

# Evaluation of Somerset's Partnership of Older People Project: Interim Report

PSSRU

RESEARCH  
SUMMARY

46

NOVEMBER 2007

## STAGE 1 OF THE EVALUATION

### BACKGROUND

As part of government reforms the Department of Health (DH) is piloting a two year initiative that focuses on the health and well-being of older people. The DH Partnership of Older People Project (POPP) challenges conventional ways of working in health and social care on a number of fronts, particularly the wide age range of those being targeted which starts at age 50.

POPP was implemented in two rounds. Somerset was one of the first round sites. The Somerset POPP proposal had two main aims. The first focused on the health and well-being of the local population who were aged 50 and over by developing 50 Active Living Centres (ALC) across five districts of the County. The second was to develop a new coordination service that identified older people at risk of falling.

As a condition of DH POPP funding local evaluators were engaged who would work closely with a national evaluation that had also been commissioned. Somerset POPP recently completed the first year of the pilot. This report summary focuses on some of the initial findings of the first aim of the Somerset proposal and first stage of the evaluation.

### METHODS

The study used three data collection methods for stage one, these were: a

questionnaire developed jointly by the national and local evaluators; observations at ALCs and in-depth interviews with ALC leaders, volunteers and users. A total of 171 respondents completed the questionnaire (a response rate of 80%), six ALCs were selected to observe, and 19 interviews were conducted with leaders, volunteers and users.

### RESULTS

Overall, when looking at the characteristics of ALC users, the majority were white females aged between 65 and 75 who were either married or widowed. One fifth of the sample were male. The health and physical ability of users was mainly very good. Few people had problems with mobility, self-care or performing usual daily activities. However, just under half the sample said they had moderate pain or discomfort and about a sixth reported that they were moderately anxious or depressed.

When first attending ALCs almost half of the users had come by themselves. Centres were very local with most people being able to walk to the venue in less than 10 minutes, so avoiding public transport issues. In addition, people felt that centres catered well for people with mobility problems. The quality of life of users was generally very good with over two thirds of people saying that they felt in control of their daily life, ate the type of meals they wanted to and most felt safe in their homes and community. The majority of people were also occupied in activities of their choice, were participating in regular exercise (daily or three to four times weekly) and had good social lives. ALCs observed were

mainly well decorated, light and provided comfortable seating and facilities, with three of the centres providing balanced three course meals. The atmosphere across all was relaxed, friendly and fun, and there were good interactions between volunteers and users. Centres provided a wide range of activities from social to informative and many included exercise classes. However, there was not always a sense of people mixing outside of their own small groups.

Users, leaders and volunteers all identified the key motivator that encouraged attendance as the social element that ALCs offered. The opportunity to meet up with friends and, or, other people in what was usually a pleasant setting and enjoy both the company and the activities provided. For a small number of users this was the only social event in their week.

### CONCLUSIONS

When looking at the impact the centre and activities had on people's lives, the area that received the greatest attention was the opportunity for social participation and involvement. This was closely followed by people's enthusiasm about the healthy varied meals offered, along with cookery demonstrations and nutritional advice. Overall, people did not feel that centres added any great value regarding the control people had over their lives or in relation to how they occupied their time as most were capable, busy people. People identified a number of indicators that represented quality in ALCs. An inclusive atmosphere received the most attention from everyone. Second was the importance of

welcoming newcomers and introducing them to others, and third was the importance of having some continuity of volunteers. People liked to see regular familiar faces.

None of the users interviewed identified any particular difficulty encountered at centres. On the other hand, leaders and volunteers had two main concerns. The first was how to attract more users in their 50s and the second how to attract more men. The former was seen as difficult to resolve as most centres were open during the day when many younger older people were working. They felt the latter was less problematic in that they could introduce more activities that men would enjoy.

When discussing whether there were any areas for improvement within ALCs, several users mentioned the need for centres to encourage people to make new friends and mingle more. One suggestion was that centres put on some sort of entertainment event that encouraged people to move around and talk to others. To date the evidence suggests that

the Somerset POPP initiative is mainly drawing people from the mid 60s to mid 70s age range, and who are typically very busy retired people. Overall, users were active, fit, autonomous people, who were exercising choice, and who had decent and busy social lives. This group also included people who had been widowed. Nevertheless, ALCs were reaching a minority of socially isolated older people.

Evidence gathered from users suggests that they are pleased with the venues, activities, and the personalities of staff and volunteers. Key to attendees' enjoyment of the centres was the opportunity for socialising.

In relation to challenges, while users were mainly pleased with their centres they identified a number of quality indicators that were not necessarily present across all the ALCs included in this stage of the evaluation. Two received greater attention than others, these being a sense of community and that newcomers should be welcomed and introduced to others.

## Acknowledgements

We would like to thank the Somerset POPP implementation team, particularly Gareth O'Rourke, Sue Sheppard and Emily Ruthven, for their valuable suggestions, guidance and support during the first stage of this evaluation. We are also very grateful to the Active Living Centre users who kindly participated in our survey and in-depth interviews. Finally, we must thank the leaders and volunteers of centres for giving us access to the venues, participating in interviews and answering our countless queries.

## The research team

Ann Netten, Karen Jones and Lyn James, PSSRU, University of Kent.  
The project secretary is Lesley Cox (01227 823963; e-mail L.A. Cox@kent.ac.uk).

---

The **PERSONAL SOCIAL SERVICES RESEARCH UNIT** undertakes social and health care research, supported mainly by the Department of Health, and focusing particularly on policy research and analysis of equity and efficiency in community care, long-term care and related areas — including services for elderly people, people with mental health problems and children in care. Views expressed in PSSRU publications do not necessarily reflect those of funding organisations. The PSSRU was established at the University of Kent at Canterbury in 1974, and from 1996 it has operated from three branches:

Cornwallis Building, University of Kent, Canterbury, Kent, CT2 7NF  
London School of Economics and Political Science, Houghton Street, London, WC2A 2AE  
University of Manchester, Dover Street Building, Oxford Road, Manchester, M13 9PL

The PSSRU Bulletin and publication lists are available free from the unit librarian in Canterbury (01227 827773; e-mail pssru\_library@kent.ac.uk) and on the PSSRU website.