they might not normally talk about. The group also intended to carry on meeting for this hour after Passion for life had finished. The group needed to fill the time with some activity and the experience of Passion for life had given them the idea that on some of the weeks when they met it would be good to organise a discussion around a particular topic or issue.

Organisers of another chair based group established for three years felt the programme would have helped when they were trying to set up the group. Newer members of this group appreciated the opportunity to get to know each other better that staying behind for an hour to take part in Passion for life provided rather than members *“simply rushing off straight after”*. This group also decided to continue meeting up for an extra hour after the Passion for life course ended and had set up a social programme. Whilst the group may well have undertaken these social activities without Passion for life, the organisers were now considering booking guest speakers to fill some of the hour sessions which they would not have done without the experience of the programme.

Even longstanding groups where members knew each other well felt that Passion for life had helped them *“to chat a bit more”* and *“talk about new things”*.

### **On its own Passion for life is not a big enough draw**

Although participants acknowledged how Passion for life had encouraged social interaction and discussion some groups felt that the programme needed to be delivered with other things and was not a strong enough attraction on its own. Passion for life was a *“good supplement”* to usual activities but probably not something participants we talked to would turn up to if delivered on its own. One participant said of her group *“they go for the luncheon club and then stay on”*. This group felt that having an enjoyable meal put people in the right frame of mind for the sessions and said *“food around it helps”*.

Whilst Passion for life was a good addition or complemented some groups' activities participants did not want the programme to disrupt their usual activities too much and so chose to have the course delivered less frequently than every week when they met. For example, one participant of a group where Passion for life was delivered every month commented *“it's about right it doesn't get in the way of anything else”*.

In order for people to attend, Passion for life had to fit round existing routines and it was felt if sessions were held on different days to usual activities *“it would be much more difficult to get people to come along”*. The development worker working with the deaf community felt to some extent having a *“captive audience”* of older people who already met for bingo at the Deaf Centre helped with organising the delivery of the programme.

### **Targeting the programme**

Participants were aware of aspects of the Passion for life programme. Some felt that by virtue of being involved with a group they were already engaged and active socially and one or two groups questioned the relevance of the programme for groups like them. Feelings were often expressed by participants saying that they were already doing a lot of what Passion for life was advising them to do, and some participants mentioned that 'they had reached a certain age so they must be doing something right'.

One group consulted particularly felt that the Passion for life course was not really for them and that the course was *“preaching to the converted”*. Participants were involved in a chair based exercise group and explained they were puzzled as to why this programme was thought to be relevant to them and commented *“you don’t need people like us”*. Similarly they thought the session on social networking was not so relevant to them. They felt that the course was for people who did not get out much and for those living in sheltered housing. Some members of another group thought that the course was perhaps more suitable for those aged 70 and above and said *“I would have thought at 60 a lot of it is a bit early”* and *“there are a lot of young sixties”*, but this was not a concern raised by their group more generally, or by other groups involved in the research.

## What’s the Passion for life programme for?

When participants were asked what they thought the Passion for life programme was for comments included:

- Keeping active and well – *“over 65s need to be active in mind and body”, “don’t want to end up shuffling”*
- Friendship- they thought this was very important *“most of us are sat there at home”, “it’s lovely meeting people”, “nowt worse than four walls”*
- They liked the idea of getting together as a group. Meeting as a group is beneficial particularly for those on their own *“it’s nice to meet as a group and meet different people” “I would miss the group if I didn’t come”*
- Healthy lifestyles particularly *“healthy eating”, “to make you eat better”, “to be more active and exercise”, “to stop you being a couch potato”*
- Awareness of safety
- Educating yourself and reminding you about things that you know and should do to look after yourself *“a lot of it is common sense but it’s good to be reminded about this”*
- Keeping grey matter active and *“making our brains work”*

Whilst some of the benefits expressed by participants were associated as much with meeting as a group as with Passion for life, the list demonstrates the extent to which participants had taken on board the philosophy and messages of the Passion for life programme. Discussions indicated that the programme was seen to be very much about *“common sense”* and whilst it did not always contain new information, significantly it represented a *“reminder”* or a *“re-awakening”* of things older people knew they should do in order to stay healthy. One participant explained how it was easy to just do things out of habit. The course helped to raise awareness of how she could make changes and build them into her lifestyle. For the care worker involved with the visually impaired group the course helped participants *“think about what they were doing and what they were eating”* and it was trying *“to guide choices to more healthy ones”*.

Passion for life was often most beneficial to participants in terms of the advice and tips received and the access to help it provided. The course was about learning things and crucially learning from one another. One participant commented *“it makes your mind aware of what’s available and what other people do”*. Participants from another group illustrated this point with an example from their session on food and drink. They explained how a tip about using ready-made bread mix had been

especially useful during the recent cold weather when some of the participants were unable to get out to the shops to buy bread. At least two or three participants said that they now kept a packet of the mixture in their cupboards to ensure they did not have to go without bread in similar situations in the future.

Discussions demonstrated the programme was an important means of access to information. In particular talks on safety in the home and advice on help available and how to access it were well received. Almost all the groups mentioned how good these talks were and how “*useful*” and “*invaluable*” the information was. Messages about safety in the home had evidently hit a cord with participants and one commented that they “*made you think particularly if you are on your own*”. An indication of this was a number of participants who had acted on the information they received (see below) and the many participants who referred to advice relating to safety in discussions. For groups with special needs, the programme provided information which was frequently lacking for their communities and importantly for one deaf participant the information was delivered in an “*equivalent way to that of the hearing community*”.

### **New materials were well received**

Findings suggest that the new learning materials developed during the pilot worked much better than the original workbooks. Groups that utilised the revised course materials described them as “*clear*”, “*useful*” and “*interesting*”, and felt that they helped to back up the information they had received in the sessions. One participant commented that “[*they are*] a nice summary of what the volunteer leading the session has been saying”. Participants from two groups also indicated they would keep the hand outs and refer to them at home. This response tended to be more positive than feedback received about the workbooks which were usually not completed and seldom taken to the sessions. A small number of participants had referred to them at home but many participants had found them too much like school, time consuming to read and fill in, some even described them as “*invasive*”.

The new material had also been adapted well for those groups with more specialised needs. Course materials were enlarged for the visually impaired group and participants generally felt information had been “*put across very well*”. They had all managed to complete the necessary forms with help from the care assistant who attended the sessions with them. The care assistant felt that participants of this group were able to do this as “*there was not too much writing*”. Similarly, the development worker for the deaf community felt that the information and hand outs were clear and that material had been adapted well for the deaf community. As members of the deaf community usually communicate with sign language, feedback has to be translated by interpreters verbally. English is effectively like a second language for many deaf people and this sometimes means that written English is not so good. The use of coloured stickers to obtain feedback about Passion for life has helped to overcome some of these issues.

### **Changes in behaviour and lifestyle and evidence of messages being passed on**

There was evidence that some participants had either made changes and / or acted on advice received as a result of Passion for life. However, changes were by no means widespread and other participants had not instigated changes as a result of attending the course. Some of these participants however, did acknowledge that the course had made them “*think*” about what they were doing. In other instances a

handful of participants felt they had made changes naturally as a result of getting older or because of their health conditions.

Changes directly associated with Passion for life included the following:

#### ***Focus Group A (6 participants present)***

- Four participants were using their stress balls (one participant who suffered from arthritis noticed an improvement in her hands and wrists).

#### ***Focus Group B (9 participants present)***

- All participants were using their stress balls at home.
- One participant had fitted security chains on her doors. She explained *“I was conscious that it was something that needed doing and the talk [on security and repair] gave me the push to get it done”*.
- One participant had told her neighbour about key safes and the importance of access to their property if there was an emergency

#### ***Focus Group C (5 participants present)***

- One participant intended to get a smoke alarm through the local council scheme
- One participant did leg stretches whilst watching TV
- One participant was more careful around the home and now asked for help with things like changing a light bulb
- Care worker associated with the group had switched to skimmed milk
- Volunteers used stress balls and a family member used them to regain strength in her ligaments after being bitten by a dog

#### ***Focus Group D (7 participants present)***

- One participant had got herself a small set of steps so that she could use these instead of climbing on chairs to reach things.
- One participant was trying to walk a little further she mentioned *“one more bus stop”*
- One participant was using her stress balls regularly
- One participant was undertaking some of the chair based exercises at home
- A number of participants also mentioned increasing their fluid uptake and being more sensible about drinking enough water particularly in the recent hot weather

#### ***Focus Group E (16 participants)***

- The group lunches have been changed to incorporate some of the healthy eating advice
- The majority of the participants did the "feet exercises" at home while sitting watching TV
- Others used the stress balls which they liked very much.

- Since Passion for life some participants from the group who lived close to each other now met for coffee in a smaller group.

Those participants (five) who were interviewed mentioned the following:

- One participant was doing chair based exercises at home
- One participant had contacted the council about obtaining a specialist carbon monoxide detector suitable for deaf people (i.e. with a flashing alarm rather than an audible one)
- One participant was keen to look into the possibility of setting up an exercise based group or getting involved in an exercise class

The evidence outlined above illustrates that Passion for life is helping a proportion of participants to make changes and improvements to their lifestyle. However overall these changes are relatively small in scale and there is limited evidence of messages being passed on to others outside the groups such as family members, friends and neighbours.

## Summary

This section of the report has demonstrated how well the Passion for life programme was received by the groups of participants involved in the programme. Most participants enjoyed the sessions and felt the programme provided them with opportunities to discuss new topics and to get to know each other better. Passion for life was a supplement to most groups' activities and was not something participants would want to attend on its own. There were issues about whether the programme was relevant to some groups who felt they were already active and socially engaged. Participants had embraced the programme's messages but this did not necessarily translate into changes in behaviour or lifestyle choices or extend to spreading these messages to other older people. The course contained 'common sense' information that acted as a 'reminder' to participants of what actions they needed to take in order to improve their health and stay well.

The next section concludes the report and provides a series recommendations based on key findings of the evaluation.

## 6. Conclusions and Recommendations

Doncaster's Passion for life programme is a response to the challenge of helping older people age well. It aims to prevent poor health and improve life quality by encouraging positive changes to habits and lifestyle patterns. This evaluation has examined the performance of the Passion for life programme and highlighted key factors which impacted on the programme's achievements. Despite failing to achieve its original target of courses our findings show that the programme has been more successful in reaching participants. This report has also assessed how well Passion for life has achieved the aim of empowering older people to achieve a healthy lifestyle by exploring volunteers' and participants' experiences of the programme and presenting evidence of the effect of Passion for life on their behaviour and lifestyle choices. Although limited in scale there is indication of positive effects emerging from this relatively small programme.

From the findings it is possible to draw out a number of conclusions and recommendations. With regard to Passion's for life performance it is clear that the programme did not progress in the way it had been anticipated and a number of factors slowed the development of the programme. The amount of time needed to recruit and support volunteers was also under estimated by the organisations involved in the programme. Promotion of Passion for life proved extremely difficult. Despite the best efforts of the support service provider the programme failed to generate the levels of interest needed to recruit sufficient numbers of groups and volunteers to achieve its key performance targets. However, findings suggest these targets were probably over ambitious and did not reflect the reality of working with a group of older volunteers. The programme was largely untested and although the level of recruitment of volunteers at the outset suggested original targets were achievable this did not prove to be the case. A more realistic assessment of the targets suggests that the programme has still reached a reasonable number of people. Whilst performance has improved and the remaining group of volunteers are delivering the programme well, this group of volunteers remains small.

Keeping these volunteers will largely depend on the number and suitability of groups that can be recruited to the programme. Concerns for the programme going forward must be around whether these volunteers can be retained in order to maintain the programme sufficiently, and how big the potential pool of 'new' volunteers actually is for such a programme in a town like Doncaster. The programme has also encountered apathy and resistance from groups of older people who feel they do not want to be 'told' what to do, or that they are already engaging in much of what the programme is trying to promote, or that the programme interferes with their usual activities. This raises questions about what the realistic 'take up' of such a programme is likely to be and whether the programme is reaching those groups of older people who could most benefit from it.

**Recommendation 1:** In light of the findings from the evaluation key performance targets for Passion for life should be reassessed and revised downwards.

**Recommendation 2:** Organisations responsible for Passion for life need to rethink how the programme is promoted and devise a more effective marketing strategy and advertising campaign. More support is needed to

promote the programme as this proved to be a time consuming and challenging task.

**Recommendation 3:** A real issue for Passion for life going forward must be how to reach those older people who are socially isolated. Efforts to target these groups and exploit any possible opportunities to reach more vulnerable older people need to be increased.

Findings show how crucial volunteers are to the success of a programme like Passion for life. Delivering the programme presented sizeable challenges for the volunteers involved and those volunteers who have continued with the programme have managed to deliver Passion for life competently. Considerable skill is needed to adapt the Passion for life learning materials for delivery, and volunteers were initially hampered by the programme's workbooks and a lack of practical guidance on delivery. Involving volunteers in redesigning course material has proved successful and evidence suggests the revised materials work well. Volunteers are largely appreciative of the support they receive from Age UK Doncaster and value co-working. The buddying system introduced after earlier feedback from the evaluation has encouraged confidence and helped some volunteers overcome their initial apprehension when meeting new groups and delivering sessions. The system acts as a good introduction to the programme for new volunteers who want to co-work, and importantly helps to enhance the experience of volunteering.

Volunteers also derive considerable benefit from their experience and most would recommend the course and encourage others to volunteer. While a small number of volunteers have made behaviour and lifestyle changes as a result of the programme, most feel the programme helped increase their awareness of the topics covered.

Particular issues for the forthcoming year for the Passion for life programme relate to the questions volunteers raised about what happens after the Passion for life course ends. There was a feeling from some volunteers that after Passion for life participants were effectively left to get on with it on their own. Participants and volunteers would benefit from volunteers revisiting groups to see how they were getting on and perhaps running some sort of Refresher Session. Collecting information needed to assess the programme's performance has also been a little inconsistent and there have been some problems with actually obtaining this data. These difficulties will need to be addressed and efforts to obtain accurate and comprehensive information improved.

**Recommendation 4:** If the programme is to be successful the support offered to volunteers is extremely important. Overall this part of the programme has worked well but volunteer support may require reviewing to ensure that it continues to work effectively. The buddying system adopted should be continued and new volunteers need to be sufficiently informed and adequately prepared for the task they will be taking on.

**Recommendation 5:** Training and delivery of the first Passion for life course should be better coordinated. In order for the programme to maintain momentum after new volunteers are trained, the time between training and delivering the first Passion for life course should be relatively short. This should help volunteers who are often apprehensive about delivering their first course to maintain their initial enthusiasm and confidence generated by training.

**Recommendation 6:** Organisations responsible for the programme need to rethink the way evaluation evidence is gathered. Relying primarily on volunteers for key Passion for life monitoring and evaluation information may



increase the likelihood of information not being collected at all or of data being incomplete. One way of ensuring more comprehensive collection of information may be to utilise the volunteer coordinator more effectively in the process. For example, at the final round-up session it may be appropriate for the volunteer coordinator to attend the session to gather feedback from participants and the volunteer(s) and to complete a short but standardised group review form.

**Recommendation 7:** Revisiting the programme and introducing some sort of 'Passion for life Refresher Session' for interested groups may help to support and encourage more lasting impacts.

Turning to the participants involved in the programme, our findings demonstrate that most enjoyed the Passion for life sessions. Passion for life particularly encouraged social interaction within groups and provided opportunities to discuss topics which were not normally talked about. Passion for life may have a role to play in helping newly formed groups to develop socially and can stimulate new ideas for activities, but it was not seen as something groups would want to participate in on its own. Participants often derived the most benefit from the tips and advice received and the access to information the programme provided. Participants were aware of the messages and ethos of Passion for life and this translated into changes in behaviour and lifestyle for some. There was limited evidence of participants spreading the programmes' messages to other older people.

**Recommendation 8:** The role Passion for life plays in providing advice and access to information could be exploited further. Such an approach might involve incorporating other topic areas into the programme or more likely extending existing topics. For example, suggestions to improve the Food and Drink Life Café included requests for information and recipes on how to eat healthily on a budget and on ways to eat well without too much effort. Including information in programme handouts of what services and activities are available for older people, details of useful contacts and sources of support may also encourage older people to take responsibility for changes to improve their health and well being.

There are questions about the long term sustainability of the changes made as a result of the programme. Changes have tended to be small in scale and so far the programme has failed to demonstrate whether it can make a lasting impact in terms of participants' future health and independence. It has already been highlighted how some volunteers felt that participants were effectively left to their own devices after the end of the Passion for life programme and this must be a concern if the programme is to contribute to longer term change. In order for this to happen, Passion for life needs to be supported more effectively to ensure messages from the programme are reinforced and revisited so that participants are encouraged to maintain the changes they have made as a result of the programme.

**Recommendation 9:** Key professionals and front line staff working with older people should be actively engaged not only in selling the programme but also in playing a part in supporting and reinforcing programme messages whenever possible. Without such action there is a danger messages could get lost. In order to enhance lasting impact learning from the programme needs to be reinforced and a number of possible ways of doing this explored.

**Recommendation 10:** Consider how to assess the longer term impacts of Passion for life. Possible ways might be to revisit groups previously involved in Passion for life to see how they are getting on, incorporating questions about impact into a Passion for life Refresher Session, or sending out

questionnaires to a sample of participants. However, requesting participants complete forms or questionnaires may be problematic given the previous reluctance of many participants to complete workbooks.

Returning to the three key research questions outlined at the beginning of this report, overall our evidence suggests that although small in scale there are some positive signs of older people being empowered to take responsibility for their own health. A proportion of programme volunteers and participants are making changes to their behaviour and lifestyle choices. However, the extent to which older people have been empowered to spread the programme's message to other older people is more limited. As yet there are questions about whether the programme can support more lasting changes to behaviour and lifestyle which promote the health and well being of older people in Doncaster. It is hoped that the recommendations outlined in this report will help the programme move forward and achieve these goals.

## Annexe 1: References

BOWLING, Ann and ILIFFE, Steve (2006). Which model of successful ageing should be used? Baseline findings from a British Longitudinal Survey of Ageing. *Age and Ageing*, **35**, 607-614

BUONOCORE, S AND SUSSMAN-SKALKA, C (2002). Project insights: An evaluation of a community vision education project for older adults. *Educational Gerontology*, **28**, 289-299. Cited in: PEEL, Nancye M and WARBURTON, Jeni (2009). Using senior volunteers as peer educators: What is the evidence of effectiveness in falls prevention? *Australasian Journal on Ageing*, **28** (1), 7-11

CHRISTMAS, C and ANDERSON, R A (2000). Exercise and older patients: Guidelines for the clinician. *Journal of American Geriatric Society*, **48**, 318-324. Cited in: BOWLING, Ann and ILIFFE, Steve (2006). Which model of successful ageing should be used? Baseline findings from a British Longitudinal Survey of Ageing. *Age and Ageing*, **35**, 607-614

DAPP, Ulrike, ANDERS, Jennifer, Von RENTELN-KRUSE, Wolfgang, MEIER-BAUMGARTNER, Hans Peter (2005). Active health promotion in older age: methodology of a preventative intervention programme provided by an inter-disciplinary health advisory team for independent older people. *Journal of Public Health*, **12**, 122-127

DONCASTER METROPOLITAN BOROUGH COUNCIL (2008). *In All Our Interests: The Future of Older People's Services*, [www.doncaster.gov.uk](http://www.doncaster.gov.uk)

GAGNON, Maxime, HÉBERT, Réjean, DUBÉ, Micheline, DUBOIS, Marie-France (2006). Development and Validation of an Instrument Measuring Individual Empowerment: Relation to Personal Health Care: The Health Care Empowerment Questionnaire (HCEQ). *American Journal of Health Promotion*, **20** (6), 429-435

GREAVES, Colin J and FARBYS, Lou (2006). Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multi-method observational study. *Journal of The Royal Society for the Promotion of Health*, **126** (3), 134-142

*Healthy Lives Healthy People: Our Strategy for Public Health in England* (2010) <http://www.official-documents.gov.uk/document/cm79/7985/7985.pdf>

*National Audit of the Organisation of Services for Falls and Bone Health in Older People*, (2009), <http://www.rcplondon.ac.uk/sites/default/files/national-falls-and-bone-health-public-audit-report-march-2009.pdf>

NHS DONCASTER (2009). *Older People's Joint Strategic Needs Assessment: Core Data Set*, [www.doncasterpct.nhs.uk](http://www.doncasterpct.nhs.uk)

NHS DONCASTER, Business Plan 2010-2011,  
[http://www.doncaster.nhs.uk/upload\\_files/Summary%20of%20BP.pdf?phpMyAdmin=qU9ynuUq%2Cp6dnqaW8dhVUepOMK5](http://www.doncaster.nhs.uk/upload_files/Summary%20of%20BP.pdf?phpMyAdmin=qU9ynuUq%2Cp6dnqaW8dhVUepOMK5)

PEEL, Nancye M and WARBURTON, Jeni (2009). Using senior volunteers as peer educators: What is the evidence of effectiveness in falls prevention? *Australasian Journal on Ageing*, **28** (1), 7-11

PERSONAL SOCIAL SERVICES RESEARCH UNIT (2009). *The National Evaluation of Partnerships for Older People Projects: Executive Summary* [online]. Available from: <http://www.PSSRU.ac.uk> [Accessed 16<sup>th</sup> February 2010].

STUCK, A E, WALTHERT, J M, NIKOLAUS, T, BÜLA, C J, HOHMANN C, BECK J C (1998). Risk factors for functional status decline in community-living elderly people: systematic literature review. *Social Science and Medicine*, **48**, 445-469. Cited in: DAPP, Ulrike, ANDERS, Jennifer, Von RENTELN-KRUSE, Wolfgang, MEIER-BAUMGARTNER, Hans Peter (2005). Active health promotion in older age: methodology of a preventative intervention programme provided by an inter-disciplinary health advisory team for independent older people. *Journal of Public Health*, **12**, 122-127

TAYLOR-DAVIES, S, SMICIKLAS-WRIGHT, H, WARLAND R et al (2000). Responses of older adults to theory-based nutrition newsletters. *Journal of the American Dietetic Association*, **100**, 656-664. Cited in: BOWLING, Ann and ILIFFE, Steve (2006). Which model of successful ageing should be used? Baseline findings from a British Longitudinal Survey of Ageing. *Age and Ageing*, **35**, 607-614

## Annexe 2: Examples of Recruitment and Promotion

### Promotional stands

- at 3 different supermarkets
- DRI Governor & Member Event
- Wheatley Neighbourhood Alliance Event
- Vascular Disease Wider Partnership Event
- Doncaster Carers Support and Information Event
- Doncaster Interchange (3 days to promote volunteering generally as well)
- Older People's Event at the Trades Club

### Information:

- Mailshot to ACD existing clients
- Follow up letters to all those who expressed interest at the launch event in being either a participant or volunteer
- Emails/letters to all groups listed in local directory
- Leaflets sent out to all GP practices (Elaine prepared a presentation on the Health Channel in GP surgeries to coincide with this).
- Leaflets to housing associations
- Leaflets to physio department DRI
- Leaflets to Wellbeing officers at DMBC
- Leaflets in ACD Advice & Information
- Leaflets & info to WI head office for inclusion in their newsletter to go to all WI groups in Doncaster area
- Leaflets in Doncaster area libraries
- Letter to existing ACD volunteers
- Volunteering Opportunity posted on Doncaster CVS
- P4L Open Day – 30 invites to local groups to come and find out more information

### Presentations & Meetings:

Presented P4L to:

- Campsall Social Group
- Intake TARA
- Sprotbrough Lunch Club
- Armthorpe Chair-Based Community Group

- Auckley Chair-Based Community Group
- Ivanhoe Centre, Conisbrough
- Intake Monday Club
- Patrick Stirling Court, Hexthorpe
- Woodlands Memory Group
- Doncaster Carer's Coffee Morning
- Woodlands Circuit House Community Group
- Stirling Centre
- Rossington Health Community Group

Met with/phone calls with:

- Alison Cross, Doncaster Dome
- James Key, Doncaster Dome Primetimers
- Rachel Blake, Neighbourhood Officer, DMBC
- Caroline Temperton, Woodlands Memory Group
- Olive Garner, Ivanhoe Centre Conisbrough
- Kym Doil, Intake Monday Club
- Karen Beilby, Rossington Health Community Group

Other:

- Arranged promo interview for Elaine on TRAX fm
- Produced marketing plan
- Revised leaflets
- Revised presentation
- Adapted revised presentation into a 'rolling' presentation for use at promo stands & info events
- Held focus event for volunteers to adapt workbook materials
- Adapted workbook materials in line with focus event
- Volunteer Coordinator worked with Elaine and Lynne on adapting the training programme and co-delivered one session of training with Lynne
- Volunteer Coordinator stepped in with delivering healthy eating session when a Dietitian / food educator could not