

Bonny Downs Community Association

Active and Connected Elders Project



Evaluation Report

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Introduction

This report is an evaluation of the Active and Connected Elders project delivered by Bonny Downs Community Association (BDCA). BDCA has been running an Elders project since 2001 and this work is currently funded by the Big Lottery Fund (BLF). This evaluation focuses on the work of the project during 2016 and 17.

Compost London CIC was commissioned to undertake the evaluation in December 2017. Compost London is a newly established company of community development professionals, with extensive experience of delivering training, evaluation, research, and organisational reviews with community and voluntary groups in Newham and beyond.

Aims of evaluation

The aims of this evaluation have been:

- to assess how well the project is being delivered, looking at impact against targets and outcomes agreed with BLF and progress in growth areas identified by previous evaluations*
- to explore what aspects, activities and processes are working particularly well and why
- to identify any unintended or unexpected effects (both positive and negative)
- to suggest what could be done differently in future to make the project more impactful

* Areas to be strengthened highlighted by previous project evaluations:

- Sustainability via the development of a sustainability plan
- Volunteering and user involvement
- Cultural diversity of participants and levels of engagement by male elders
- Impact measurement

Methodology

In December 2017 and January 2018, data was gathered through a literature review of project documents relating to the last three years of the Elders Project: Internal BDCA and Elders Project reports and interim monitoring documents for BLF describing the project from 2015 to November 2017; financial, strategic and planning documents from 2015-17; external Interim Evaluation Report 2015; BLF outputs, outcomes and indicators; project monitoring data from Upshot, and the Health Impact Questionnaire results for 2017.

This review was followed by interviews with five staff and two project users/volunteers and a focus group of 11 users/volunteers.

Data is presented qualitatively and statistically as appropriate, with photos and quotes included as illustrations. More detailed statistical evidence and full reports on the focus group and interviews are appended.

Thanks to the Elders Project staff for the ease with which we have been able to meet people and access the information.

The Elders Project

Background

The Elders project, running at BDCA since 2001, was originally delivered by volunteers. In response to significant demand from local older people the project was developed from 2003 with support from the Neighbourhood Renewal Fund. The project aims at this point were to reduce isolation, improve mental and physical health and provide support to enable users to overcome crises in their lives.

From 2007 to 2013 funding from BLF enabled the project to further develop in line with the needs and suggestions of its users. The Fit and Healthy Project successfully tackled poor physical and mental health with a range of activities focusing on healthy lifestyles for over 50s. An evaluation identified areas for development and formed the basis for a successful bid to BLF for a further five years' funding for the Active and Connected Project, from December 2014.

Additional project funding has been secured from Esmee Fairbairn, StayWell and Newham Council.

BDCA agreed four intended project outcomes with BLF for older people living in Newham as part of the Active and Connected project:

- Reduced isolation and loneliness so that they can access/give support through social networks;
- Improved physical and mental health so that they remain fitter and healthier for longer.
- Increased confidence and self-worth so that they can more fully participate in and contribute to their community.
- Increased resilience so that they can cope with crises and live independently for longer.

Project Team

Five paid staff members manage the Elders Project: two job-share the full-time post of Project Coordinator, two job-share the full-time post of Assistant Project Coordinator, and there is a part-time Advocacy Worker. The team is completed by up to 50 volunteers, who do everything from working in the café to running groups, pastoral support or practical help. BDCA's CEO and Trustee Board oversee the

Elders project. BDCA has introduced a Strategy Working Group which contributes to the strategic oversight of all projects.

Project Activities

A broad and changing range of activities takes place every weekday between 10am and 3pm, mostly at The Well Community Centre in East Ham. Users usually pay a small charge to attend. At the time of writing the BDCA website showed 21 regular activity groups for Elders plus trips/holidays and one-off events. Activities fall into four broad categories:

Social: outings, trips and holidays, coffee mornings, Lunch Club, board games, 'Meet Friends, Make Friends', darts, snooker

Physical/health: dancing (quadrille, line), tai chi, walking, chair-based exercise, music & movement, yoga, bowls

Creative: writing, painting, Film Club

Support: advice and advocacy



BLF agreed an annual project output of 40 hours per week (=2,000 hrs/year) for 375 beneficiaries with a programme of social/physical/educational activities (including: coffee morning, trips, tai chi, bowls, IT class, health promotion events). These targets have been exceeded, (2022.5 hours for 420 unique participants from 1st December 2016 to 30th November 2017). The overall number

of people accessing the Elders Project during this period was 508 (this includes advocacy¹, home visits, etc).

Some activities and services are much busier than others (see table in appendix). Sometimes attendance fluctuates according to people's circumstances - for example the exercise class that takes GP referrals is over-subscribed but when prescriptions end people tend to stop coming, probably because they then have to pay.

Previous Evaluation Activity

An interim external evaluation of the Active and Connected project took place in December 2015 and has been used as a key reference point for this evaluation. BDCA gathers basic demographic information from users soon after they engage with the project and monitor attendance at all activities. They use a range of internal evaluation tools including a health questionnaire and case studies. Data is collated using Upshot performance management software and is used to monitor and review levels of engagement and impact with specific activities and across the project. BDCA's 2017 Impact Report includes qualitative and quantitative measures for the Elders Project including case studies, unique user information, project attendances and the number of hours of activity types provided.

Evaluation Findings

The two main sources of statistical data are the Health Impact Questionnaire, completed by a proportion of users, and registration forms completed by all. 87/508 users completed the survey in 2017. The number of documents and part-documents involved, sometimes with slightly different time-frames, is the cause of occasional discrepancies in figures. Some temporary confusion over data sources arose due to different labelling.

These small number of inconsistencies may also be partly due to teething problems with the new performance management software.

Performance in relation to BLF targets and outcomes

2016 BLF yearly outcome indicators were largely met. The indicator regarding reduced use of statutory health services was met in terms of numbers attending health events, though it was unclear how much this impacted people's consequent health appointments. The recruitment of 250 volunteers was identified as a difficult end-of-project target but was nevertheless on track.

¹ It is possible that a few of the total unique user numbers are not part of the BLF funded work, as although BLF is the umbrella funder for the Elders Project, the Advocacy service operates across BDCA and has some different funding for that purpose.

136/150 people used the advocacy service, almost achieving the target. Details of advocacy case work are recorded in file notes. Staff are developing mechanisms to measure how far the service resolves problems.

A few indicators were end-of-project targets, for example 500 people reporting improved resilience and independence by the end of the project; a total of 332 reports of change are listed for 2016 (eg. better connected, accessing more experiences, more in touch with community) but it is not clear whether these are unique users.

2017 BLF outputs were all exceeded, apart from the number of volunteers, which was slightly below target (47/50). Outcome indicators (as reported to 30/11/17) were on target with one indicator in each of the outcomes of reduced isolation, physical improvement and confidence exceeded or almost met.

Remaining outcome indicators had no figures as yet, so have been evaluated according to evidence such as the Health Impact Questionnaire information which shows percentage of respondents rather than number of total users. For example '150 elders will report increased social networks': the graph shows that 100% of the 87 questionnaire respondents reported increased social networks, and 94% took part in more social activities in 2017. This is not the same as saying that 150 project-wide will report the same but it provides a snapshot of the effectiveness of the activities.

Without tools or questions designed to measure each indicator and completed by every user, some evidence will necessarily be implied or indirect. For example, nearly 90% of questionnaire respondents said they had new coping strategies, which would make it likely that they would report increased resilience and could be counted towards the BLF target of 500 project users by project end.

Reduced isolation: The Elders Project aims to reduce isolation by implementing various activities and drawing in people to take part. It monitors this by collecting data on attendance and qualitative data on whether the people who come feel less isolated because they attend. This data is available in the appended statistics.

There is external corroboration of the project's effectiveness at reducing isolation, for example Newham Council chose it as a centre for their initiative 'Active and Connected Newham'. There is strong statistical evidence that people are engaging in activities with numerical data for unique users and activity hours met or exceeded across the time period. There is structural support, and environmental conditions are conducive to the reduction of isolation, for example the scheduling of regular and occasional events and the setting up of special activities (such as a new conversation group) to target this specific aim. Considerable qualitative data emerged from the interviews and focus group, where many people commented on their present social connection as opposed to previous loneliness:

I come to meet people and make new friends. Stops me becoming lonely and isolated.

I came because I lost my family. People come because they're lonely.

100% of respondents to the Health Impact Questionnaire in 2017 said they had improved social networks. Upshot data recorded 90% of users only half-way through the year as saying they felt less lonely as a result of attending the project.

Improved mental and physical health: There is some external corroboration for the improved mental and physical health of project users. For example, local GPs refer patients to the project's exercise class through the social prescriptions scheme. Statistical evidence from several documents demonstrates attendances at health awareness events and exercise-based activities, and uptake of health promotions such as the flu vaccination administered at the centre.

Evaluation of success is harder with this outcome. For example, one indicator is reduced use of statutory health services (GP appointments, medication and hospital stays) and the change reported is attendance at 6 health promotions (some services were accessible at the centre instead of at the GP, such as the flu vaccination). Since there is no way of recording a GP visit or hospital stay that doesn't happen because it isn't needed (but would have been needed if the person didn't attend the project), the evaluation relies on a much weaker link with attendances at events.

A stronger link can be seen between structural support in terms of how the project encourages good health care through activities, the support it offers in this area and the qualitative evidence of people's comments on how they feel the project has contributed to their improved health. This qualitative evidence is strong, for example in the Health Impact Questionnaire 2017 more people said they attended exercise classes than in 2016 and over half said they had fewer health appointments in 2017, although the number reporting this change had gone down slightly from 2016. Nearly 97% questionnaire respondents reported improved physical health in 2016. This question was not directly asked in 2017, although a similar number felt they were managing life better.

Increased confidence: This outcome is measured in terms of the extent of user involvement in befriending, volunteering and helping to run the project, and of empowering users to do things beyond the project, such as accessing training to equip them for work. For example, there were 168 hours of educational courses and workshops in the year 2016-17. Three volunteers were helped to increase their work experience and managed to secure paid work, which is external confirmation that the training was effective.

Volunteering is a step indicating growing confidence and taking up work experience and then employment are further steps which take increasing levels of confidence. It seems that belonging to the project enabled the support that helped that process to happen in these cases although for many of the volunteers, work experience and employment would not be the intended trajectory as they are

happily retired but looking for something meaningful to do and/or to give to their community.

Steering Group and other volunteer involvement (e.g. in focus groups), is recorded as statistical evidence of change. Again, the way that the project is set up and run, its management and activities, are conducive to individual support and encouragement and the building of confidence. This was apparent from comments in interviews and the focus group:

I like volunteering and feeling some sort of worth.

Coming here makes me feel good.

Of the respondents to the Health Impact Questionnaire, 32% said they contributed to running the project in 2017, and Upshot records that 71% said they felt their views were heard and used to help shape the project.

Resilience: 82% of health questionnaire respondents said they had more access to support in 2017; this equates to 71 people, just under the indicator target of 75. A similar number reported new coping strategies, and almost all said they were managing better overall. These figures were mirrored by the whole-project data on Upshot, where 90% said they felt more able to manage.

Health Impact questions are open and cover a wide range of situations including support in crises, but do not require situation-specific answers. Advocacy services are in demand, (375 hours in the last year) and although use of the service is not the same as saying that all problems are solved, its popularity indicates it is helpful and it is very likely to support the resilience of its users. The availability of both formal and informal support makes the project environment conducive to creating resilience among its users.

Throughout the focus group examples were shared of positive impacts of the project on people's resilience and wellbeing:

When they meet people they come alive again.

Gives me a purpose in life.

Users really value the support available to them even if this wasn't their reason for engaging with the project:

We get help from the staff and we can talk to them about our problems.

There are people here I know I can contact. I get support.

Particular strengths and successes

Feedback from users and volunteers was overwhelmingly positive. The project's impact is clearly life changing for some and significant to many. Someone at the focus group described the project as *the best club around* and there was widespread agreement about this. Those with experience of other clubs all said

the Elders Project was better in terms of variety of activities and the quality and attitude of staff.

Particular strengths and successes are more to do with how the project operates than what it delivers.

Connection and belonging

A key strength is the project's ability to connect people with others and provide a sense of purpose and belonging:

People come here to meet people and feel good. I know I do.

[It's a] reason to get up.

Asked about the impact of the project on those that use it, by far the most common feedback from focus group participants was about getting out of the house, meeting others and reducing isolation:

I like coming to the club. I live on my own and it gets me out. I meet people and I don't feel lonely living on my own any more.

At the start of the focus group we asked everyone to stick initialled labels onto the back of anyone they knew well enough to say hello to if they met them outside. The results speak for themselves - people make connections at the Elders Project:



In interviews users talked about growing good friendships and being able to contribute and help other people. Enabling people to volunteer - to give as well as receive - feels like an important aspect of the success of the project, and a contributory factor to the sense of connection and belonging. The volunteers we spoke to felt well supported and valued and enjoyed being able to make a difference to others.

Care and support from staff

Staff are experienced by project users as skilled and client-centred - they listen well and can be trusted, they notice and observe how people are. One focus group participant shared her experience of staff noticing she wasn't okay and accompanying her to the GP and then to hospital - in this instance staff noticing and responding turned out to be literally lifesaving. Staff genuinely care about the project and its users and go the extra mile in terms of getting to know people and offering support. The high levels of pastoral care are an important part of the ethos and success of the project but significantly increase staff workload.

Holistic approach

The project offers a wide range of activities and multi-layered support. People can engage flexibly with the activities and services they choose or need. Management is accessible, and there is a shared commitment to a holistic approach. Interviewees felt part of the Bonny Downs community as a whole, not just the Elders Project. Volunteers felt supported as part of the BDCA team. There is good communication and teamwork between staff and between staff and users, referrals between BDCA projects and partnership working with other agencies.

Unintended or unexpected impacts

Documents from 2015 note an unexpected partnership with Newham Development and Business Alliance to deliver a successful digital inclusion programme. The effect of this was a high take-up and demand for computer training which is seen as an ongoing need in provision.

Another surprise was the high number of people wanting to volunteer at the start of the Active and Connected project (67 in 2015). Volunteer numbers reduced to 51 in 2016 and 47 in 2017 (with a target of 50 per year). It is not clear why numbers have reduced, although it may simply indicate a stable, committed team. A closer look at detailed information about who volunteers and for how long may provide some answers.

A monitoring report to BLF mentioned a concern in 2015 that the government's plan to roll out the universal credit benefits system might see a big increase in people wanting advocacy appointments. The advocacy staff member has stated that there is indeed more recently a heavy demand for appointments to the extent that she feels more advocacy time is needed in the project.

Local GPs are now able to refer patients for an exercise class at the project as part of the social prescription scheme. This has proved so popular the class is oversubscribed and the room no longer big enough, presenting a problem as the project has no more space or capacity to recruit another teacher. Another concern is that when their prescription finishes and the class has to be paid for, many stop coming, which is a shame when they enjoy it and it is good for their health.

An unexpected outcome of effective and committed pastoral care has been the uncovering of deeper needs; care goes way beyond occasional phone calls or conversations and includes commitments like becoming the next of kin for someone in hospital, or a volunteer group leader spending time working in someone's garden. This additional support will make a significant difference to people's lives but takes much more time and energy than official staff hours permit, impacting family/personal time, and it is also of course unpaid. Not only are people presenting with more complex needs, partly as a result of the closure of other services, the number of people presenting with such needs is increasing as the project grows and its members age.

Unforeseen but related problems have emerged since the recent deaths of several well-loved and very involved project users. For example, staff have wanted to attend funerals, which can't happen during their centre hours. Staff and users are all emotionally affected by these losses. Dealing with loss was an issue raised several times. The project is a victim of its own success here, as more elders become well-established users until the end of their lives. Staff felt a need for training on death and loss, and ways to recognise these losses, perhaps through some kind of ritual, to help support project users in a time of shared grief.

It seems that providing a holistic and responsive service, delivered by staff that care, is leading to the discovery of needs within the older population that were not anticipated and not being met elsewhere.

Finally volunteers and users seem often to be amazed at the extent of their enjoyment of and commitment to the project. They may have come thinking they would find something to do but are surprised that what they have found is a sense of belonging.

What could be done differently to make the project more impactful

We gathered information about areas for growth, change or improvement through interviews and the focus group, with additional reflections based on desk research. To make the project more impactful, attention needs to be paid to the areas already highlighted for strengthening which are commented on below. In addition to these, the following comments may be helpful.

Publicity and outreach

The project is more than reaching its target of beneficiaries and in some areas (such as pastoral support) struggles with capacity to meet people's needs. It may be that publicity and outreach needs to target parts of the community currently under-represented (such as men and Asian residents) and also younger or more able elders who may be more likely to volunteer and therefore enhance the project's capacity.

Almost everyone at the focus group had heard about the project through word of mouth and some felt that publicity could be improved. A number of suggestions

were made including some that involved users [see appended focus group report for details.]

Users and volunteers who were interviewed wanted the project to expand to serve more people, especially the Lunch Club. Staff talked about the need to build and retain membership. One suggestion was using advocacy to bring in new users through external referrals but this would mean increasing staff.

Funding and capacity

Concern about ongoing funding was expressed in the focus group and in some interviews. Activities are reaching the limit of available space: there are times when rooms are available, although some sessions are at capacity. Additional sessions/times would have a room hire implication, and would have to fit around other existing users (BDCA projects and external use). More staff hours are needed, as work has increased but paid hours have not. Staff regularly work in their own time, and staff time and resources are not enough for the growing need.

Time constraints/busyness and a part-time workforce mean staff aren't able to meet to discuss the project as much as they might like. Lack of career progression potential can impact retention of skilled staff, although it seems that staff are loyal and committed because there is a pattern of staying long-term despite this.

Funding and capacity have strong links with sustainability. A mix of funding streams and clarity about priorities and boundaries for the work will help the project to continue and develop.

Additional activities/facilities

There were few suggestions for improvement from focus group participants. Most of these were about activities: a computer club, better storage, more money for equipment and a return of the hairdresser and chiropodist that used to attend.

Computer and IT support/access and learning needs were identified as growing and have been a successful way to bring in more diverse users so it would make sense to focus on this. More intergenerational activities were also suggested, and some were being planned; these may help with volunteer recruitment and therefore enhance capacity.

As elders are aged 50 to 90 their needs vary hugely. Users would like to see some activities extended beyond 3pm for younger, more active elders.

External factors

Transport and parking - with Dial-a-Ride services cut, a project minibus, or arrangement with a community transport scheme, would do much to help access to activities. Those who drive can't park nearby because of Newham's residents-

only-parking system, introduced in spring 2017. The project has to pay for tutors' parking as well as their fees.

Other providers - Newham Council have centralised some services in libraries which can feel like competition for the project, especially as the Elders Project needs to charge for some activities but the council does not. Some co-ordination would be useful here.

Complexity of needs - a growing number of vulnerable adults with physical, mental and behavioural needs attend the project, no longer provided for by statutory services. Attention needs to be given to how to cater for this group inclusively.

Progress in relation to areas highlighted by previous evaluation

Sustainability

Sustainability has been an ongoing concern for the last few years. A broad range of ideas have been explored although it is not always clear which have been developed and/or successful.

Documents highlight activity in the following areas:

Partnership working/collaboration:

- strengthening links with statutory services and an increase in partnership working, including with Newham Council (2015)
- involvement in the Staywell Consortium around health care (2016); some Staywell members struggling financially (2017)
- a focus on publicity and reputation (2015)
- sharing of resources and expertise to keep costs down (2016)

Sustainability planning:

- taking external advice from Lloyd's Bank regarding sustainability (2015); completing a sustainability plan with their help (2016 & 17)
- using the Government's Local Sustainability Fund to help explore income generating ideas such as online shop/cleaning/befriending services (2016)
- developing a business plan (2015)

Income generation:

- making the project a one-stop shop for services (2015)
- aiming for a mixed funding economy (2015)
- starting to charge for activities (2015); plans to charge for more services (2017)
- approaching corporate funders and local businesses (2015)
- encouraging legacies (2015); 'legacy giving' brochure (2017)

- fund-raising: boot sale, online charity shop and art exhibition (2017)

Organisational development:

- introduction of Upshot performance management software (2016)
- PQASSO quality mark level 1
- volunteers: encouraging volunteer-run activities (2015)
- Steering Group/volunteer training supporting the retention of volunteers (2016 & 17)

The plan identifies a need to risk implementing new ways of earning income, raise the project profile and terminate some high-cost low-impact services.

Staff wanted stability with a long-term (10-20 year) grant. Their sustainability-related suggestions included:

- a hot meals service for housebound people
- a charity shop to generate income
- a nursery for childcare
- support for users outside activity hours through volunteers, including a support team for those at home alone or in hospital

The charity shop and nursery are 2 of the 3 income generation ideas BDCA is currently exploring at an organisational level. The others are Elders Project-grown.

Project users tended to focus their sustainability thoughts around local fund-raising efforts and were less aware than staff of strategic or organisational perspectives.

A lot of thought has gone into sustainability. Progress now needs to be prioritised and embedded.

Volunteering/User Involvement

Since Upshot was introduced more systematic recording of volunteer activity has taken place. The Elders team does not have a high turnover of volunteers and the end-of-project target of 250 unique volunteers is therefore likely to be harder to meet. A more stable, committed team means fewer new recruits are needed.

2015 documents show that higher numbers of people volunteered than anticipated - which helped the project consider extending the services, although this did put more pressure on staff. More formalised roles for volunteers were put in place, with supervision and inclusion in planning processes such as the Steering Group.

Volunteers were involved in fundraising and a need was identified for supporting skills around learning difficulties as needs grew within the project. External evaluations noted the high level of volunteer commitment and integration.

During 2016 there was a pronounced need for more male volunteers, and it was noted that there was more success with this if recruiting members at the same

time as volunteers. Two male volunteers were recruited among 51 volunteers in total. One staff member commented that men are less likely to want to volunteer. Volunteers were involved in the Steering Group, focus groups and project work, while extensive community consultation shaped planning of project activities.

The newly-drawn-up Sustainability Plan included a fresh approach to recruiting and supporting volunteers: greater use of focus and steering groups; working out a volunteer strategy; a new volunteer induction pack; and 'significantly strengthening our volunteer offer, growing both capacity and local engagement'. If this last statement means building connections with local people who may volunteer and being ready to train and support them it is unclear how this is being attempted or achieved. BDCA is currently making concerted efforts to secure funds for a volunteer coordinator role. This person would work across projects to support volunteering BDCA-wide.

In 2017 volunteers helped generate new ideas for groups and activities, support practical work, take part in running the project through the Steering Group and various focus groups. Focus groups have included thinking about legacies, event ideas or training opportunities, and an emphasis on having local people as trustees.

According to Health Impact Questionnaire data, 56% of project users gave their time voluntarily for something during 2017. The proportion of respondents reporting volunteering in the questionnaire is likely to be higher of course, because it is more likely to be completed by committed users/volunteers.

An agreed BLF output is 1,640 hours per year of volunteering support for 50 beneficiaries per year. In fact, 1776.75 hours were given for 47 unique participants.

Volunteers are highly committed and loyal. There is some disparity between having too many people volunteering in 2015, and the more recent experience that it is hard to recruit volunteers.

Impact Measurement

Projects that can prove they make a difference are more likely to succeed. BDCA has committed a lot of time, thought and resources to improving their ability to evidence the impact of their work and significant improvements have been made since the start of the current BLF funding.

In 2015, registers were on paper, impact measurement took place largely through questionnaires and case studies and all collation was done manually. The Views Co-op database was introduced year, software that could track the journey of individuals against a baseline. There was also a plan to introduce the Outcomes

Star system² for individuals to use themselves as it was seen to be collaborative and empowering. Views turned out to be quite difficult to use and lacked functionality in terms of report generation and integration of surveys, etc.

2016 saw a decision to move to Upshot, rather than investing in Outcome Stars alongside Views. Upshot collects data on impact assessment including user numbers, ethnicity, language, religion, case studies, case notes and media-based evidence of impact. Evaluation questionnaires were used for the Lunch Club and Steering Group. A suggestions box, registers, Twitter and e-news added to social media as ways of communicating and raising profile and impact in the community.

2016 saw more availability of statistical data (e.g. 420 unique users) as well as qualitative data (e.g. one user said she had got a job because she learned the IT skills she needed at an Elders Project group). The external Interim Evaluation Report for 2014/15 said the project was making a difference to the quality of life of local people in Newham.

A digital inclusion service with 16 on the waiting list and 4 batches booked in advance demonstrated an effective service answering a need. The Tablet Takeover project also helped increase engagement of BAME elders. 21 users went on to complete UK Online courses as a result of this partnership, showing lasting impact.

Newham Council chose the Elders Project as one of the main referral centres to deliver their Get Active and Get Connected initiative, serving 60 people per week, presumably because it was seen as effective.

During 2017, volunteers have helped users effectively fill in questionnaires etc. Upshot now provides more robust impact measurement through regular data collection. Sharing learning in a bi-monthly consortium (StayWell) and at project level with practitioner meetings, staff meetings and training has improved communication of impact. A risk register and mitigation plans pre-empt unwanted impacts. Raising awareness, including through social media and working collectively with the local community has helped build good relationships, creating new activities and more volunteering opportunities. Monitoring and evaluation techniques include Upshot, questionnaires, suggestion box, comments box and focus groups.

The project's outcomes were displayed and briefly discussed at the focus group. Although people didn't remember seeing them before everyone felt they made sense for the project. We asked for ideas for measuring impact that could be built into the project, including how and when evidence could best be gathered.

People were aware that information was gathered about their involvement and no-one felt pressured with questions. The project outcomes focus largely on

² A validated evidence-based tool that enables organisations to support and measure change.

emotional wellbeing and mental health and the issue was raised within the focus group that some people wrongly think it's not okay to talk about mental health. We asked whether there was anything the project could do to help with this but there were no suggestions.

Most people prefer talking to form filling but some like the privacy of forms or questionnaires. Some find it difficult to write and would need help with a form. One suggestion was to include a question on questionnaires: 'would you be happy to talk to us about your experience? If so give your name'. These people could be followed up with informal interviews to gather more in-depth information.

The consensus was that people need choices and sensitivity in terms of how evidence is gathered and that having time to build relationships with people before asking them for personal information was important, especially for men. Waiting a while before asking for information has to be balanced with the need for baseline data.

We heard many examples of the positive impact of the project on people's resilience and wellbeing. Participants felt that most people would be happy to share their experiences and stories if asked. Staff and volunteers - and maybe other users - could help to gather information from people needing help with questionnaires or preferring to talk. People already share their stories informally during activities and it may be possible to use this sharing if people gave permission for it to be recorded and used.

Upshot is still relatively new and has yet to be used to its full potential. Because of its ability to conduct longitudinal surveys, data can be compared over time for individuals and for cohorts. These sorts of before/after/periodic surveys are currently being developed and piloted with activities that work intensively with users, such as advocacy. BDCA plans to develop and expand this use of Upshot during 2018.

Diversity

There is an ongoing commitment to change the fact that engagement in the project does not reflect the local population; users are disproportionately female, Christian and white. Possible contributory factors to this are that older local residents are also disproportionately white in the streets around the project, that white residents are also disproportionately Christian, and that other local organisations often cater already for specific ethnic non-white groups, meaning that fewer from those groups will be looking for support elsewhere. There is growing access to data around this.

2015 documents show different levels of take up between men and women - which prompted the project to find out more about why and to modify the activities. Carom Board Club was started, also Bowls in the Park and Darts to increase the number of men. There was increased BAME uptake through partnering with Skills Enterprise (computers & English). 67% white project users, 74% female, 53%

Christian, 93% heterosexual, 65% over 65, 29% with disability were recorded. Positive cultural and gender imagery was used around the centre. The 'Men in Mind' group was started, along with deliberate challenging of negative attitudes. There was recruitment of volunteers from a BAME background (54%) and a 3% increase in male members.

In 2016 an intergenerational computing/English class started and the Tablet Takeover project increased BAME engagement. A need was identified to recruit more male volunteers and sessional staff. Events were run to appeal to a mix of community users, e.g. special events run in partnership with other local community centres, consortiums, faith groups and schools. Effective partnership working took place with NHS Clinical Commissioning Group (CCG), 150 Club and West Ham Foundation, with project and organisational events/stalls and council events. Other partners included Newham Council, BDCA church, other faith groups and Skills Enterprise. The project stated to BLF its confidence in its ability to deliver on its equalities plans. There was a concern about the long-term impact of the Brexit vote in terms of a negative impact on community cohesion.

For information relating to 2017 please refer to appended graphs which show comparative diversity statistics. With recent ethnicity data, the results for total Elders Project users (508 people) are quite different from the results for questionnaire respondents (87 people) for 2017, indicating an uneven response rate to the questionnaire, particularly a lack of response from Asian users. There is in any case some work to be done on widening the ethnic base of the project as a whole, and in the monitoring of the health impacts across ethnicities. There may be disparity between the questionnaire figures and those from the total project in other areas, but there has not been time to follow this up.

Nevertheless the number of users who are white British or white other background is disproportionately high compared to the local population of East Ham, meaning other ethnicities are under-represented. Local ward statistics are based on 2011 Census data and the population will have altered since then, but these changes are unlikely to account fully for the differences shown below.

Key ethnic groups

%	East Ham South ward ³	Project Users (2017)	HIQ (2017)
White	32	53	72.3
Asian	36	25	4.7
Black	23	15	17.1

The difference between the figures for project users and those from Health Questionnaire respondents needs some investigation, and may perhaps reflect an uneven engagement with the questionnaire format, or a restricted circulation of it.

³ Source www.newham.info

Religion

%	East Ham South Ward	Project (2017)	HIQ (2017)
Christian	47	32	81.6
Muslim	31	10	
Hindu	6	3	
Sikh	1	1	
No religion	8	4	
Not stated/no data	6	5	6.9 ⁴
Not known/prefer not to say	N/A	41	11.5
Other	1	3	

Again, there is wide discrepancy between project users and questionnaire respondents, which seems to indicate that the questionnaire was largely answered by Christians, though 18% of respondents didn't want the data recorded for this question. Both these facts could usefully be examined to find the reasons behind them.

Upshot whole-project figures show 75% of users are female; 53% are over 65 years; 26% have a disability. There has been a slight rise in the number of older project users.

Much is still being done to address the imbalances: partnership working, cultural events and targeted activities continue, for example a 'Men on Mondays' group has started, though its success so far is unclear.

When we asked focus group participants to comment on how the project could attract more men and more people from different ethnic backgrounds, almost all suggestions were about men. People acknowledged lack of engagement as a problem with men, and had some thoughts about why:

Men aren't usually interested in these activities.

Difficult getting men to come - they prefer to go to the pub or watch TV.

Men feel a bit intimidated because there's so many women here.

Suggestions included targeted outreach and publicity:

Go to pubs and betting shops and hand out leaflets inviting them to the club

Outreach to local men on their own.

⁴ Figure assumed as 6.9% unaccounted for in survey data.

And targeted activities:

Project has recently started a men's hour for games/activities on a Monday; not much take-up!

Men in sheds might work - DIY and making things.

Men only sessions initially then integrate. More diverse entertainment.

One suggestion from a user interview was that more male staff would support and draw in male users. Although word-of-mouth is often a very effective recruitment method, its drawback is that the advertising tends to stay within the same social circle as the communicator, reducing the ability to appeal to diverse groups.

One male user said he was brought into the project by being asked to help out with the practicalities of a particular event, found he enjoyed it, and stayed. It may be worth pursuing the reasons that other male users came initially as well, to see if there is useful information there.

Summary and Recommendations

What follows is a summary of key findings from this evaluation, with recommendations highlighted in boxes.

Overview

The BDCA Elders Project (currently called Active and Connected), is a well-established, well-respected and effective initiative entering the last two years of its BLF five-year grant. Feedback from users, volunteers and staff is overwhelmingly positive. The project's impact is clearly life changing for some and significant to many.

Particular strengths of the project are its ability to connect people and provide a sense of purpose and belonging; high levels of care, commitment and support from staff and the holistic approach of the project and of BDCA.

Evidencing impact

In 2016/17 BLF outputs were met or exceeded and yearly outcome indicators were largely met. 250 volunteers by the end of the project has been identified as a difficult target to achieve, although on track.

There is particularly strong evidence that the project is effective at reducing isolation and loneliness and increasing resilience for those that engage.

There is evidence that the project improves the mental and physical health of its users but data focuses mainly on physical health and on participation in health related activities. Concern was raised in the focus group that some people find it difficult to talk about mental health. At the same time there is considerable anecdotal evidence that the project has a positive impact on emotional well-being and mental health.

1. Consider exploring ways to raise the profile of mental health within the project - in terms of enabling conversations around shared experiences such as loss and anxiety and specific evaluation questions or tools to measure impact in this area.

There is indirect evidence that the project increases the confidence of its users, and we saw many examples of confident users and volunteers, but there is little direct evidence of distance travelled or of project impact (how do we know these users weren't confident before they came?) The inclusion of specific evaluation questions or tools and the gathering of baseline data would make a big difference to the strength of evidence in this and other areas.

2. Explore more precise matching of questions to indicators and consistency of questions across surveys and documents to enable easier cross-referencing for data collection purposes.

Contact during the evaluation with users and volunteers, suggests there is a wealth of evidence about the positive impact of the project that has not yet been gathered. Users felt that most people would be happy to share their experiences and stories if asked, and suggested ways of approaching this.

3. Work with users and volunteers to design and implement evaluation tools that pro-actively gather evidence around the impact of the project, especially on mental health and emotional well-being.

Huge progress has been made implementing systems to gather and process data about project use and impact; this is making a difference but is not yet working to its potential. There is some administrative work to be done to ensure consistency. We encountered occasional difficulties accessing and understanding some of the data, with some discrepancies between documents and some documents undated.

Challenges

One unexpected challenge has been the uncovering of deeper and more complex support needs that are stretching staff capacity to respond.

4. Explore potential responses to the growth in the complexity and level of unmet needs, including increasing capacity to meet such needs and drawing boundaries when capacity is reached.

Loss and death is emerging as an issue that is likely to impact those involved in the project and that needs some thought.

5. Develop a plan for dealing with death and loss that includes training for staff and ways for the project to recognise and respond effectively when it happens.

Under-representation of male, non-Christian and Asian elders remains a challenge which could be met at least in part by targeted publicity and outreach. Word of mouth, the project's key recruitment method, tends to stay within the same social circle as the communicator, reducing the ability to access diverse groups.

6. Continue to work on increasing diversity through targeted publicity and outreach (including focus group suggestions) and liaising with other faith groups/community groups targeting other faiths.

Staff, and at least some of the volunteers and users we spoke to, are aware of funding constraints and uncertainties, and some are concerned about the potential impact of lack of funding.

7. Use [NCVO's Income Spectrum tool](#) to review funding streams for the Elders Project, assess risk levels and take steps towards a more sustainable funding strategy.

8. Widen users' perceptions of the possibilities of supporting the project through volunteering, regular donations, legacies and other fund-raising initiatives.

Sustainability

Much has been achieved in relation to sustainability. A mix of funding streams and clarity about priorities and boundaries for the work will help the project to continue and develop. Funding and capacity have strong links with sustainability.

9. Work around sustainability needs to be built on and prioritised, with a particular focus on funding beyond the end of BLF.

10. Review activity and prioritise in relation to outcomes, take-up and capacity. Include the project's capacity to meet emerging/unexpected needs, deciding how to respond.

Organisation-wide funding needs to be cross-supporting, building capacity across programmes and activities. One disadvantage of being part of a wider organisation is that the pool of possible funders is spread more thinly. A GrantFinder search would identify potential funders that focus on work with older people.

11. Consider whether some activities could be floated off as clubs, self-run or delivered by volunteers, raising their own funds.

What are the possibilities around income generation? Is there scope for social enterprise activity within the Elders Project? Could the social prescription activity be developed?

12. Look at targeted fundraising and generating unrestricted funds - second hand books or craft sales with proceeds to a specific activity; legacies; regular small donations.

Volunteers and user involvement

Volunteers play a significant role in the project. They feel valued and supported and benefit from giving something back. The recent decrease in the number of volunteers needs to be explored.

Users shape the project through the Steering Group, focus groups and through suggesting new activities and helping to deliver them.

13. Review training opportunities to include emerging needs and to enhance the offer for volunteers.

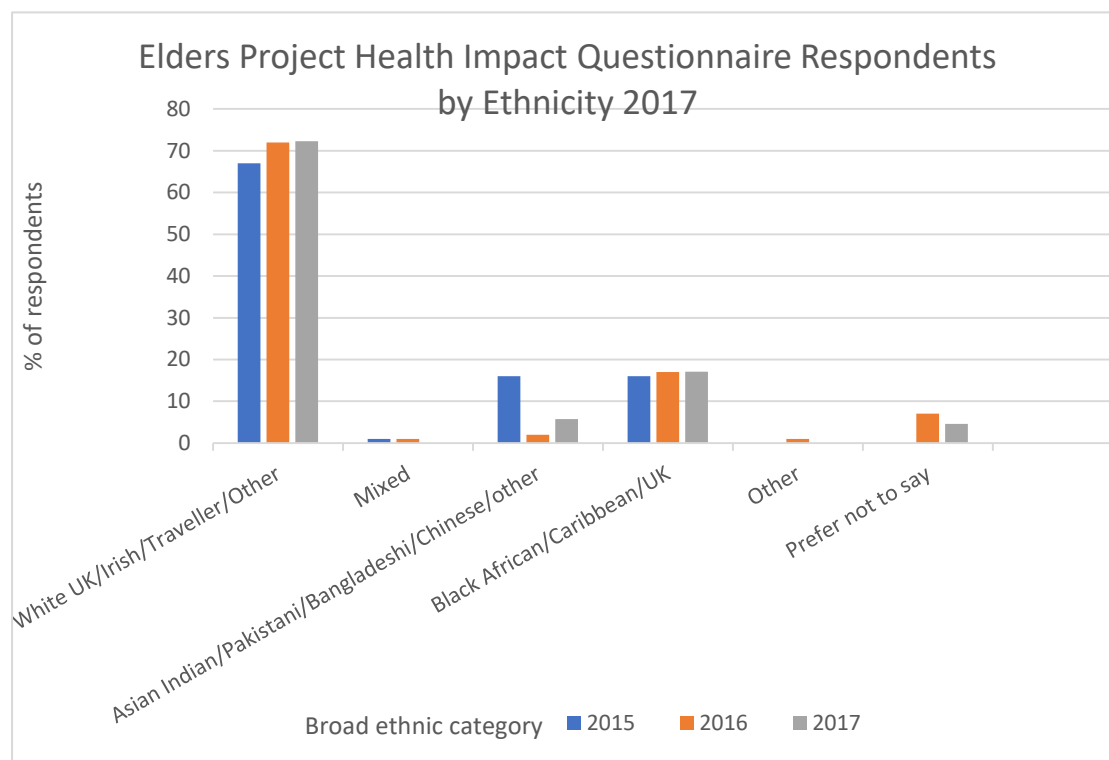
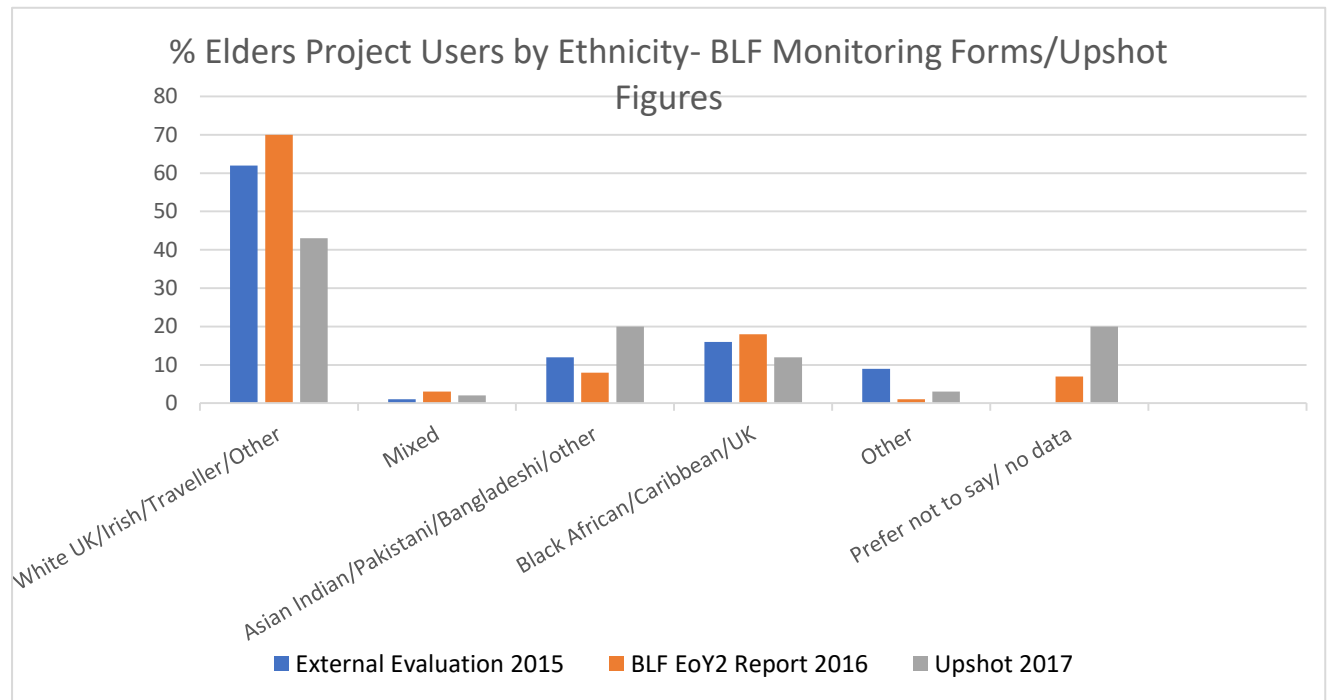
14. Explore the possibility of partnering with an organisation working around youth leadership or employment. Learning opportunities/placements could be offered that help the Elders Project by providing reliable, supported younger volunteers.

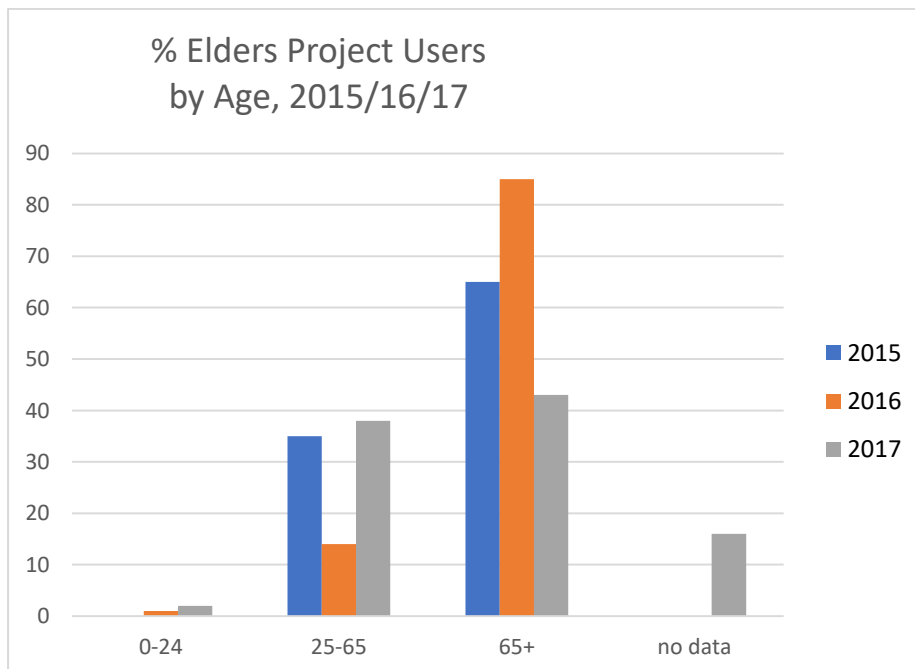
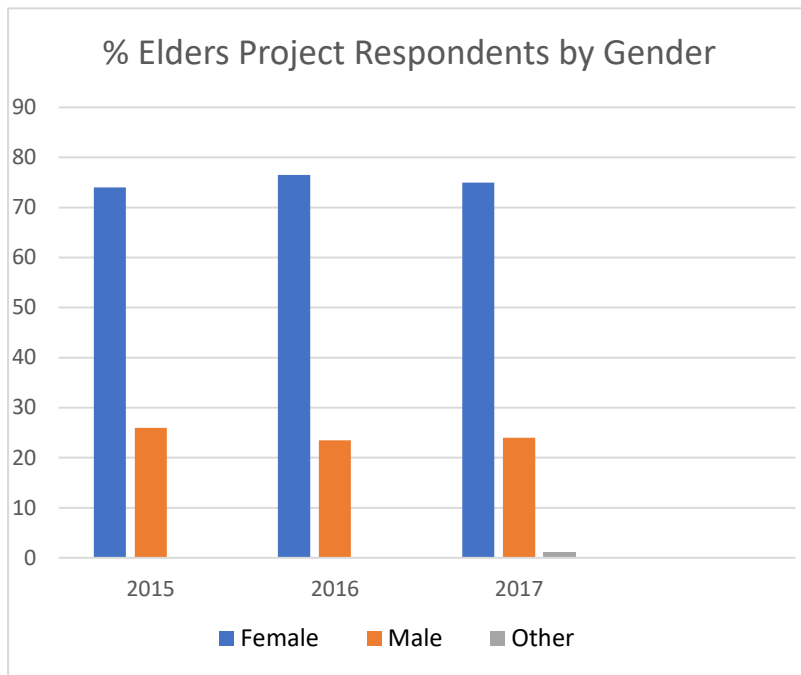
15. Collaborate with other local agencies that recruit volunteers (such as the Volunteer Network Centre, Active Newham and Aston-Mansfield).

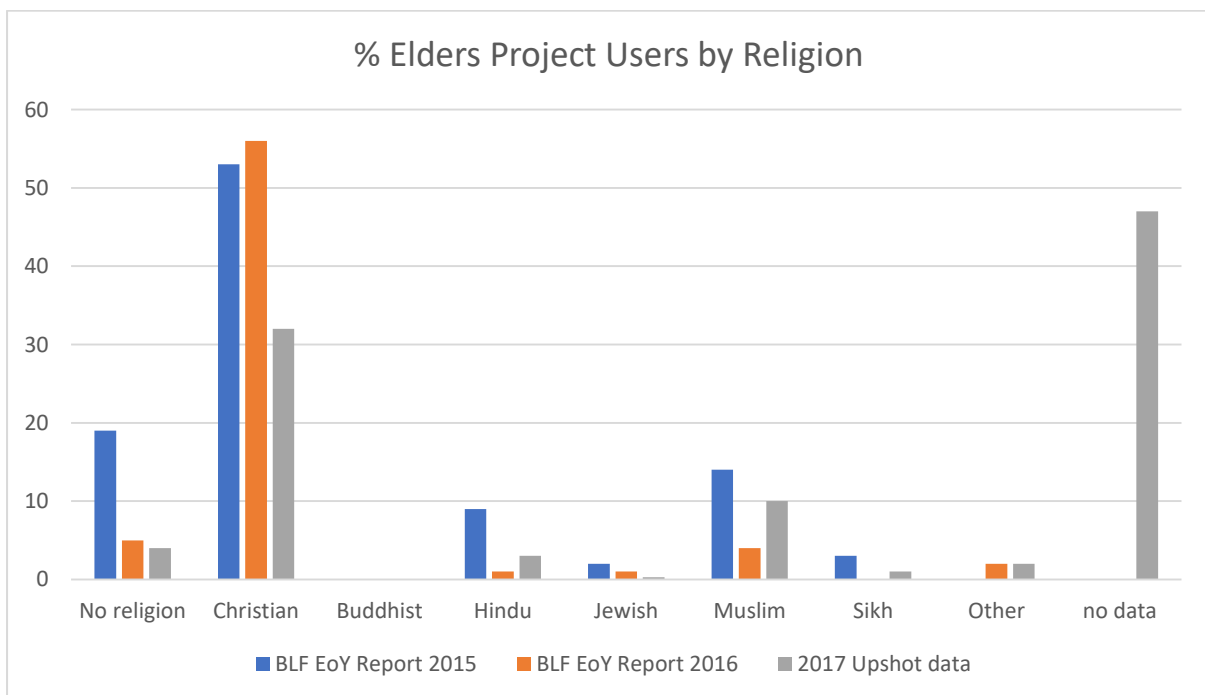
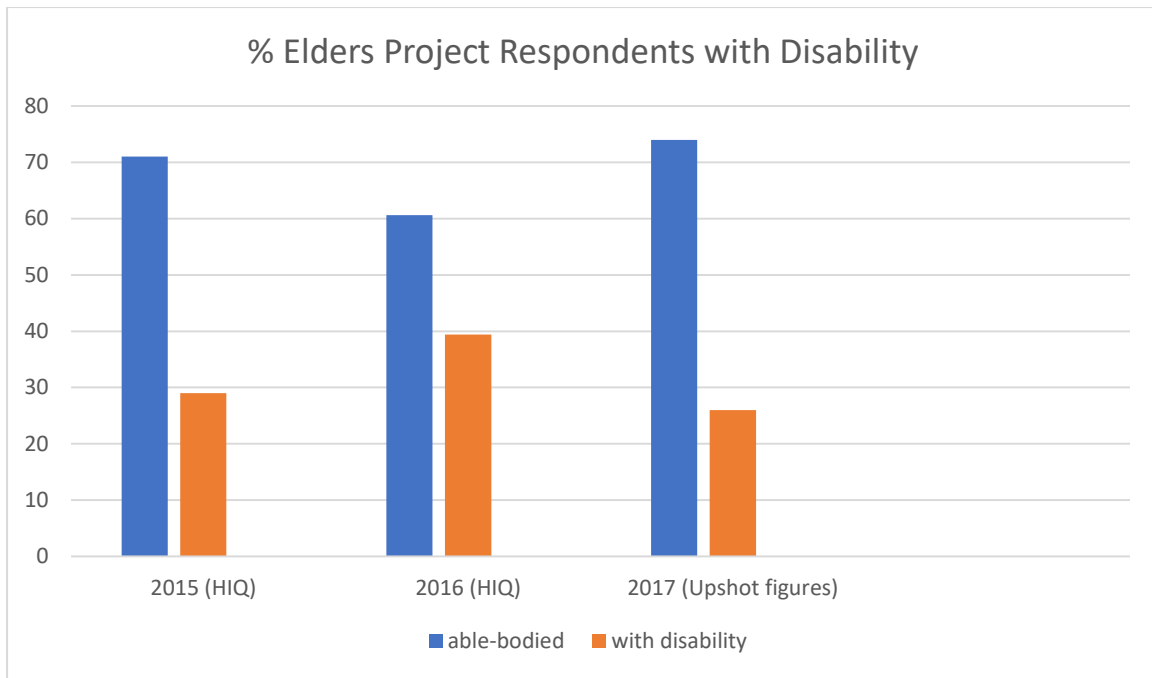
Appendices

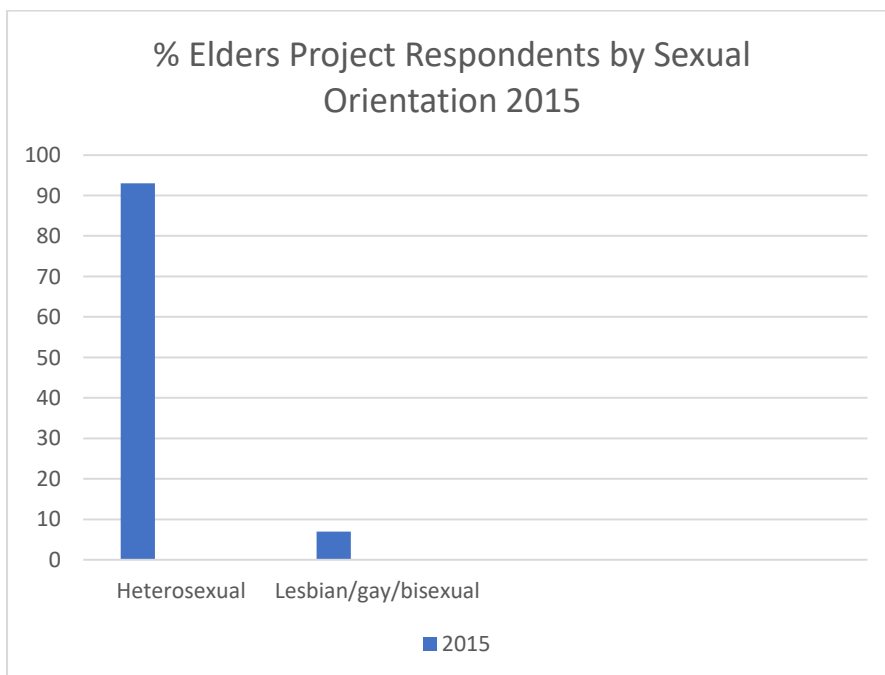
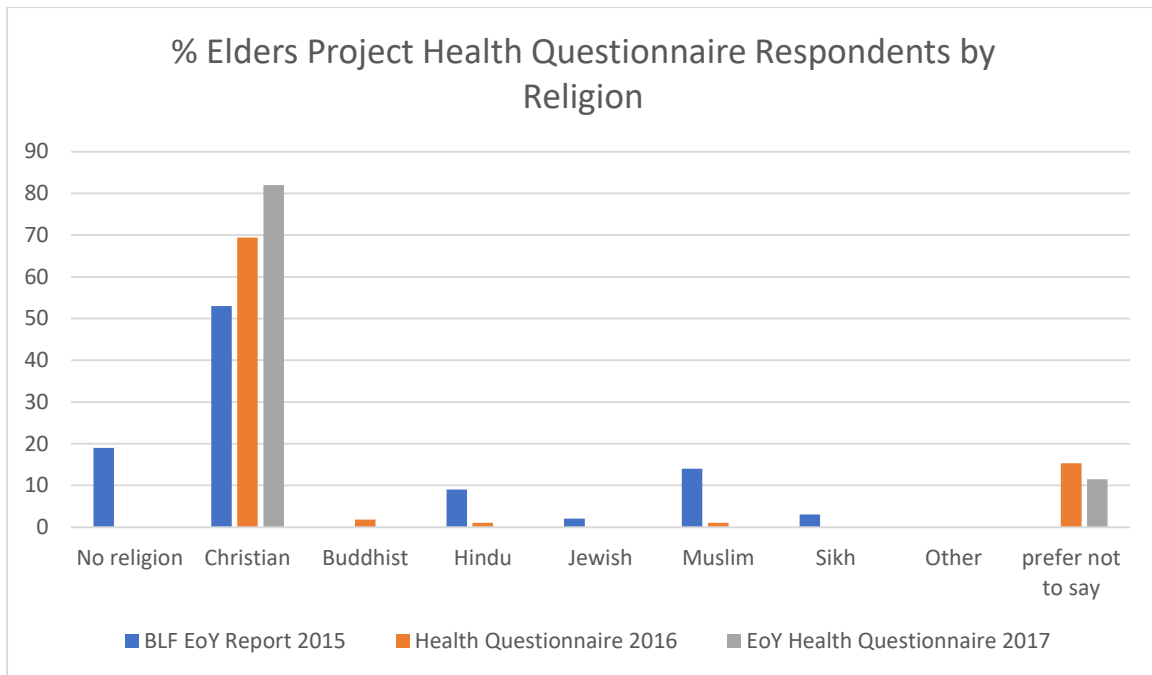
Statistical Data

Graphs to Show Comparative Statistics for 2015, 2016 & 2017 for BDCA Elders Project

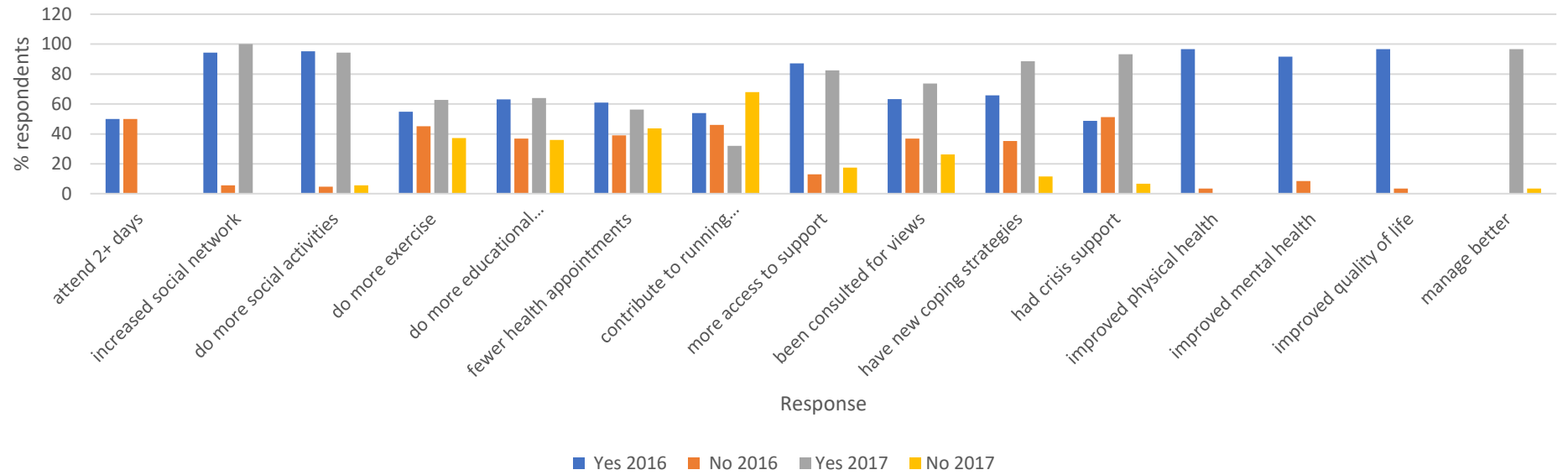








Qualitative Questions from Health Impact Questionnaire



Focus Group Report

WHO TOOK PART?

Two men and 11 women took part in a two-hour focus group that captured feedback through a mix of conversation and activities. Where feedback was written or dictated by the participants these comments are included in italics as direct quotes. Participants ranged from 65 - 90 years (with a mean of 77) and were a mix of white British and black Caribbean/African. One person arrived more than half way through the session; the rest were there for the whole time.

Participants had been involved in the Elders Project for 2 - 14 years, and BDCA/The Well for 2 - 20. The youngest participant was a volunteer, the others all users with 6 also volunteering, mostly on the steering group. The Elders Project was most people's first engagement with BDCA but three had been part of BDCA (all as volunteers as well as users) before they joined the Elders Project.

INVOLVEMENT IN PROJECT ACTIVITIES

Everyone took part in at least one social activity. No-one had tried and stopped taking part. People commonly described social activities as *enjoyable* and talked about the importance of being with other people: *Love the outings, enjoyable.*

Just over half took part in at least one physical activity, with two people helping to plan or run them. Three had tried a physical activity but no longer took part - one didn't like it, one had an operation and one couldn't lift bowls due to shoulder pain. Two hadn't tried a physical activity - in one case because other BDCA activities met their need for exercise. Again people commonly described physical activities as *enjoyable*: *Enjoying the classes I do keep me fit.*

3 out of 4 people took part in creative activities, one of them as a volunteer. The rest hadn't tried and all said this was because they weren't artistic: *I'm not artistic and don't like the activities.* Those that took part described the activities as *enjoyable, relaxing* and enabling them to *meet people*.

2 out of 3 had received support through the advice and advocacy service. Comments about this service were very positive: *Very good service, good support; Had great support; Supportive and useful; Helped me a lot - such a ruddy friendly lot.*

WHY DO PEOPLE COME TO THE ELDERS PROJECT?

Asked why they - and others - come to the project, by far the most common response was to be with other people:

To get out of the house and meet people.

We come to the Elders club for company. People to talk to and make friends

Without coming here I'd just sit indoors.

I come to meet people, make friends, take part in activities they do.

People come here to meet people and feel good. I know I do.

I first came to The Well mainly because I was lonely.

I come to meet people and make new friends. Stops me becoming lonely and isolated.

I came because I lost my family. People come because they're lonely.

The second most common reason was that they think it's a great project and enjoy coming:

Best club around

Enjoy the activities provided

I like being involved

People sometimes come to get support, or discover once here that support is available:

Sometimes we do have forms to fill in. We get help from the staff and we can talk to them about our problems.

There are people here I know I can contact. I get support.

Some people supported the project or others who use it, volunteering their time through the steering group or in other ways, and this was an important reason for their involvement in the project:

People volunteer to help in all sorts of things. Some on regular/task-based jobs and others just being there to do things. This is a great bonus for able-bodied elders and very rewarding for the group and the individual.

I like volunteering and feeling some sort of worth.

I am retired and came as a volunteer to help others and give me a purpose.

WHAT DIFFERENCE DOES THE PROJECT MAKE TO THE PEOPLE WHO COME?

Asked about the impact of the project on those that use it, once again by far the most common feedback was about getting out of the house, meeting others and reducing isolation:

Gets me out of the house. Somewhere to go - normally would sit indoors.

Stop loneliness.

Meet people, make friends.

Somewhere to go. Make friends.

Gets older people out of the house and away from loneliness.

I would be very low [and] unhappy on my own.

To meet people, make friends. I like eating a meal with some[one] else and having it cooked for me.

I like coming to the club. I live on my own and it gets me out. I meet people and I don't feel lonely living on my own any more.

At the start of the focus group we asked everyone to stick initialled labels onto the back of anyone they knew well enough to say hello to if they met them outside. The results speak for themselves - people make connections at the Elders Project:



The project's impact is clearly life changing for some, and this seems to be linked to its ability to connect people with others and provide a sense of purpose and belonging:

When they meet people they come alive again.

Put a light in their life.

Gives me a purpose in life.

Reason to get up.

Coming here makes me feel good. I look forward to coming.

People feel cared for by staff:

The staff all love me. They cheer me up.

Staff lovely - give advice lovingly.

HOW COULD THE PROJECT ATTRACT MORE MEN AND PEOPLE FROM DIFFERENT ETHNIC BACKGROUNDS?

Asked to comment on how the project could attract more men and more people from different ethnic backgrounds, almost all suggestions were about men. We didn't discuss how people felt about this so don't know whether the lack of suggestions around different ethnic backgrounds means people don't see this as a problem or don't have any suggestions.

People acknowledged lack of engagement as a problem with men:

Men aren't usually interested in these activities.

Difficult getting men to come - they prefer to go to the pub or watch TV. Ladies are more likely to go out. [male participant]

Men would rather sit in the café or go down the pub. Men feel a bit intimidated because there's so many women here. Darts helped to attract men but the numbers are dropping. [male participant]

To get men to come most don't like coming to clubs.

Suggestions included targeted outreach and publicity:

Go to pubs and betting shops and hand out leaflets inviting them to the club

Outreach through libraries to attract more men.

Outreach to local men on their own.

Publicity in the places where people go.

Keep asking them to come.

And targeted activities:

Project has recently started a men's hour for games/activities on a Monday; not much take-up! I love chess but no-one else here plays it!

Carpentry, electrical things.

Men in sheds might work - DIY and making things.

Men only sessions initially then integrate. More diverse entertainment.

Computer classes.

MEASURING THE IMPACT OF THE PROJECT

Projects that can prove they make a difference are more likely to last. The project's outcomes were displayed and briefly discussed. Although people didn't

remember seeing them before everyone felt they made sense for the project. We asked for ideas for measuring impact that could be built into the project, and how and when evidence could best be gathered.

People were aware that information was gathered about their involvement and no-one felt pressured with questions. The project outcomes focus largely on emotional wellbeing and mental health and the issue was raised that some people wrongly think it's not okay to talk about mental health. We asked whether there was anything the project could do to help with this but there were no suggestions.

Most people prefer talking to form filling but some like the privacy of questionnaires or forms. Some find it difficult to write and would need help with a form. One suggestion was to include a question on questionnaires: 'would you be happy to talk to us about your experience? If so give your name'. These people could be followed up with informal interviews to gather more in depth information.

The consensus was that people need choices and sensitivity in terms of how evidence is gathered and that having time to build relationships with people before asking them for personal information was important, especially for men.

Throughout the focus group examples were shared of positive impacts of the project on people's resilience and wellbeing. Participants felt that most people would be happy to share their experiences and stories if asked. Staff and volunteers - and maybe other users - could help to gather information from people needing help with questionnaires or preferring to talk. People already share their stories informally during activities and it may be possible to use some of this if people gave permission for it to be recorded and used.

People who are part of other clubs felt that the Elders Project is different because here staff listen, you can trust them, and things are kept confidential. Everyone felt that project staff notice and observe how people are. One participant shared her experience of staff noticing she wasn't okay and accompanying her to the GP and then to hospital - in this instance staff noticing and acting turned out to be literally lifesaving.

WHAT WORKS WELL AND WHAT COULD BE BETTER?

Everyone was extremely positive about the project. Someone described it as *the best club around* and there was widespread agreement about this. Those with experience of other clubs all said the Elders Project was better in terms of variety of activities and the quality and attitude of staff.

Most of the comments about what works well related to staff, who are experienced as:

- caring and showing that they care
- good at listening

- helpful - and if they can't help they'll find someone who can
- confidential

The other aspect of what works well with the project was the variety of activities, which was described as '*superb*'. People said if they suggest a new activity staff listen and there's a process for trying things out

There were few suggestions for improvement. Most focused on activities: a computer club, better storage, more money for equipment and a return of the hairdresser or chiropodist that used to attend.

One participant talked of a tension in trying to be self-financing/sustainable and accessible to all. Although people are happy to pay for some activities - such as hairdressing - the venue and core staff still need funding.

Almost everyone had heard about the project through word of mouth and some felt that publicity could be improved. Suggestions included:

- Newham Mag (although it's hard to get items included)
- Leaflets in GP surgeries
- Banner outside (maybe users could chip in to buy one)
- Use current users to help publicise
- Personal invitations - some already bring friends but no-one's ever been asked to
- Put information in your window
- Church service information sheet
- Include quotes from current users in publicity
- Invite people to trips

Report on BDCA Elders Project Interviews

Process

Four staff were given face to face interviews: two Project Co-ordinators; two Assistant Project Co-ordinators. Two project users who were also volunteers (one man who was a long-term project-user, and one recently-involved woman) were also given face-to-face interviews. The job-share Co-ordinators and Assistant Co-ordinators were interviewed together, the user/volunteers individually. The Advocacy Worker responded to questions via email.

Comments from all staff/users were congruent and are summarised by subject below. Some direct quotations are found in boxes alongside the text.

Staff Role

Staff agreed their role involved organisation and management, pastoral care, and generating ideas. One person said it was also about collecting information for funders. They saw their work with project users as supporting them to solve problems and difficulties, one of them specifically in an advocacy role, but also as pre-empting the problems by increasing health and resilience. There was a high level of job satisfaction and motivation (as evidenced by the passion with which they spoke about their work and their generally long service of 6-11 years). The advocacy worker had been in post for 11 months.

'This is preventative work.' -staff

User Involvement

One user became involved by being asked to help out with something, whilst the other came along to attend an activity suggested by a friend. Both have become increasingly involved over time and now volunteer logistically and pastorally. The one asked to help out has been volunteering continuously since then, and the other started after a couple of weeks. Neither knew anyone else at the project before coming except the person who asked for help, but both now say they know everyone. The recently-arrived volunteer still attends the same activity she started with, but now her volunteering is expanding from helping in the café to pastoral phone support. The long-term volunteer now runs two longstanding activity groups and acts as a support person within them too.

Positives for Project Users

Project users gave a rapid list of positives, including friendship, that there is always someone there for them, that it's fun and a social outlet to be part of a group and have a good laugh, and that it was obvious how happy people were. One said they had grown some good friendships and were able to contribute and help other people.

'You can see how happy people are, it brightens people up.'

- user

Difficulties for Project Users

Both users had to think before coming up with an answer to this question, and then said sometimes everyone has off days. Sometimes other volunteers let people down by not saying that they are not coming.

User Suggestions for Running the Project

Both users felt the project was being run very well and they were 'just happy to fit into it'. They suggested it should maybe expand to serve more people, especially the Lunch Club, and that it recruits best by word of mouth. One said they thought that although it had lost some people recently through death, numbers would build up again naturally if the people who came talked about it in other places.

Personal Impact of the Project on Users

One person said the project 'saved my life'. They felt depressed at the time they joined the project, and were thinking about counselling, but since being involved they have not felt the need to pursue that, they have friends and feel mentally better. There is a variety of things to do, which makes life more interesting, and nice staff and supportive peers to do it with who are like family and who listen. One felt that their social skills and patience in dealing with people had improved and that the fact that support goes all ways meant they feel supported and are able to support others in turn.

The project
'saved my life.'
Volunteer/user

An example given of how helpful the project can be, was of a person with special needs who began to attend an activity but was behaviourally difficult, short-tempered and didn't listen. Over a period of months, they were patiently listened to and helped, and began to trust the leaders. Now they are much calmer and will talk to others.

User Perspective on Project Survival Post-Grant

Both users felt that funding was really important and one thought that the project couldn't survive without it- it is important to get a good application in. Money could be raised through boot sales and similar but if that wasn't enough the project would still survive with 'spirit and determination'.

'would find a
way around it
with spirit and
determination.'
- user

Volunteer Support

Volunteers felt well-supported and knew who to ask if they had a problem. The team are good staff and have effective monthly meetings where problems are resolved. They are also friends. They know the Trustees, but not so personally.

Perceived Strengths of the Project

Pastoral care was seen and appreciated as offered to staff as well as users and extends from the Trustees down. Management is accessible,

'pastoral care from
top to bottom'
-staff

'always someone
there for you'
-volunteer/user

and there is a shared commitment to a holistic approach. Interviewees felt part of the Bonny Downs community as a whole, not just the Elders Project. Volunteers felt supported as part of the team. There is good communication and teamwork between staff and between staff and users. Staff are seen as skilled and client-centred - they listen, although this tends to increase their workload. There is partnership working and referrals between BDCA projects. The Elders Project interviews its own staff, which ensures they fit well. The staff team is well organised, despite being all part-time. There is a welcoming atmosphere. The Project brings together older people from a diverse local community where they know they can enjoy themselves or find support and get advice. It also encourages people to get active and participate.

Advocacy is a fantastic addition to the more “fun/leisure” aspects of the Elders project service it provides. The Advocacy worker believes that people who use the Elders Project are reassured by the fact that they have someone to go to, to get advice or help with form filling/online forms if they should need it.

Suggested Improvements

The community building is currently on a 25-year lease at a peppercorn rent from the council, there is no help with maintenance and this is costly. Activities have extended to the limit of available space and more is needed. More staff hours are needed, as work has increased but paid hours have not. Staff regularly work in their own time, and staff time and resources are not enough for the growing need. Transport is an issue for project users, particularly since Dial-a-Ride services have been cut, and a project minibus would do much to help access to activities as some people cannot come because they have no transport, and others who could drive or get a lift can't park near enough to the building because of Newham's residents' parking-only system. More male staff would be useful to support and draw in more male users. Newham have centralised some services in libraries and some of these feel like competition for the project, as the Elders Project needs to charge for some activities, but Newham does not. Some co-ordination would be useful here. Computer and IT support/access and learning needs are growing, so there needs to be more focus on this.

Elders cover a very wide age range, from 50 to 90+, and needs are different. It would be good to extend some activities beyond 3pm for the younger elders (50's) who are very active. Not enough organisations offer evening activities.

The advocacy worker suggested pursuing more intergenerational activities, (which is being planned at present), and regarding advocacy, to take external referrals for others who are not members of the Elders project, which in turn could then bring in more members to the centre. Increasing the number of advisers/advocates would mean more people could be provided with a service that is already in high demand.

Volunteers/users see fewer of the above problems and focused more on the need for more and new activities and outings, which could be achieved with more money. One volunteer said it would be good to have more communication to build up relationships in the Steering Group and between Steering Group and clients.

'It's fine' as it is
-user

Perceived Opportunities

For users, opportunities included being able to go away somewhere and having someone to go with, being able to volunteer and feel purposeful, access to staff support. Social opportunities, the variety of activities and being able to mix with peer group were also important.

Staff identified that users had the opportunity to feel valued and included more not less as they got older. Staff support and training was valued, two staff have pursued Level 5 qualifications. Lots of trainings are also open to users, including around health and IT, and health benefits like flu jabs are offered.

Challenges

Volunteer/users saw the challenges as how to advertise effectively to bring in more people, include everybody and address mobility issues. They did not perceive any language difficulties when asked whether elders with other first languages than English might struggle. Staff also cited keeping numbers up as a challenge, with Newham's free activities as an opposing draw. In their view, everywhere should be free. Those referred from GPs to the exercise class tend to leave at the end of their free exercise prescription also. At the same time, some classes are too full, and there are constraints on space and time. Staff working experience threw up the challenges of responding out of hours without enough paid time to do so, and balancing work with family life at the same time as wanting to respond to increasing work demands.

A major challenge brought up in different ways by everybody was the recent death of several key and well-loved users of the project, and how to deal with the grieving process for staff and users and the gap they have left in their groups. Representation at funerals feels necessary but happens in personal time. There is a felt need to work out a formal recognition of the loss with some kind of ritual, which can be adopted generally. The project is in some sense a victim of its own success, as the more elders who attend and the longer they stay, the more will be involved and well-established project users until the end of their lives. Staff felt a need for training on death and loss.

There are a growing number of vulnerable adults attending the project, who are no longer catered for by statutory services (with physical, mental and behavioural needs) and attention needs to be given to how to cater for this group inclusively. Other challenges were lack of career progression for staff and retention of skilled staff for BDCA because of this. Sustainability is seen as a big challenge, which is

being thought around in different ways, with ideas for perhaps becoming a daycare provider, marketing services, or running a charity shop.

Time constraints/busyness mean staff aren't able to meet to discuss the project as a whole as much as they might like. This is the challenge of being a part-time workforce that work on different days.

Perceived Concerns around Intended Outcomes

Staff were mostly confident about outcomes because they had become experienced at the proposal-writing and reporting process and had recorded only amber rather than red on the BLF scale on a couple of occasions and the rest of the time green (indicating confidence in attainment of outcomes). For the health question they realise it is hard to prove fewer GP visits because you can't count what doesn't happen. Volunteering targets were perhaps too high. Measuring disability is also difficult as it is a subjective exercise. Measuring improvement in the individuals who use the advocacy service is always a challenge. Getting the balance between monitoring outcomes and remaining client centred and holistic is important, so that recording/monitoring doesn't get in the way or make the work impersonal but does demonstrate the amount and quality of the work that goes on.

'Men are more likely not to go to a community centre.'

-Volunteer/user

Hopes for the Future

Volunteer/users hoped for more money to help more people, and to expand the range of activities, preferably in a bigger building. There was a hope for the growth of the men's group that started recently, but otherwise a feeling that there was a good cross-section of the community represented in the Elders Project. There is some disparity here between this perception and the diversity statistics.

Staff hoped for sustainability and not having to worry about funding, attaining stability with a long-term 10-20-year grant. It would be good to have more funding to duplicate especially popular groups, such as the referral-based music and movement class which is over-full, and to provide some kind of hot meals service for housebound people. Longer paid hours, a charity shop for income, a nursery for childcare, support for death and loss, support for users outside activity hours through volunteers, including a support team for those at home alone or in hospital, were also longer-term hopes.

(Re advocacy) 'there is currently very few such services in the borough although there is a huge demand.'

- staff

The project needs to continue to work on retention of users and strength of the groups, by phoning members between meetings, remembering birthdays, contacting absentees etc.

There was a specific hope that the advocacy service could continue and be expanded to meet increasing demand.

Comments on Coordination and Management of the Project

There are 6-weekly co-ordinator meetings, weekly staff meetings, peer-to-peer Elders Project staff support and regular, bi-monthly Project Coordinator and BDCA whole staff team meetings. There are volunteer appreciation days and the AGM is a celebration with directors, staff and volunteers, who take part in presentations and then have a party. Staff say they are respectful and supportive of each other.

'Not a bed of roses or easy, but we can discuss without feeling judged.'

- *staff*

'Best organisation in terms of staff' – *volunteer/user*

Elders Project Activities Attendances 1/12/2016- 30/11/2017

Project	Activity	Attendees (participants)	Attendances (participants)	Contact hours	Session hours	Sessions delivered
Elders	Advocacy (Elders)	113	373	362.42	362.42	373
Elders	Advocacy Phone Calls	37	85	17.42	8.67	45
Elders	Arts & Crafts	28	594	897	70.5	47
Elders	Bowls	44	926	1878	102	51
Elders	Chair-Based Activities	35	466	470	49	49
Elders	Coffee morning	150	2330	4788	100	50
Elders	Coffee Morning Friday	26	108	216	24	12
Elders	Creative Writing	4	67	100.5	31.5	21
Elders	Darts Monday	28	376	568.5	57	38
Elders	Darts Tuesday	30	578	892.5	70.5	47
Elders	Elders Volunteers (admin, etc)	1	32	174.5	174.5	32
Elders	Health impact surveys	55	55	55	1	1
Elders	Home visits (Elders)	16	396	785.25	274.25	125
Elders	Intergenerational classes	86	1034	1495.5	62	43
Elders	Line Dancing	23	445	449	48	48
Elders	Lunch club	150	834	1076	26	21
Elders	Monday Bingo	17	35	35	3	3
Elders	Monday Chat	4	196	392	98	49
Elders	Monday Men	10	28	31	4	4
Elders	Music & Movement	61	805	809	49	49
Elders	Painting for Pleasure & Leisure	9	184	245.5	62.5	48
Elders	Quadrille Dance	20	402	804	98	49
Elders	Scrabble	7	324	1296	200	50
Elders	Steering Group	21	71	112	6	4
Elders	St. George's Coffee Morning	11	11	16.5	1.5	1
Elders	Tablet Takeover	16	50	50	6	6
Elders	Tai-Chi	21	345	347	37	37
Elders	Taking the Tablet	24	202	404	42	21
Elders	Trips & Events	166	797	4410	98	18
Elders	Yoga	26	356	450	61.25	49

