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**Salford Centre for Nursing,
Midwifery & Collaborative
Research**

**Evaluation of Rochdale Partnerships for Older
People Project (POPP): Building Healthy
Communities for Older People**

**Tracey Williamson
Arvin Prashar
Claire Hulme
Tony Warne**



July 2009

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Contact the School of Nursing:

Tel: +44(0)845 234 0184

E-mail: fhsc@salford.ac.uk

Contact the Salford Centre for Nursing, Midwifery and Collaborative Research:

Wendy Moran

Tel: +44(0)161 295 2768

E-mail: w.e.moran@salford.ac.uk

www.ihscr.salford.ac.uk

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The views expressed in this report are the sole responsibility of the authors. They are not the responsibility of Rochdale POPP who commissioned the evaluation study.

EXECUTIVE SUMMARY

Background

The Department of Health funded Partnerships for Older People Projects (POPPs) were designed to test out new ways of providing services to older people. The aim of POPPs is to deliver and evaluate, through 29 Local Authority led pilots, locally innovative approaches, aimed at creating a sustainable shift in resources and culture away from institutional and hospital-based crisis care for older people towards earlier, targeted interventions within their own homes and communities. The first 19 POPPs were established in May 2006 with a second round in 2007.

Rochdale POPP, launched in May 2007, set out to enable older people to have power and control over their lives to sustain independence and well-being in older age. The intended outcomes were:

- Improved quality of life for older people and their carers
- Improved health and fitness for older people
- Reducing social exclusion for older people and their carers
- Increased information and choice for older people and carers
- Reducing use of more intensive services and admissions to long-term care
- Economic benefits through local enterprise and volunteering
- New models of local commissioning and devolved budgets
- New sustainable structures and partnerships between the Borough Council, the public and local organisations

Research aims

In order to evaluate the extent to which the Rochdale POPP achieved its aims, its leaders commissioned the University of Salford to carry out an evaluation of the project. The broad aims of the evaluation were to:

- Evaluate the impact and effectiveness of initiatives
- Examine the structure and governance of the project
- Illuminate the key systems and processes at work within the project

Methods

The research study used a mixed method approach. The methods included interrogation of the POPP database, interviews with staff, service users, commissioners and other key stakeholders and observations of various activities, such as key meetings.

Key findings

POPP activity

The POPP outreach workers conducted over 2500 interviews between May 2007-March 2009 and for those interviewed social isolation and ill-health were key factors in social exclusion. As a result of these interviews outreach workers made over 2000 referrals for different physical and social activities including for general information, armchair exercise, luncheon club, IT lessons, gentle exercise and arts and crafts. Almost 1000 referrals were made to key services including to health professionals, for benefits advice, equipment advice, and to Social Services and over 2000 referrals were made to POPP funded projects. Over half of these latter referrals (1395) were for transport services which facilitated attendance at both social and health activities.

Eighty seven percent of all identified needs across all Townships were met. This represents a powerful indication of the outreach workers' rigorous and sustained approach toward uncovering unmet needs, and developing effective solutions to meet those needs through engaging constructively with both their POPP colleagues, as well as with statutory and non-statutory service providers. The diverse range of needs that have been met include: Physical Activity (e.g. Armchair Exercise, Dancing, Swimming, Tai Chi and

Walking); Social Interaction (e.g. Arts and Crafts, Luncheon Clubs and Social Activity); and Social Support (e.g. Assisted Shopping, Equipment Access Service, Home Improvement, Ring and Ride and Transport). The key remaining areas of unmet needs concern Armchair Exercise (117 POPP members identified as having their needs unmet), Luncheon Clubs (96 POPP members with needs unmet), Podiatry (84 POPP members with needs unmet), Gardening (49 POPP members with needs unmet), and Handy Person (with 37 POPP members with needs unmet).

Impact at the level of the individual

Many service users revealed respect and admiration for the work of the outreach workers in seeking to support their needs. The most important aspect of the outreach workers' role has been to act as a global information resource on a variety of issues, and to be able to refer POPP members to relevant statutory and non-statutory agencies who can offer further advice and support. The importance of acting as a conduit of vital information cannot be overstated, as this has enabled POPP members to become aware of services and activities that they would otherwise have remained unaware of.

Interviews also revealed a strong emphasis on transport services that have supported social inclusion and greater independence. Those interviewed benefited from different POPP activities, including those seeking to promote social engagement, physical activity and easier access to services and activities; and all reported reduced levels of stress and worry, which highlights the mental health benefits that are associated with all of the varied activities that maintain independence, promote access to services and activities and enhance general health and well-being.

Partnership organisations

In partnership with the Rochdale Council for Voluntary Services (Rochdale CVS) nearly two hundred volunteers were recruited over the duration of the

POPP pilot. These volunteers were involved in 38 different activities including the Volunteer Drivers Scheme (VDS) (in both administrative and driving roles) and the Township Older People's Partnerships (TOPPs) (as committee members).

Greater Manchester Passenger Transport Executive (GMPTE) in partnership with POPP was phenomenally successful in achieving its targets for POPP trips per month, and this support has enabled many older people across the Borough to take part in a range of diverse activities doing much to reduce social isolation. The role of the POPP Transport Co-ordinator has been instrumental through working closely and effectively with the TOPPs, and developing strategies that enabled the unmet needs of POPP members to be addressed. Equally the POPP Transport Co-ordinator has worked effectively with transport operators across Rochdale Borough, as well as enabling the use of group transport vehicles to secure cost-effective solutions to transport obstacles for single or group participants in POPP activities.

These flexible transport solutions included development of the VDS that has enabled isolated, vulnerable people to access services and activities in ways that would previously have been extremely difficult, if not impractical. The trips delivered by the VDS in relation to health and social activities demonstrate that over two-thirds were for health purposes (i.e. to and from a health facility). In the long term, this kind of scheme could ease some of the burden of the local ambulance service in transporting people to and from hospital, and reduce the length of time that older people are required to wait to be transported home.

Referrals to the Carers Association have enabled POPP members with caring responsibilities, and carers of older people, to access varying types of support. The work of the Carers Social Enterprise Development Worker has been pivotal in developing the achievements of the Carers Association, particularly

in relation to identifying, registering, helping and supporting over 400 carers over the life of the project. A key factor contributing to the success of the Carers Association has been the way in which it has promoted itself with a variety of different agencies, including Social Services, the local NHS, and other POPP projects.

Over the period of the project, a large number of carers have accessed Healthy Living Initiative, Formal Learning and Leisure Activities. These activities are important in relieving the stress from caring responsibilities, becoming less socially isolated and developing social ties and friendships with other carers in similar situations. In addition the success of the Carers Association in developing viable and wide-ranging social enterprises is particularly impressive.

Partnership and devolved decision-making

Rochdale POPP sought to enable older people to exercise greater power and control over their lives, in order to sustain independence and well-being in later years. The model developed conveys a powerful commitment to the principle of community empowerment, which is centred upon two key activities:

- 1. Developing partnerships with older people at a Township level*
- 2. Devolving commissioning and funding to the Townships*

The TOPPs were given responsibility for a development budget for commissioning local activities, and promoting initiatives led or supported by older people. This created an entirely new financial partnership with older people, in that TOPPs were given greater control over resources to develop local activities in line with local needs, which amounted to roughly one third of the entire POPP budget.

Despite a slow start the TOPPs process was highly successful in directly commissioning over £250,000 of local services. These services differed by TOPP being tailored to each location's unmet needs and being creative in developing flexible solutions. The commissioned services were wide -ranging including allotments, IT lessons, Tai Chi, Armchair Exercise, Luncheon Clubs and Massage Therapy. A common feature of commissioning across TOPPs was transport services representing around half of the monies spent.

The TOPPs' confidence in the decision-making and commissioning process increased over time; demonstrated by their collective ability to both articulate the needs of older people within their communities, as well as in rigorously interrogating proposals endeavouring to meet those needs in ways that achieved best outcomes and maximum value for money for older people in their communities. Key to the process has been the training and the support the TOPPs have received.

Establishment of the TOPPs was slower than anticipated. This is likely to have had a direct effect on the spending by the TOPPs. Equally POPP was somewhat hampered in the first year by the absence of an effective communication strategy, which meant that it was difficult for the project to communicate its presence to communities across the Borough.

Assessing the impact of commissioned activities

Two of the POPP commissioned services were explored in greater detail in order to assess their impact.

Tai Chi classes

The routine assessments for participants in the class were indicative of health improvements over the period; health related quality of life showed an overall maintenance (no deterioration) over the study period. Tai Chi classes provided physical health benefits; mental health benefits and social benefits.

For example, improvements mobility and balance meant fewer difficulties in everyday activities such as walking, climbing stairs, cooking, washing and ironing leading to increased confidence to go out (travel more) and to undertake leisure activities such as gardening and swimming; which in turn gave them a greater sense of independence. The Tai Chi class was a relaxing and calming experience providing a forum which, for some, reduced social isolation by providing contact with others and broadening participants' social base.

The financial benefits include lower cost of health and social care services in the following three months following attendance at Tai Chi (£1535.60). These savings were higher than the cost of providing Tai Chi giving a net saving of £125.84. Indeed cost savings could be maximised if the class is delivered by appropriately trained non-professionals as intended through the Rochdale POPP model.

It should be noted that the study is limited by small sample numbers, the lack of a control group and a relatively short follow up period. It is not possible to say whether any changes are due to time rather than the Tai Chi class; or whether changes are sustained over a longer time period. Given these limitations, together with the heterogeneity of the physical ailments of the sample, the analysis points to potential benefits but further research is required.

Volunteer Driver Scheme (VDS)

In the development phase of the VDS, service providers were clear in their aims for the service which were wide ranging: to develop transport solutions for people with mobility difficulties; enhance transport accessibility for disabled people in line with local and national policy agendas; provide a cost effective transport service (reducing level of subsidised transport); bridge current gaps in service provision and support statutory providers; use skills

of outreach workers for multi-agency partnership working; tackle social isolation and promote inclusivity; provide reassurance to wider family networks on vital transportation; use volunteers to drive vehicles suitable to the needs of disabled people, and so deliver appropriate transport solutions; and promote potential paid employment opportunities for volunteers. Factors that might limit the effectiveness of the service were thought to include obtaining sustainable support of volunteers; balancing the cost of transport provision with social benefits; the potential for creating long term dependency on door to door transport and the challenge of multi-agency working.

Volunteers, interviewed in the early days of the VDS displayed an appreciation of the challenges confronting older people that included financial difficulties in the light of limited pension provision. They showed a compassionate approach with a keen sense of putting something back into the community and in return reporting satisfaction in their volunteering.

The VDS users were typically 70 years of age or over and, when compared with a representative sample of the UK population had lower self reported health suggesting the users are more likely to be more dependent/less independent than is typical of their age group. The service users highlighted their difficulties in using public transport which had led them to turn to the VDS. They found the strengths of the service were its immense comparative cost effectiveness in relation to using private hire taxis; the kindness of volunteers; the volunteer drivers' disability awareness; greater sense of safety and security through using vehicles and equipment suitable to the needs of disabled people and the compassionate culture of volunteering for the pursuit of altruistic, rather than pecuniary, gains. In respect of health related quality of life, this in turn led to reduced sense of stress, particularly when attending hospital appointments and on occasion having drivers wait for service users' appointments to be concluded so that they could take them home, reduced

sense of social isolation and greater level of companionship and enhanced personal independence.

The estimated cost of setting up the VDS was £28,000 with continuing costs of £38,000 per annum. In addition cost savings were identified as accruing to service users (cost to them of VDS journeys was lower than private taxis), their family and friends (use of VDS instead of asking family and friends) and to statutory transport services (where the VDS replaces these services).

Looking back; and to the future of Rochdale POPP

The main successes of the POPP initiative according to key stakeholders have been the Outreach Service, transport schemes, TOPPs and project management by the voluntary sector. A number of challenges were also identified by participants, some of which have been actual challenges and in the main have been successfully addressed within the project.

The structures and processes of POPP and TOPPs were viewed as excellent starting approaches that had resulted in a significant number and quality of outcomes. Considerable numbers of older people are being reached and registered with Rochdale POPP prior to being referred on to services and activities they may otherwise not have received. TOPPs are valued as a means of engaging older people and influencing Township arrangements and processes. In addition TOPPs were viewed as a key strength to the Rochdale model of POPP that may also be a valuable way forward in other local authorities.

Suggestions were made to promote the future independence of TOPPs, perhaps exploring social enterprise models and similar. Useful caution was given to ensure that TOPPs were facilitated to manage any additional funding they received, perhaps from Townships, in any future model. A similar concern was that both POPP and TOPPs achieved the capacity necessary to

meet future demand. However, the POPP model was evolving to-date in line with Government goals around voluntary working which was viewed positively.

POPP transport was highly praised as being innovative and effective at meeting many older people's needs. Transport initiatives were also viewed as instrumental in supporting POPP work to reduce social exclusion and isolation. It was acknowledged by participants that much work needed to be done to further reach these groups and especially Black and Ethnic Minority (BME) groups to reflect the diversity of the Rochdale Borough population.

Finally, views around optimising sustainability of POPP included maximising the input of the voluntary sector in any future arrangements; promotion of POPP successes; spreading the word about POPP, not least through older people themselves; and POPP arrangements to be more open to scrutiny and review.

Conclusions and recommendations

Rochdale POPP set out to enable older people to have power and control over their lives to sustain independence and well being in older age. Over the pilot period the outreach workers interviewed over 2500 older people across the Borough with around three quarters being over 70 years of age. Over 2000 referrals were made for different physical and social activities; almost 1000 referrals were made to key services including to health professionals, for benefits advice, equipment advice, and to Social Services and over 2000 referrals were made to POPP initiatives. Over half of these latter referrals (1395) were for transport services which facilitated attendance at both social and health activities. This represents considerable success. However, it should be noted that amongst those accessing POPP, males were significantly under-represented when compared with local demographics. Although participation of BME communities (of which South Asian communities form the largest)

was commensurate with local demographics, a much smaller proportion of those had all of their needs met in comparison with the majority White population. Methods by which to engage with males, and to narrow ethnic inequalities in meeting the needs of older people should be explored as POPP continues to develop.

The outreach workers in the POPP model have been commended by stakeholders as a method by which to reach socially excluded older people and as a conduit of vital information. They have enabled older people to become aware of services and activities that they would otherwise have remained unaware of. However, whilst figures were available for 'type of social exclusion' experienced by the older people interviewed by outreach workers, these were incomplete and ambiguous. It is recommended that these are revisited to provide a more accurate overview of the reasons why older people are socially excluded, who POPP is reaching and how different types of social exclusion are being or can be addressed.

The operation of Rochdale POPP has hinged on the partnership arrangements. These have shown considerable success (almost 200 volunteers recruited by Rochdale CVS, 400 carers helped and supported, and over 29,000 journeys made using the transport services). The range of activities and services accessed are indicative of successful partnership working across agencies. There are however inherent difficulties in any multi-agency working. The challenges within this report have highlighted the need for clear roles and responsibilities by different agencies with clear lines of communication.

A further component of the POPP model that has been universally commended is the transport initiative. Transport provision has underpinned many of the activities and services available to older people and thus instrumental in supporting POPP work to reduce social exclusion and

isolation. Factors that were highlighted by the service providers that might limit the effectiveness of the service included; obtaining sustainable support of volunteers and the potential for creating long term dependency on door to door transport and the challenge of multi-agency working. In respect of volunteers, to date this fear has not been realised. This may be in part due to the flexible rota arrangements which were beneficial to volunteers. In respect of long term dependency there has to date been a focus on door to door transport (by way of the VDS and Ring and Ride) but it is understood that plans for 'travel training' are currently being developed.

The TOPPs were a key strength to the Rochdale model of POPP that may also be a valuable way forward in other local authorities. TOPPs were especially valued as a means of engaging older people and influencing Township arrangements and processes. Despite a slow start to the TOPPs that was partly responsible for the variable spend in their budget, the TOPPs commissioning was tailored to unmet needs in each location and showed a sense of creativity in developing flexible solutions. Over the study period the TOPPs confidence in decision-making and commissioning increased, so demonstrating the ability of older volunteers to articulate the needs of older people within their community. Recommendations for future models of this kind include apportioning budgets to take account of the 'commissioning learning curve' and training and support which was considered key to the TOPPs' success.

CHAPTER ONE

PROJECT BACKGROUND AND AIMS

Introduction

The Department of Health funded Partnerships for Older People Projects (POPPs) were designed to test out new ways of providing services to older people. The aim of Rochdale POPP is to deliver and evaluate, through 29 Local Authority led pilots, locally innovative approaches, aimed at creating a sustainable shift in resources and culture away from institutional and hospital-based crisis care for older people towards earlier, targeted interventions within their own homes and communities¹. The first 19 POPPs were established in May 2006 with a second round in 2007.

Rochdale POPP structure and service: The vision

Rochdale POPP was one of the second round of pilot sites. Rochdale POPP, launched in May 2007, set out to enable 'older people to have power and control over their lives to sustain independence and well-being in older age'². This was to be achieved through partnership with older people at a Township level; devolving commissioning and funding; capacity building; and enterprise initiatives and business start up. Service transformation would focus on information advice and advocacy and improving access outside the home. Thus the intended outcomes were:

- Improved quality of life for older people and their carers
- Improved health and fitness for older people
- Reducing social exclusion for older people and their carers
- Increased information and choice for older people and carers
- Reducing use of more intensive services and admissions to long-term care

¹

<http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm>

² Rochdale metropolitan Borough Council. Partnerships for Older People Projects Rochdale – Stage 2 Bid. October 2006

- Economic benefits through local enterprise and volunteering
- New models of local commissioning and devolved budgets
- New sustainable structures and partnerships between the Borough Council, the public and local organisations³

Partnership working was seen as key to the success and sustainability of Rochdale POPP. This was to be achieved through devolved commissioning (Township Older People's Partnerships [TOPPs]); an expansion in the number of volunteers engaged in local activities and services; or through a multi-agency framework that included: Rochdale Council for Voluntary Services (Rochdale CVS); Greater Manchester Passenger Transport Executive (GMPTE); and the Carers' Association.

Research aims and objectives

In order to evaluate the extent to which the Rochdale POPP achieved its aims, its leaders commissioned the University of Salford to carry out an evaluation of the project. The broad aims of the evaluation were to:

- Evaluate the impact and effectiveness of initiatives
- Examine the structure and governance of the project
- Illuminate the key systems and processes at work within the project

The main objectives identified were to:

- Develop qualitative and quantitative data locally in partnership with all stakeholders
- Explore the design and implementation of the POPP
- Appraise the cost and effectiveness of selected services provided under the POPP

³ Rochdale metropolitan Borough Council. Partnerships for Older People Projects Rochdale – Stage 2 Bid. October 2006

- Appraise the structure, processes and outcomes of two designated initiative case studies
- Appraise the interrelationships within the project as a whole
- Identify stakeholder perceptions of the impact of POPP on health, wellbeing and independence
- Appraise the utility and impact of the health and wellbeing initiatives
- Explore the development and operation of the four TOPPs
- Appraise the extent that 'community engagement' and 'empowerment' was achieved as a result of the POPP

Additionally the Local Evaluation includes qualitative studies on the:

- Effectiveness and sustainability of the TOPPs
- Effectiveness and accessibility of the POPP information website
- Impact and satisfaction of older people with respect to the transport initiative
- Health and wellbeing benefits for older people of the Healthy Living Initiatives activities
- Carer perceptions of improved wellbeing and reduction in stress
- In depth individual case studies of the impact of Rochdale POPP on selected older people and carers

Methods

The research study used a mixed method approach. The methods included interrogation of the POPP database, interviews with staff, service users, commissioners and other key stakeholders and observations of various activities, such as TOPPs meetings. Details of the approach used are presented at the beginning of each chapter.

Overview of the Report

The report begins with an overview of Rochdale POPP in Chapter Two. The chapter describes *who* the service reached and the activities, services and POPP projects accessed by POPP members. It goes on to summarise unmet needs of older people in Rochdale Borough identified by POPP and the extent to which these needs were met. The chapter concludes by discussing how unmet need can be addressed beyond the Rochdale POPP pilot.

Building on the statistics presented in Chapter Two, Chapter Three aims to provide a deeper understanding of the variety of ways in which the POPP has widened access to services which might not otherwise have become available, and the very significant level of impact that this has had upon individuals' general health and well-being. The case studies reported are taken from interviews with seven older people who have obtained various services through coming into contact with the Rochdale POPP.

Partnership working was seen as key to the success and sustainability of Rochdale POPP. This has been represented through devolved commissioning (via TOPPs); the expansion in the number of volunteers in local activities and services; or through a multi-agency framework that included Rochdale CVS; GMPTE; and the Carers Association. Chapter Four summarises the activities undertaken by key POPP partnership organisations. Chapter Five goes on to explore the work of the TOPPs in detail. Based on data provided by the POPP Development Worker it explores the devolved commissioning processes and activities that are at the heart of Rochdale POPP.

Given the breadth of services, activities and projects covered by Rochdale POPP and the TOPPs commissioning process, it was not feasible to study all of these in depth. Rather two areas were chosen as case studies, a Tai Chi class and the Volunteer Driver Scheme (VDS), and these are presented in Chapters Six and Seven. Chapter Six explores the costs and effectiveness of Tai Chi

provision whilst Chapter Seven explores the challenges and opportunities and cost and effectiveness of the VDS.

The report ends by looking at the sustainability of the POPP in Chapter Eight followed by summary and concluding comments in Chapter Nine.

CHAPTER TWO

OVERVIEW OF ROCHDALE POPP

Introduction

In order to achieve its vision of enabling older people to have power and control over their lives to sustain independence and well-being in older age, Rochdale POPP involved a number of linked initiatives. These included:

- Devolution of commissioning to new organisations led by older people in Townships
- Outreach to socially isolated older people
- Improved access to information
- Expanded range of preventive services and activities provided locally (health living, learning, leisure)
- Expanded number of volunteers involved in local activities/services
- Improved community transport

This chapter provides a general overview of Rochdale POPP activity describing who accessed POPP services or initiatives across the four Townships that make up Rochdale Borough (Rochdale, Middleton, Heywood and Pennines) and what those services and initiatives were. The data was obtained from an exploration of the POPP database and descriptive statistics are presented. Some information presented here has been gained through discussions with key staff within POPP.

Who did POPP reach?

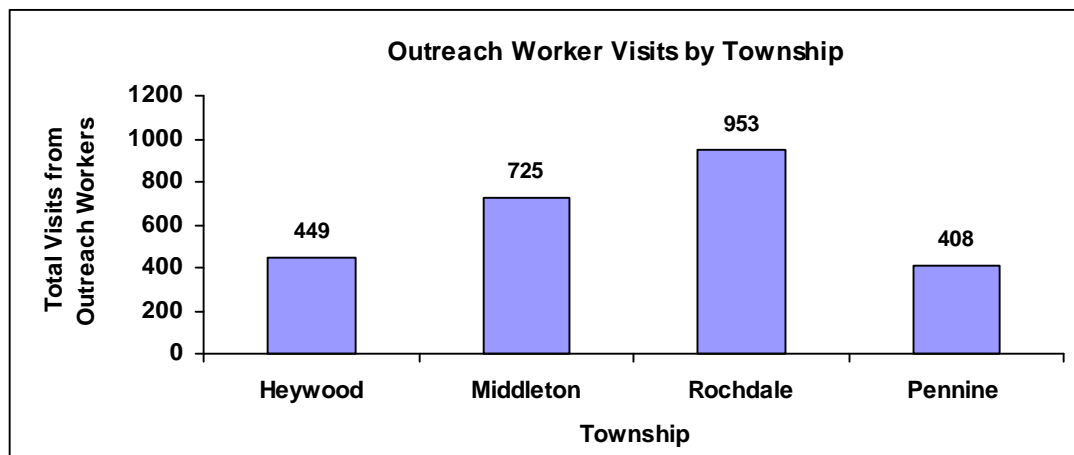
The Rochdale POPP database recorded 2,535 outreach worker interviews between the start of the service (May 2007) and the end of March 2009. Interviews were typically carried out in the homes of older people. The majority of POPP visits (953) took place in Rochdale Township, with far fewer visits taking place in Middleton, Pennines and Heywood Townships.

It should also be noted that not all people who registered as POPP members had accessed the service upon having a visit from an outreach worker. Some older people contacted the POPP office independently and became POPP members, particularly where they wished to access a particular POPP service, such as the VDS.

It should also be acknowledged that during the initial year of the project, there was a regular turnover of temporary administrative staff responsible for transferring data from the paper records submitted by the outreach workers (subsequent to home visits) into electronic format (i.e. onto the POPP database) – with variable skills in data entry. Furthermore, in some cases outreach workers did not record the POPP member’s date of birth, or if they did record it, did not work out the POPP member’s age from this information.

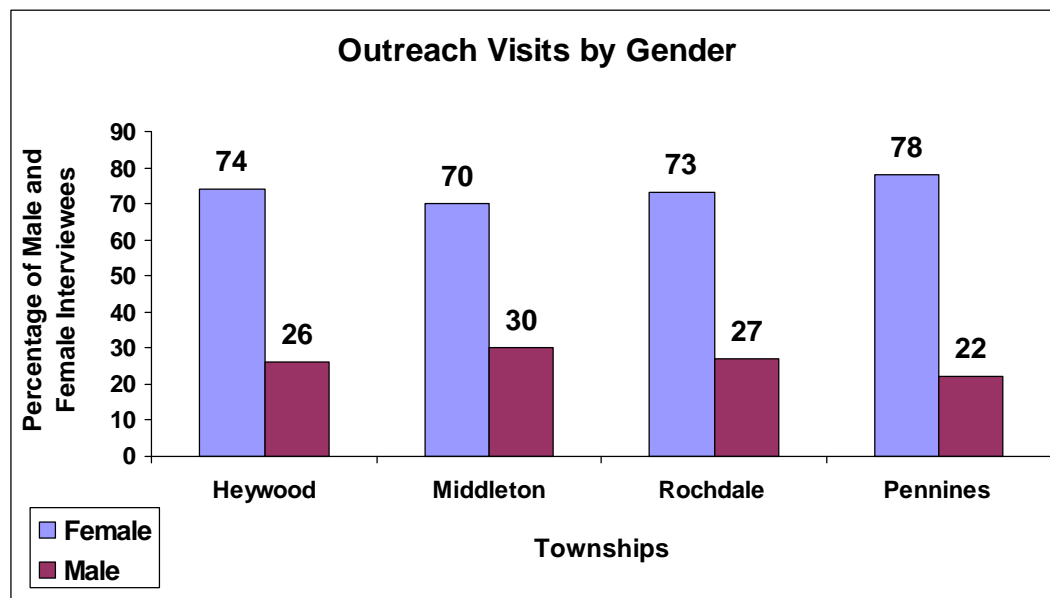
The production of a completely accurate database would have involved rigorously re-examining all of the paper records from outreach worker interviews, and cross-referencing this with an examination of the database, which the POPP project has not had the capacity to undertake. Hence concerns have been expressed regarding errors that have been made in data entry, which may impact upon the reliability of some of the data presented here.

Chart 2.1: Outreach worker visits by Township



It is interesting to note that the proportion of female to male outreach interviewees is roughly 3.5:1. This imbalance was identified and reported on earlier within the local evaluation and has remained throughout the life of the pilot project. It might partly be explained by the greater longevity of females to males within the population. It suggests that older females may have been easier to access than older males within Rochdale Borough.

Chart 2.2: Outreach worker visits by gender



Ethnic profile of older population: Rochdale Borough

It is useful to consider the ethnic profile of POPP members in the context of the ethnic profile of the older population of Rochdale Borough. The most recent statistical evidence for this is provided by the 2001 Census, and although this data is not very recent, it is considered unlikely that the ethnic profile of older populations would have changed considerably since that time.

The following table illustrates the numbers of people aged 50 and above within different ethnic categories. Note that ethnic categories have been collapsed in the following manner to enhance simplicity of comparison:

- 'White' is comprised of 'White: British', 'White: Irish' and 'White: Other White'
- 'Asian' is comprised of 'Asian or Asian British: Indian', 'Asian or Asian British: Pakistani', 'Asian or Asian British: Bangladeshi', 'Asian or Asian British: Other', 'Mixed: Other Mixed' and 'Mixed: White and Asian'
- 'Black' is comprised of 'Black or Black British: Black African', 'Black or Black British: Black Caribbean', 'Black or Black British: Other Black', 'Mixed: White and Black African' and 'Mixed: White and Black Caribbean'
- 'Chinese' is comprised of 'Chinese or Other Ethnic Group' and 'Chinese or Other Ethnic Group: Other Ethnic Group'

Table 2.1: Ethnic populations of older people in Rochdale Borough (2001 Census)

Age Categories	White	Asian	Black	Chinese
50-54	13,730	603	57	51
55-59	10,342	440	38	39
60-64	8,787	506	48	23
65-69	7,792	408	20	20
70-74	7,499	229	20	10
75-79	6,158	114	14	6
80-84	3,744	70	10	6
85-89	2,134	21	3	0
90 and over	1,085	13	0	0
TOTAL	61,271	2,404	210	155
Population Breakdown (Percentage)	95.7%	3.7%	0.3%	0.3%

Hence it can be seen that the vast majority of the older Borough population is White, with the largest minority population being Asian. Black and Chinese older ethnic communities across the Borough are extremely small.

Ethnic profile of POPP Members: Borough and Township analysis

The ethnic profile of POPP members across the Borough is given in the chart below and is derived from the POPP database. As above, categories have been collapsed to enhance simplicity of comparison as follows:

- 'White' is comprised of 'British', 'Irish' and 'Any Other White Background'
- 'Asian' is comprised of 'Indian', 'Bangladeshi', 'Pakistani' and 'Any Other Asian Background'
- 'Black' is comprised of 'Black or Black British: African', 'Black or Black British Caribbean,' 'White and Black African' and 'Any Other Black Background'

Table 2.2: Ethnic composition by Borough Townships (from POPP database)

Township	White	Asian	Black	Chinese
<i>Heywood</i>	458	0	0	0
<i>Middleton</i>	729	2	2	0
<i>Pennines</i>	413	3	1	0
<i>Rochdale</i>	843	136	2	2
TOTAL	2,443	141	5	2
Population Breakdown (Percentage)	94.3%	5.4%	0.2%	0.1%

It can be seen that most POPP members from minority ethnic communities (predominantly Asian) reside within Rochdale Township. The remaining Townships have almost exclusively White membership. The remaining three Townships have a combined total of only five Asian and three Black members.

Statistical evidence is not currently available on the breakdown of ethnic communities by Township, and so it is not possible to consider the extent to which POPP membership is reflective of ethnic diversity at the Township level.

It can also be seen that the proportion of visits to Outreach Workers is largely in proportion to different ethnic communities across the Borough. Indeed the proportion of older residents from Asian communities (5.4%) is actually higher than the proportion of older residents from Asian communities (3.7%)

living within Rochdale Borough. This reflects well on POPP's ability to engage with different ethnic communities in Rochdale.

Meeting the needs of POPP Members: Focus on ethnic diversity

An analysis of the extent to which identified needs have been met over the life of the POPP across all Townships appears in a later section of this chapter. To summarise, 87% of expressed needs were met and 13% remained unmet. This indicates that the project has been extremely successful in meeting the diverse needs of older people across Rochdale Borough. However, it is interesting to further consider the extent to which the varied expressed needs of POPP members have been met in relation to ethnic diversity.

Each of the 2,535 POPP members identified on the POPP database has been evaluated in terms of both their ethnicity, and whether or not some or all of each POPP member's expressed needs were met as a consequence of coming into contact with the Rochdale POPP. This was done through creating an Excel computer file in which all POPP members are listed by their POPP reference number and then meticulously considering each of them in turn, and considering whether all of their identified needs had been fully met (in which case they were discounted) or not fully met.

The Excel file was then reconfigured so that all records were listed by ethnicity. Through adding up the number of POPP members within each ethnic group, the total number of POPP members who had had all of their needs met could be considered. The findings are summarised in the following table.

Table 2.3: Ethnic POPP Members needs met

Ethnicity	Total POPP Members: Needs Fully Met
<i>Any Other Asian</i>	2
<i>Any Other Ethnic Group</i>	6
<i>Any Other Black</i>	13
<i>Bangladeshi</i>	20
<i>British</i>	470
<i>Indian</i>	8
<i>Irish</i>	14
<i>Pakistani</i>	42
<i>White and Black</i>	1
Total	576

Ethnic categories were then collapsed to enhance simplicity of comparison as follows:

- 'White' is comprised of 'Any Other White', 'British' and 'Irish'
- 'Asian' is comprised of 'Any Other Asian', 'Bangladeshi', 'Indian' and 'Pakistani'

The following table indicates the number of POPP members within the two main ethnic categories (i.e. White and Asian) whose needs have been identified, fully met or partially met. The remaining ethnic categories were discounted.

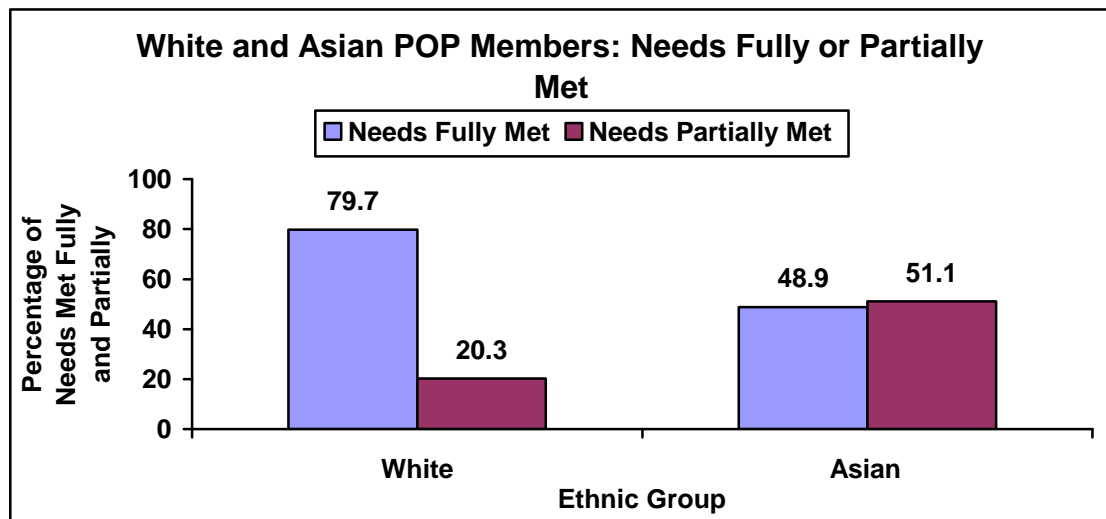
Table 2.4: POPP Members by ethnicity needs identified and met

Ethnicity	Total Number of POPP Members: Needs Identified	Total Number of POPP Members: Needs Fully Met	Total Number of POPP Members: Needs Not Fully Met
<i>'White'</i>	2443	1946	497
<i>'Asian'</i>	141	69	72

The following chart illustrates the percentages of all White and Asian POPP members whose needs have been fully or partially met. It clearly shows that whereas almost 80% of all White POPP members have had all of their

identified needs met, the same is true for roughly only half of all Asian POPP members. These considerable inequalities are representative of a markedly different experience of the POPP among older White and Asian communities in Rochdale, and would suggest that greater efforts would need to be made to ensure that all communities are able to benefit from the project in a more equal fashion. It is felt that more powerful efforts to focus more closely upon the extent to which the unmet needs of Asian POPP members are being addressed may help to narrow such inequalities.

Chart 2.3: White and Asian POPP Members: Needs fully or partially met

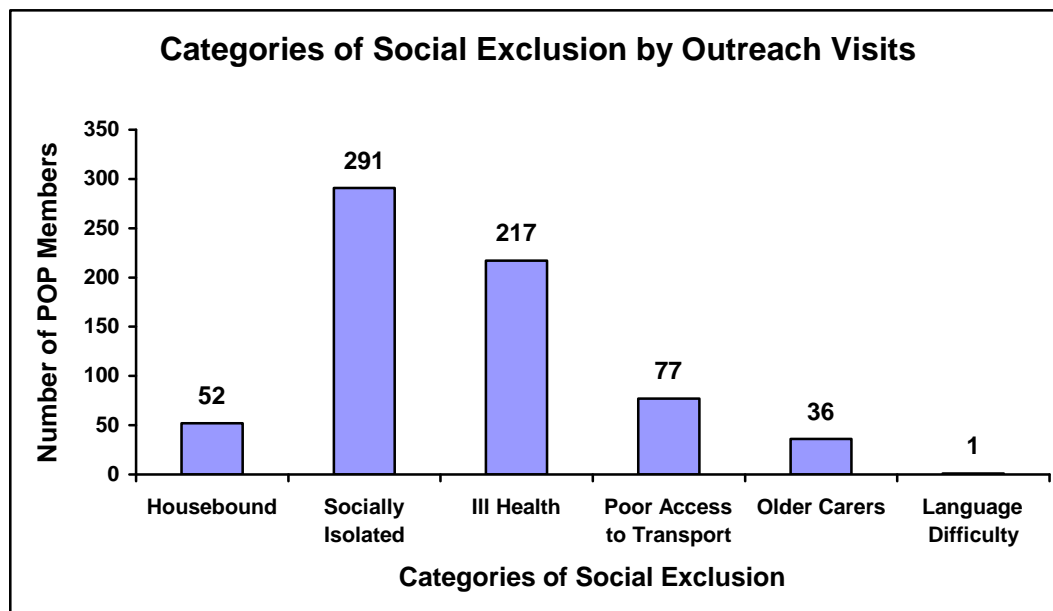


POPP and categories of social exclusion

The questionnaire used to identify the needs of POPP members invited the outreach workers to make a value judgement about the type of social exclusion experienced by the interviewee. There are six designated categories available for consideration: Housebound; socially isolated; ill health; unable to access transport; older carers; and excluded by virtue of language.

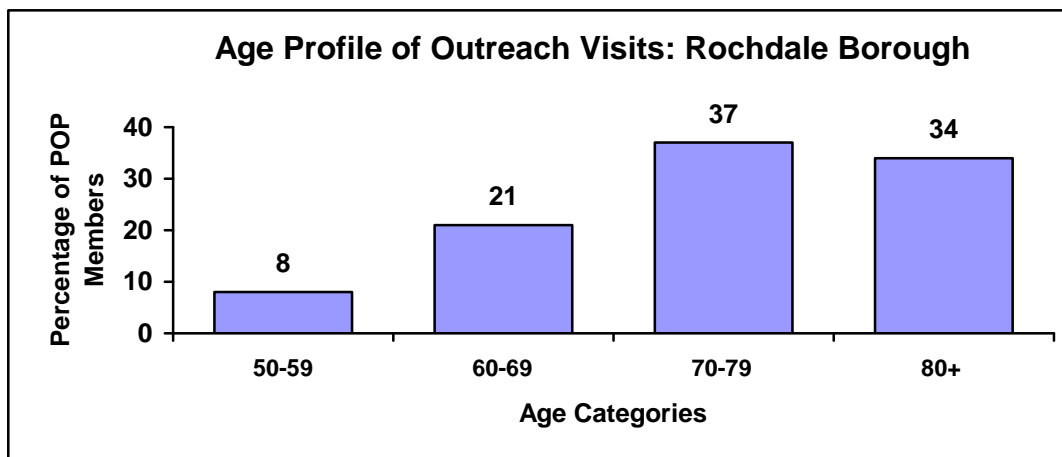
The following chart highlights the breakdown of the type of social exclusion identified by outreach workers, and indicates that social isolation and ill health were considered to be the key factors causing POPP members to be socially excluded.

Chart 2.4: Categories of social exclusion by outreach visits



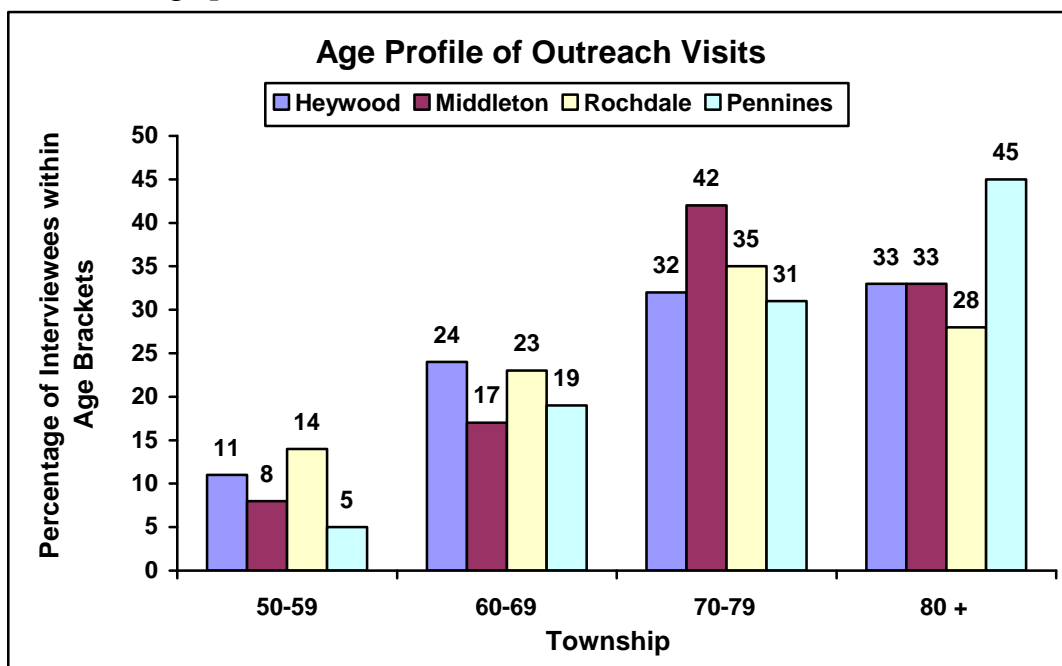
Just under three quarters (71%) of POPP members visited at home by outreach workers are aged 70 years or over. Rochdale POPP has found it easier to engage with retired people, who may be more likely to attend community activities (and so learn about POPP services and activities) than non-retired older people, who are more likely to have employment-related responsibilities. It should be noted however that this was in line with the POPP implementation plan which was set as follows: ‘We anticipate that the number of older people who are ‘members’ of TOPPs schemes will equate to 5% of the 65-75 years population, 15% of the 75-85 population and 30% of the 80 plus population by April 2009, i.e. anticipate that approximately 3400 people will be members of TOPPs by 2009. Ultimately the membership will grow to 90% of the over 85 population, and 65% of over 75 population being within the membership by 2015.’

Chart 2.5: Age profile of outreach visits: Rochdale Borough



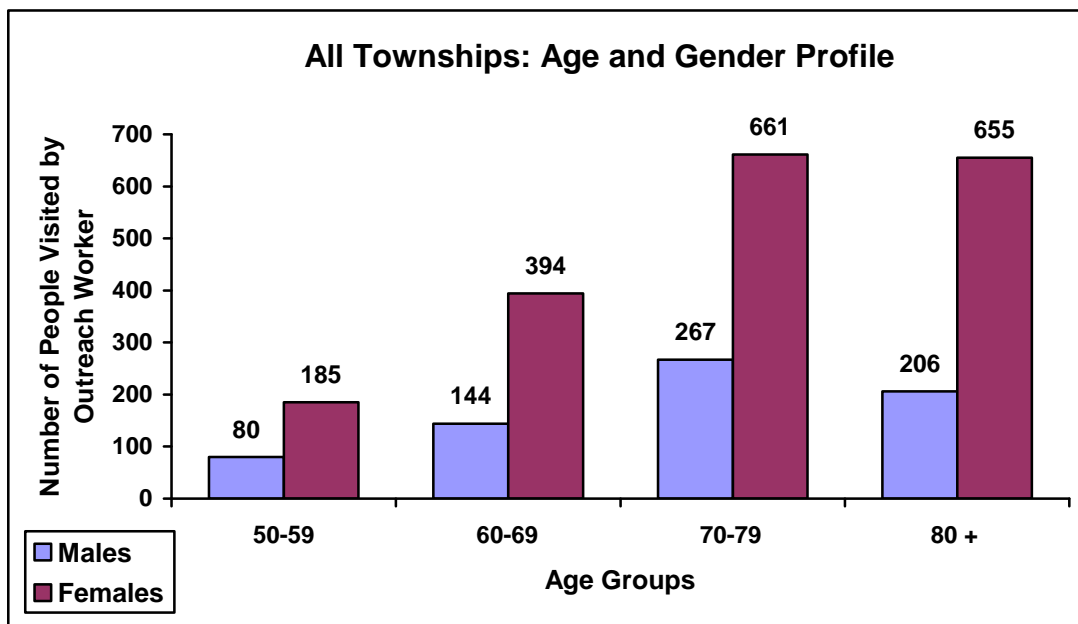
The following chart illustrates the age profile of outreach visits for each of the four Townships. It can be seen that people within the older age categories (i.e. aged 70 and above) received far more outreach visits than those in younger age categories. Furthermore there is a clear gradation in age, whereby more people aged 60-69 received home visits from outreach workers than those aged 50-59 for all Townships, yet fewer than those aged 70-79 or 80 years and above.

Chart 2.6: Age profile of outreach visits



By combining the details of outreach visits by age and gender across the Borough it is clear that there is a strong gender imbalance among POPP members across Rochdale Borough, with the number of female members being far greater than the number of male members across all age brackets. The disparity in the proportion of females to males rises with age: within the 50-59 age bracket, the ratio of females to males is approximately 2:1. However, within the 80 and above age bracket, this ratio rises to more than 3:1.

Chart 2.7: All Townships: age and gender profile



How did the POPP compare with local demography?

Given the greater general life expectancy of females compared to males within the population, it is useful to compare the age and gender breakdown for total outreach worker visits with statistical evidence on the distribution of age and gender within the older population of Rochdale Borough. In this way, it is possible to compare and contrast the respective ratios of females to males within different age categories.

Statistical evidence for the age and gender profile of both Rochdale Borough, as well as its constituent Townships, has been drawn from mid-2007 Population Estimates (quinary age groups and sex for local authorities in the

UK) produced by the Office for National Statistics (ONS), General Register Office for Scotland, Northern Ireland Statistics and Research Agency.

The following table indicates the total number of males and females within different age categories for the whole of Rochdale Borough, the ratio of females to males within those categories and the ratio of female to male POPP members as evidenced by the POPP database (see Chart 2.7) over the life of the POPP pilot project. The ratios have been shown to one decimal place.

Table 2.5: Age and gender summary: entire POPP pilot

Age Categories	Rochdale Borough: Females (in thousands)	Rochdale Borough: Males (in thousands)	Rochdale Borough Ratio: Females to Males	POPP Ratio: Females to Males
<i>50-59</i>	<i>13.1</i>	<i>13.0</i>	<i>1:1</i>	<i>2.3:1</i>
<i>60-69</i>	<i>10.0</i>	<i>9.4</i>	<i>1:1</i>	<i>2.7:1</i>
<i>70-79</i>	<i>7.4</i>	<i>5.8</i>	<i>1.3:1</i>	<i>2.5:1</i>
<i>80+</i>	<i>5.2</i>	<i>2.8</i>	<i>1.8:1</i>	<i>3.1:1</i>

The above table clearly demonstrates that the imbalance in POPP membership across all age brackets is not reflected in the actual demography of Rochdale, which indicates that the proportion of males to females is much more equal. However, it should be emphasised that this imbalance between male and female POPP members in all age categories has actually fallen since the time of the interim evaluation report (produced in July 2008). These ratios are reproduced below, and would indicate that the POPP project has succeeded in reducing the imbalance of male and female POPP members over time.

Table 2.6: Age and gender summary: Interim Report (July 2008)

Age Categories	Rochdale Borough: Females (in thousands)	Rochdale Borough: Males (in thousands)	Ratio: Females to Males	POPP Ratio: Females to Males
<i>50-59</i>	<i>13.5</i>	<i>13.4</i>	<i>1:1</i>	<i>3.9:1</i>
<i>60-69</i>	<i>9.5</i>	<i>9.0</i>	<i>1:1</i>	<i>3:1</i>
<i>70-79</i>	<i>7.4</i>	<i>5.8</i>	<i>1.3:1</i>	<i>3.1:1</i>
<i>80+</i>	<i>5.1</i>	<i>2.7</i>	<i>1.9:1</i>	<i>3.9:1</i>

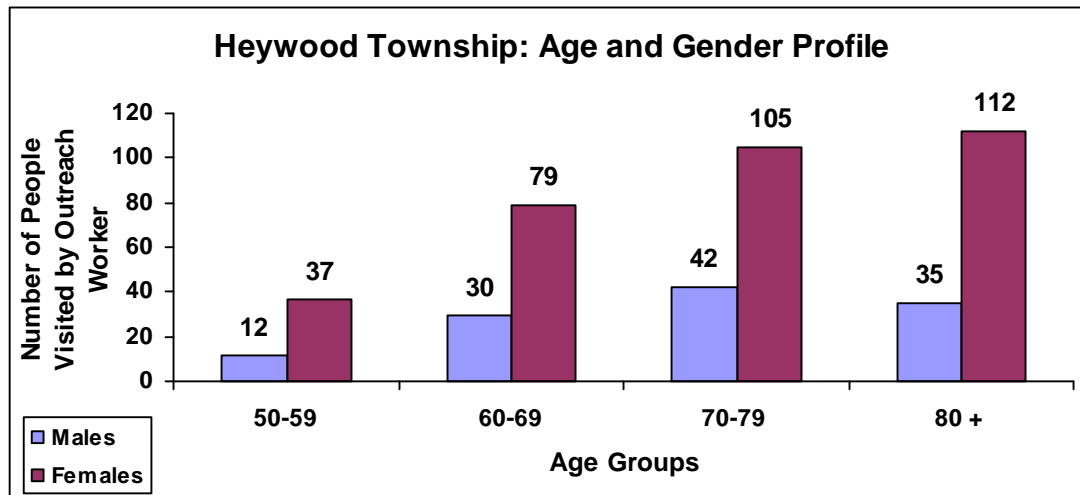
It is also useful to compare the age and gender breakdown for older people at the Township level. Rochdale Metropolitan Borough Council's (Rochdale MBC) Strategic Planning Department have provided statistical evidence for the numbers of older males and females residing within Rochdale Borough's four Townships within various age groups, including the years beyond retirement (i.e. 65 years and above for males, and 60 years and above for females). However, there is no age bracket data available at ten-year interval periods, as exists for the Borough-wide analysis given above. This data has been elicited from the most up-to-date information currently available, the Office for National Statistics Mid-Year Estimates Experimental Statistics for 2007.

Through collapsing age categories from the POPP database into a general retirement category, it is possible to compare the ratios of females to males for older people living within each Township with those derived from outreach worker visits in different Townships. The following consists of a general analysis of POPP members for each Township by age and gender, with a consideration of the ratios of females to males.

The chart below indicates that the proportion of older male and female POPP members in Heywood varies considerably within different age categories. Within the 50-59 years age group, there are a third as many males than females. Within the 60-69 age range, the enhanced proportion of females to

males is markedly reduced. However, within the oldest age group, the greater proportion of female to male POPP members increases by more than a factor of three.

Chart 2.8: Heywood Township: age and gender profile



The following table indicates the ratio of female to male POPP members in the context of actual statistics drawn from ONS Mid-Year Estimates Experimental Statistics for 2007. The ratio of female to male POPP members in Heywood during retirement years, over the life of the POPP project, was considerably greater than what would be expected based upon the actual demographic make-up of Heywood.

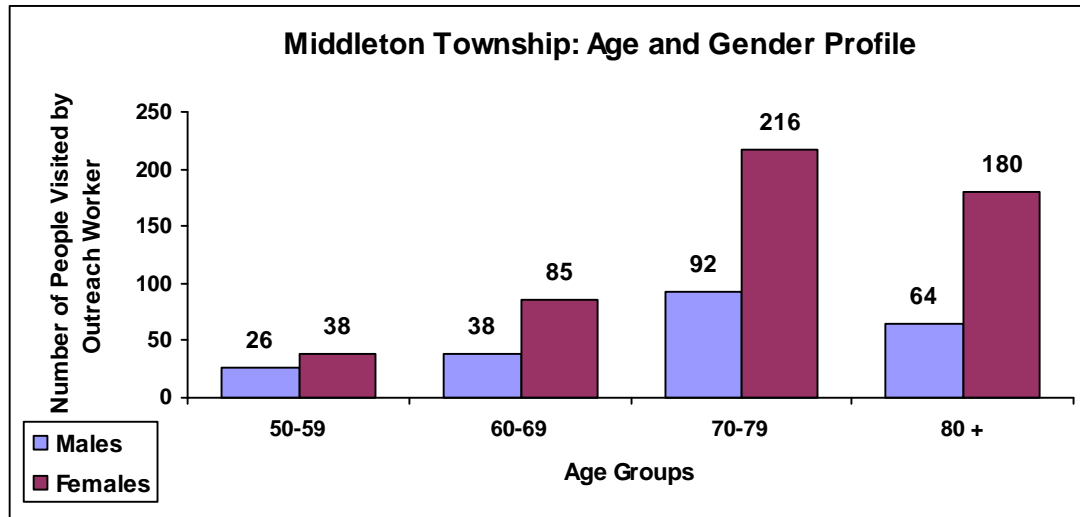
Table 2.7: Gender ratio Heywood Township

Total Females (60+): ONS 2007	Total Males (65+): ONS 2007	Ratio: Females to Males: ONS 2007	Total POPP Females (60+)	Total POPP Males (65+)	POPP 'Retirement' Ratio: Females to Males
3,097	1,745	1.8:1	296	100	2.9:1

The following chart indicates that although there is a greater proportion of older female to older male POPP members in all age categories in Middleton

Township, the difference is slightly less pronounced than is evident within Heywood Township. Within the 50-59 age category, the proportion of female to males is slightly greater. However, the increased ratio of female to male POPP members rises successively through the age categories from 2.2:1 (60-69 years), to 2.3:1 (70-79 years), and then 2.8:1 (80 years and above).

Chart 2.9: Middleton Township: age and gender profile



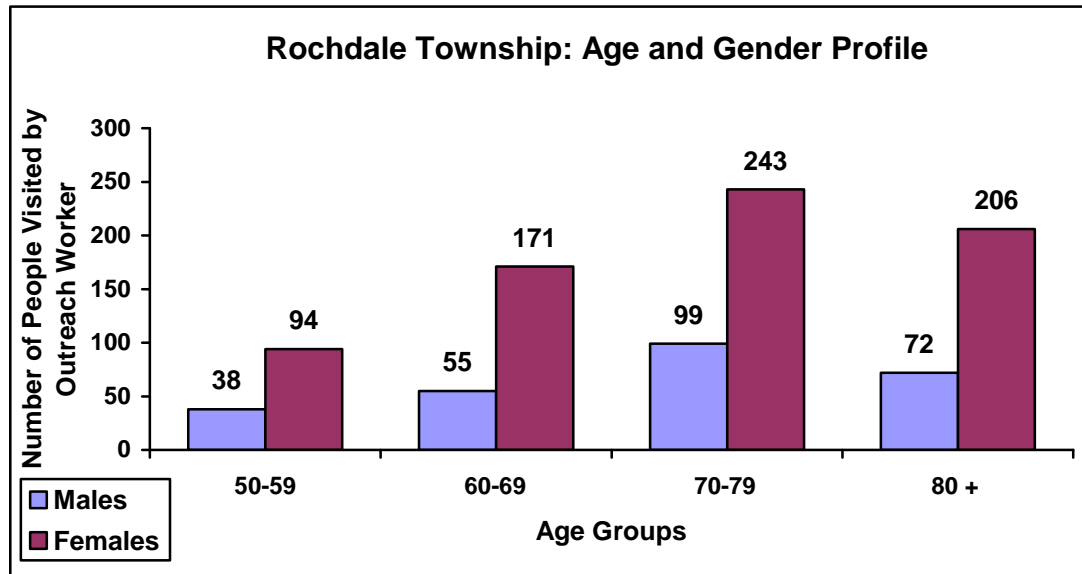
The following table indicates the ratio of female to male POPP members in the context of actual demographic statistics drawn from ONS Mid-Year Estimates Experimental Statistics for 2007. The ratio of female to male POPP members in Middleton during retirement years, over the life of the POPP project, was considerably greater than what would be expected based upon the actual demographic make-up of Middleton. However, this ratio is slightly less than is evident in Heywood.

Table 2.8: Gender ratio Middleton Township

Total Females (60+): ONS 2007	Total Males (65+): ONS 2007	Ratio: Females to Males: ONS 2007	Total POPP Females (60+)	Total POPP Males (65+)	POPP 'Retirement' Ratio: Females to Males
5,343	2,985	1.8:1	481	174	2.8:1

The chart below indicates that, as with the other Townships, there is a higher proportion of female to male POPP members in all age categories. Unlike some other Townships, the greatest age disparity is within the 60-69 age category (with a female to male ratio of 3.1:1) rather than the older age categories.

Chart 2.10: Rochdale Township: age and gender profile



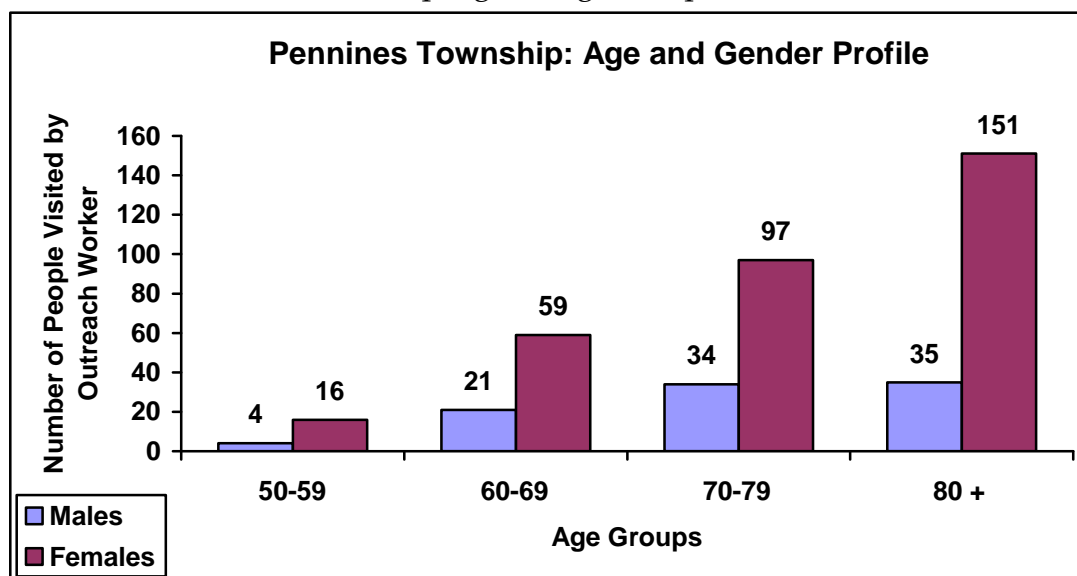
The following table indicates the ratio of female to male POPP members in the context of actual demographic statistics drawn from ONS Mid-Year Estimates Experimental Statistics for 2007. The ratio of female to male POPP members in Rochdale during retirement years, over the life of the POPP project, was considerably greater than what would be expected based upon the actual demographic make-up of Middleton. Indeed, this ratio is slightly greater than is evident in both Heywood and Middleton.

Table 2.9: Gender ratio Rochdale Township

Total Females (60+): ONS 2007	Total Males (65+): ONS 2007	Ratio: Females to Males: ONS 2007	Total POPP Females (60+)	Total POPP Males (65+)	POPP 'Retirement' Ratio: Females to Males
9,592	5,518	1.7:1	620	207	3.0:1

It is interesting to note that although there are greater numbers of female than male POPP members in Pennines Township, the general pattern across Rochdale Borough of older age categories having more pronounced differences is reversed in Pennines. Hence the female-to-male ratio of POPP members within 50-59 age category is 4:1, which falls to 2.8:1 in both 60-69 and 70-79 age categories, which similarly falls again to 1.8:1 in the 80 and above age category.

Chart 2.11: Pennines Township: age and gender profile



The following table indicates the ratio of female to male POPP members in the context of actual demographic statistics drawn from ONS Mid-Year Estimates Experimental Statistics for 2007. The ratio of female to male POPP members in Middleton during retirement years, over the life of the POPP project, was

considerably greater than what would be expected based upon the actual demographic make-up of Middleton. However, this ratio is higher than for all other Townships.

Table 2.10 Gender ratio Pennines Township

Total Females (60+): ONS 2005	Total Males (65+): ONS 2005	Ratio: Females to Males: ONS 2005	Total POPP Females (60+)	Total POPP Males (60+)	POPP 'Retirement' Ratio: Females to Males
4,486	2,477	1.8:1	307	82	3.7:1

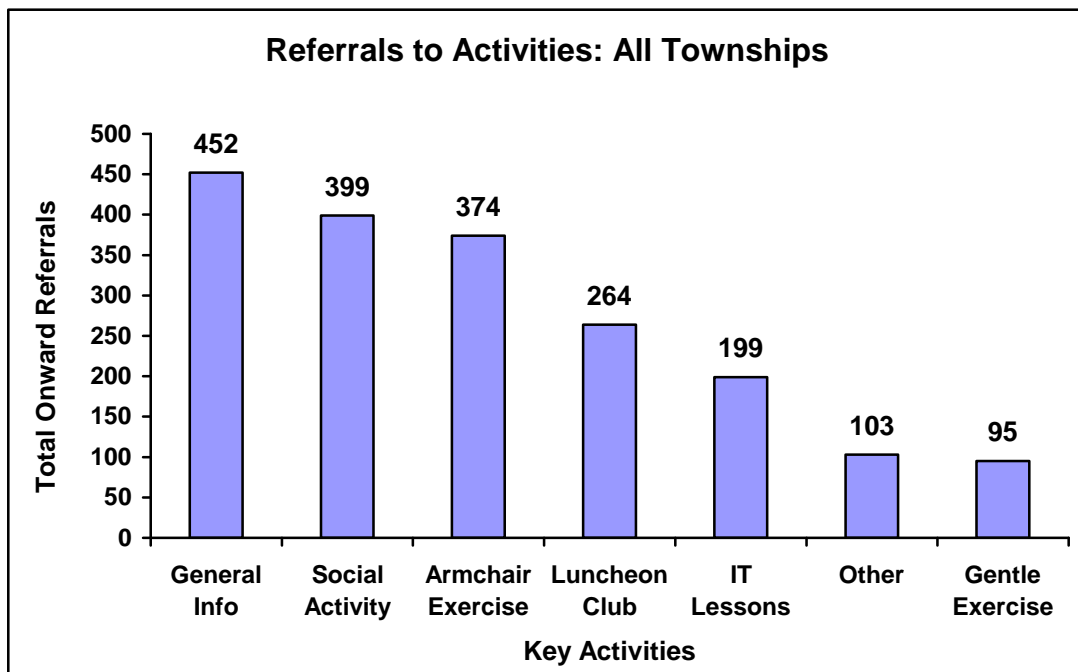
What activities were POPP members referred to?

The database records that there were a total of 2,273 referrals to a variety of activities across Rochdale Borough. General Information (452), Social Activity (399), Armchair Exercise (374), Luncheon Club (264), IT Lessons (199), 'Other' (103), Gentle Exercise (95) and Arts and Crafts (91) have been the most frequently referred to, which reveals a rich mix of physical and social activities. This would suggest that the POPP project has helped to reduce social exclusion through enabling older people to engage with others via shared activities (including luncheon clubs), based upon a combination of social and/or physical activities. The combined total of luncheon club and social activity referrals (663 in total) accounted for 29% of all onward referrals, indicating the extent to which promoting greater social inclusion has been a key factor in the Rochdale POPP's development. It would seem that prior to the development of Rochdale POPP, luncheon clubs in the region were functioning well below their full capacity and the project has succeeded in considerably increasing take-up of these vital community resources for older people.

It is of note that within both Heywood and Rochdale, the highest referrals were for General Information. This supports the view that the POPP project has succeeded in developing links between different agencies and POPP members, so that members can be better informed about activities and services local to them. The relatively high proportion of General Information referrals across Rochdale Borough (almost a fifth of all referrals) also suggests that the outreach workers have played an important role as a conduit through which information about activities and events for older people can be accessed.

The following chart illustrates the number of POPP members visited by an outreach worker that have been referred to these key activities. In addition, fewer POPP members were referred (in descending order) to Tai Chi, Walking, Dancing, Gardening, Swimming, Assisted Support, Assisted Shopping, Simple Aids and Yoga.

Chart 2.12: Referrals to activities: all Townships



Referral patterns differed across the four Townships. In Heywood 375 POPP members visited by an outreach worker were referred to key activities. Most

referrals were for General Information (137), Social Activity (63), IT Lessons and Luncheon Club (both 31), Gentle Exercise (26), Arts and Crafts (16) and unspecified 'Other' activities (12). In addition, POPP members have been referred (in descending order) to Dancing, Tai Chi, Armchair Exercise, Assisted Shopping, Gardening, Simple Aids, Swimming, Walking and Yoga/Assisted Support.

In Middleton 822 people were referred to activities. The most popular activity (accounting for roughly a third of all total referrals) was Armchair Exercise. Most of the referrals have been to Armchair Exercise (250), Social Activity (225), Luncheon Club (96), IT Lessons (75), Other (29), Gentle Exercise (21) and General Information (21). Again a smaller number of referrals were made to Walking, Gardening, Swimming, Tai Chi, Arts and Crafts, Yoga, Simple Aids, Assisted Support and Dancing.

Seven hundred and seventy people were referred to activities in Rochdale Township. Most referrals have been for General Information (252), Armchair Exercise (106), Luncheon Clubs (98), IT Lessons (56), Social Activity (55), unspecified 'Other' activities (54) and Arts and Crafts (36). As in the other Townships fewer POPP members have been referred (in descending order) to Tai Chi, Gentle Exercise, Walking, Assisted Support, Dancing, Gardening, Yoga, Swimming and Simple Aids.

Finally, 306 people were referred to activities in Pennines. Most referrals have been for Social Activity (56), General Information (42), Luncheon Clubs (39), IT Lessons (37), Arts and Crafts (26), Gentle Exercise (21) and Tai Chi (21). In addition, fewer POPP members were referred (in descending order) to Dancing, Armchair Exercise, Assisted Support, unspecified 'Other', Walking, Gardening, Assisted Shopping, Simple Aids and Swimming.

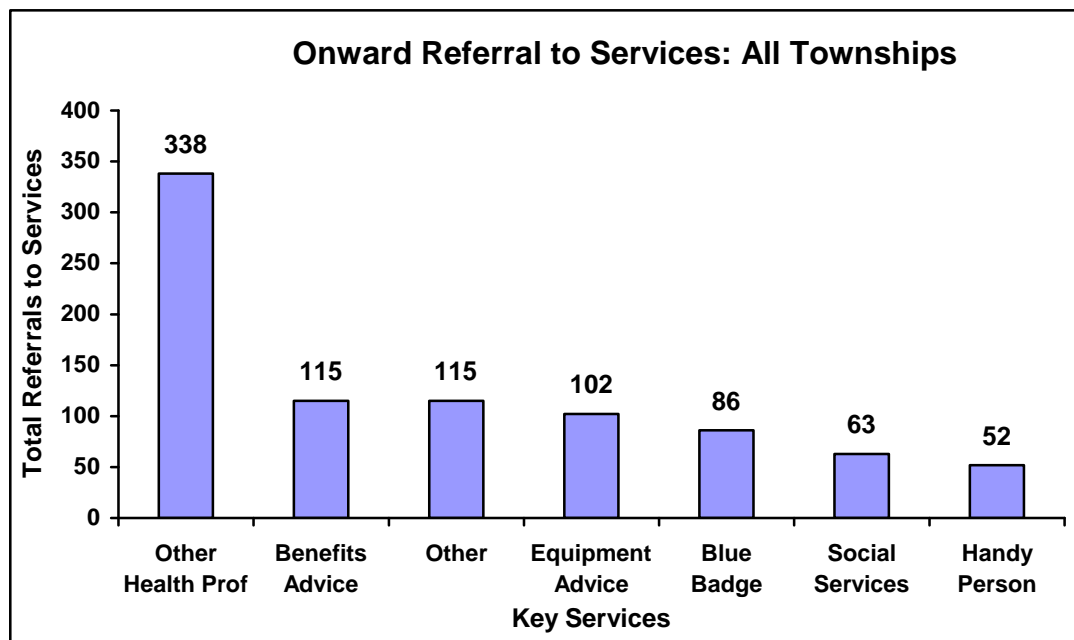
What services were POPP members referred to?

The database records that there were a total of 968 referrals of POPP members to key services across all Townships. Referrals to 'Other Health Professional' (338), Benefits Advice and unspecified 'Other' (both 115), Equipment Access Service (102), Blue Badge (86), Social Services (63) and Handy Person (52) have been the most popular. It is particularly striking that well over half of all referrals to services (57%) were made in Middleton Township.

The very high number of total referrals to 'Other Health Professionals' (i.e. more than twice all other key service referrals) suggests that the POPP project has played an important role in enhancing the health and well-being of POPP members through identifying older people's health concerns and linking POPP members with statutory health services. In addition, referrals to the Equipment Access Service emphasise Rochdale POPP's role in supporting older people with disabilities to remain more independent in their homes through obtaining necessary modifications from the local authority. In a similar vein, referrals to the Blue Badge also enhance the capacity of older people with mobility difficulties to access services through providing greater flexibility in where they may park their vehicles. Equally the high number of referrals for Benefits Advice (roughly 12% of total referrals) emphasises the project's capacity for enhancing the economic well-being of older people through supporting them in overcoming pensioner poverty via accessing benefit entitlements.

The following chart illustrates the numbers of all POPP members who were visited by an outreach worker and referred to these key services. Other less frequent service referrals have included Housing (47), Healthy Living (41), Community Safety (4), Mental Health services (4) and General Practitioner (1).

Chart 2.13: Onward referral to services: all Townships



By Township, the database indicates that there were 122 referrals to key services in Heywood. Both Heywood Township and Pennines Township recorded far fewer onward referrals to further services than Middleton or Rochdale, and together account for only 21% of all of the POPP onward referrals to services. Referrals to ‘Other Health Professional’ formed the bulk of referrals (35), followed by referral to unspecified ‘Other’ (26), Equipment Access Service (17) and Social Services/Handy Person (both 15).

There have been a total of 558 referrals to key services in Middleton, which is more than the combined total of referrals for all of the other three Townships in Rochdale Borough. The reason for Middleton having such a high number of referrals is not clear but would seem to reflect different approaches of outreach workers with regard to making referrals to services. Referrals to ‘Other Health Professional’ have formed the bulk of referrals (252), which are far greater than all other service referrals and constitute 45% of all service referrals for Middleton Township. Further key onward referrals are to Blue Badge (70), Equipment Access Service (62), Benefits Advice (60), Other (44), Housing (21) and Handy Person (19).

Rochdale Township made 209 referrals to key services. Given the relative size and population of this Township in relation to other Townships, the number of referrals to services would seem fairly low. Unlike other Townships, the referrals to services are fairly narrowly distributed across Benefits Advice (39), Other (38), Other Health Professional (34), Social Services (26), Healthy Living (18) and Housing (15). Given that there are more POPP members in Rochdale than in other Townships, it is surprising that onward referrals to services are relatively low.

There have been only 79 referrals to key services in Pennines Township. Referrals to Other Health Professional (17), Equipment Access, Healthy Living and Benefits Advice (all with 10), Other (7) and Handy Person and Social Services (both 5) have been the most frequent onward referrals to services.

What POPP initiatives were POPP members referred to?

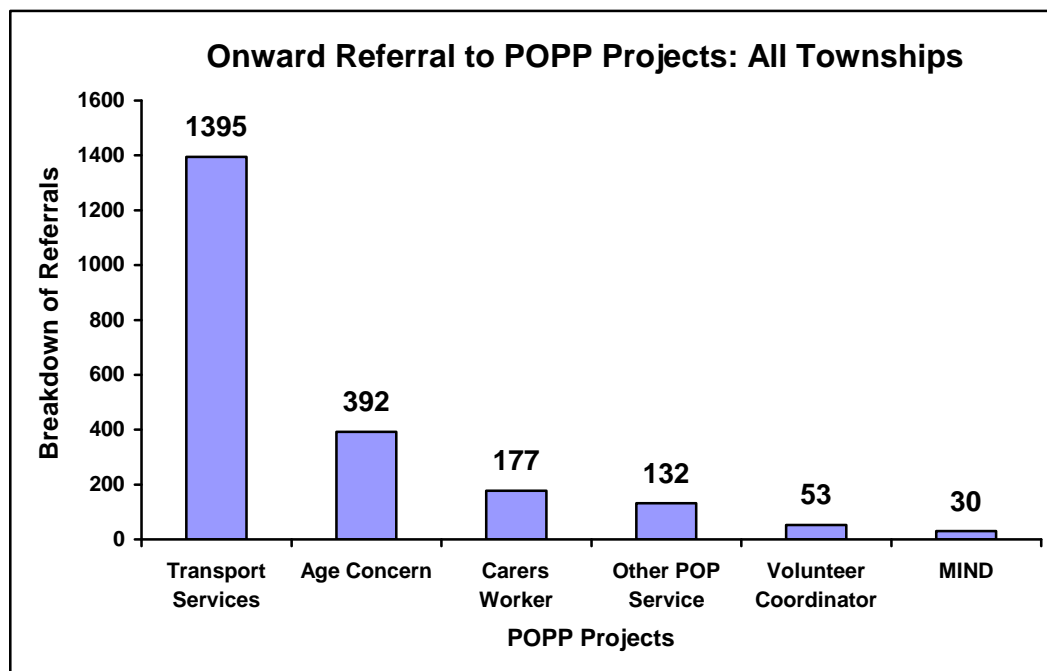
There have been a total of 2,179 referrals to POPP initiatives across all Townships. A greater number of POPP members in Middleton have been referred to POPP projects (826 in total) as a consequence of coming into contact with an outreach worker, followed by POPP members in Rochdale (613). Thus we can see that greater numbers of POPP members have been referred in Middleton than other Townships, both with regard to services as well as to other POPP projects. Members from Pennines (332) and Heywood (408) have markedly fewer referrals to POPP projects.

Over half of all onward referrals in Rochdale Borough have been for Transport Services (1,395), followed by Age Concern (392), Carers' Worker (177), Other POPP Service (132), Volunteer Co-ordinator (53) and MIND (30).

The following chart illustrates the numerical breakdown of all people visited by an outreach worker and referred to POPP projects. It can clearly be seen

that the transport element plays a pivotal role in the POPP programme of activities, largely as a consequence of POPP members requiring transport services to facilitate access to these activities. Indeed onward referral for transport services is comfortably the highest area of referral within all of the Townships. It would further seem that the high Transport element highlights the role of transport in tackling social exclusion through enabling older people to engage in a variety of diverse social and health-related activities. Pennines is generally regarded as the most geographically isolated of all Townships, and so it is not surprising to find that as a proportion of each Township’s total onward referrals to POPP projects, Pennines has the highest proportion of referrals to Transport Services (75%), than Rochdale (69%), Heywood (63%) or Middleton (57%).

Chart 2.14: Onward referral to POPP projects: all Townships



It is interesting to note that Middleton Township has a far higher proportion of onward referrals to Age Concern (for Benefit Advice) than the combined total of all of the other Townships. Middleton’s referrals to Age Concern (253) amounts to 31% of total POPP referrals in Middleton, which as a proportion is far higher than Rochdale and Heywood (both 11%) or Pennines (7%).

There are further differences in referrals to the Carers' Worker. Within Rochdale, Pennines and Middleton the rate of referrals ranged from 5% to 9% as a proportion of total onward referrals. However, within Heywood only 1% of all onward referrals were to the Carers' Worker.

What needs did the POPP identify and were these needs met?

A questionnaire used to record the health and well-being of POPP clients enables outreach workers to identify specific needs. This information is then fed into the POPP database, which has been developed in a way which enables statistical data to be collated which shows the numbers of different types of need that have been both identified by the outreach worker, but also met as a consequence of the POPP's contact with the individual user. The database also illustrates the number of people with specific identified needs that remain unmet.

Overall, during the life of the POPP and across all Townships, 87% of expressed needs were met and 13% remained unmet. This indicates that the project has been extremely successful in meeting the diverse needs of older people across Rochdale Borough. The following table (Table 2.11) summarises the needs expressed by POPP members and the number of POPP members whose needs have been met or remain unmet. For eight services/activities the identified needs were fully met: Allotments, Bus Pass Information, Falls Form, Meals on Wheels, Ring and Ride, Simple Aids, Travel Training and Travel Voucher.

Table 2.11: Met and unmet needs: all Townships

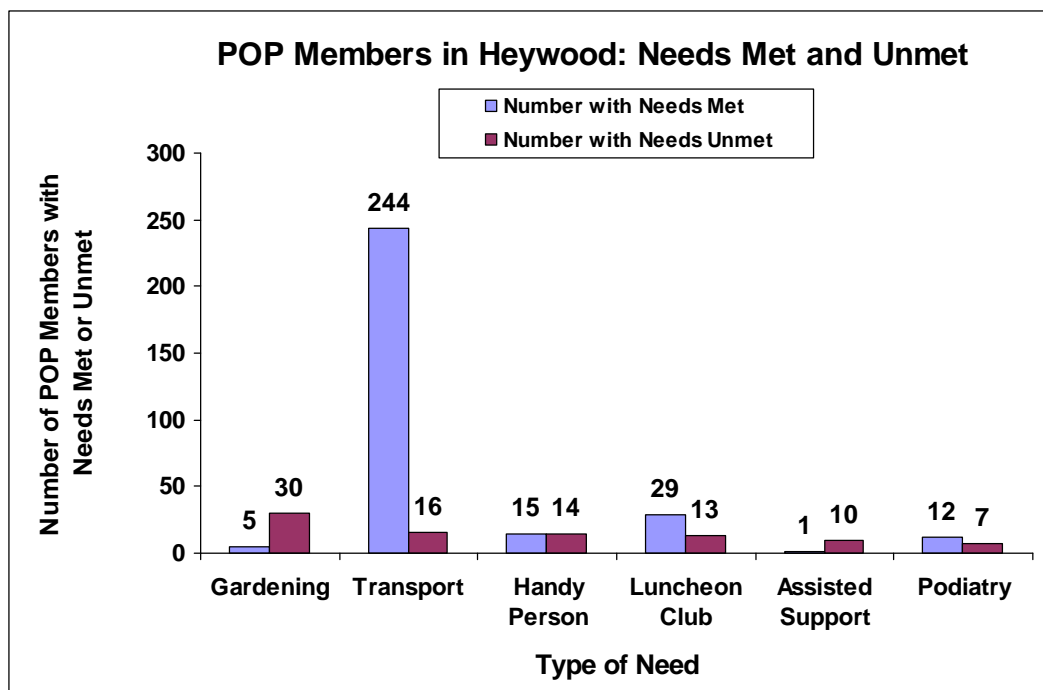
TOTAL NEEDS IDENTIFIED, MET AND UNMET FOR ROCHDALE POPP: 01.04.07 TO 31.03.09			
CATEGORY	TOTAL NEEDS IDENTIFIED	TOTAL NEEDS MET	TOTAL NEEDS UNMET
Allotments	9	9	0
Armchair Exercise	159	40	119
Arts and Crafts	131	82	49
Assisted Shopping	35	7	28
Assisted Support	83	28	55
Benefit Check	519	514	5
Blue Badge	102	101	1
Bus Pass Info	22	22	0
Carers Resource	206	202	4
Dancing	119	95	24
Equipment Access Service	177	173	4
Falls Form	79	79	0
Gardening	79	24	55
General Info	346	346	0
Gentle Exercise	80	55	25
Handy Person	85	48	37
Healthy Eating	143	136	7
Healthy Living	112	102	10
Home Improvement	58	54	4
IT Lessons	264	204	60
Luncheon Clubs	346	250	96
Meals on Wheels	1	1	0
Podiatry	262	173	89
Ring and Ride	251	251	0
Simple Aids	45	45	0
Social Activity	478	448	30
Social Services	36	33	3
Swimming	45	43	2
Tai Chi	87	70	17
Transport	1281	1261	20
Travel Training	10	10	0
Travel Voucher	19	19	0
Walking	48	37	11
Wiltshire Farm	2	2	0
Yoga	22	8	14
TOTALS	6101	5367	769
PERCENTAGE	100%	87%	13%

Within Heywood, all of the POPP members who identified needing the following activities have had their needs fully met (with participant numbers in brackets): Healthy Living (19), Ring and Ride (24), Gentle Exercise (18),

Carers' Resource (51), Tai Chi (22), Falls Form (16), Social Services (10) and General Information (69).

The following chart indicates the numbers of Heywood POPP members with the highest number of unmet needs over the course of the POPP pilot project. It shows the key areas of unmet need in Heywood (with numbers of POPP members with needs unsatisfied in brackets) are Gardening (30), Transport (16), Handy Person (14), Luncheon Club (13) and Podiatry (12). With the exception of a few activities, most of the needs of the 449 POPP members in Heywood were met. In addition to the evidence of the bar chart, a very small group of additional Heywood POPP members also had unmet needs as follows: Armchair Exercise and Yoga (5), Equipment Access Service and Assisted Shopping (3), Gentle Exercise (2), and Assisted Support, Healthy Eating and Dancing (each with one POPP member having an unmet need).

Chart 2.15: POPP members in Heywood: needs met and unmet

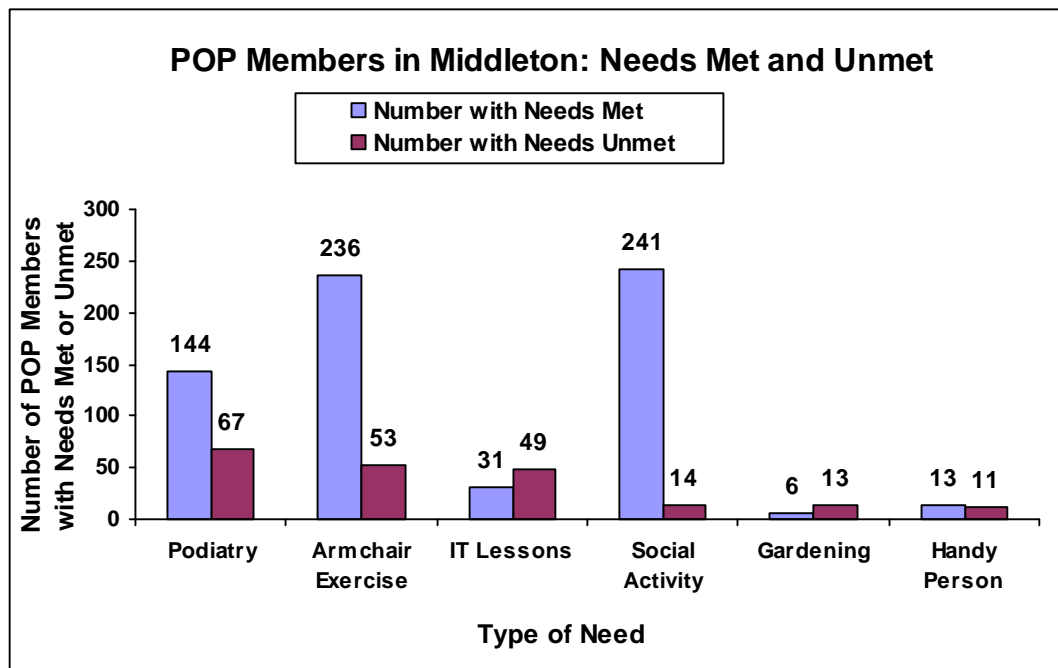


Within Middleton, all of the POPP members who identified needing the following activities have had their needs fully met (with participant numbers

in brackets): Benefit Check (302), Transport (406), Bus Pass Information (7), Travel Vouchers (6), Ring and Ride (89), Walking (14) and Simple Aids (23).

The following chart shows the key areas of unmet need in Middleton (with numbers of POPP members with needs unsatisfied in brackets) are Podiatry (67), Armchair Exercise (53), IT Lessons (49), Social Activity (14), Gardening (13) and Handy Person (11). With the exception of a few activities, the vast majority of the needs of the 725 POPP members in Middleton were met. In addition to the evidence shown on the bar chart, a very small group of additional Middleton POPP members also had unmet needs as follows: Dancing (7), Luncheon Clubs (7), Gentle Exercise (6), Healthy Living and Arts and Crafts (3). Assisted Shopping, Social Services, Swimming, Equipment Access Service, Carers Resource and Home Improvement each had one POPP member with an unmet need.

Chart 2.16: POPP members in Middleton: needs met and unmet

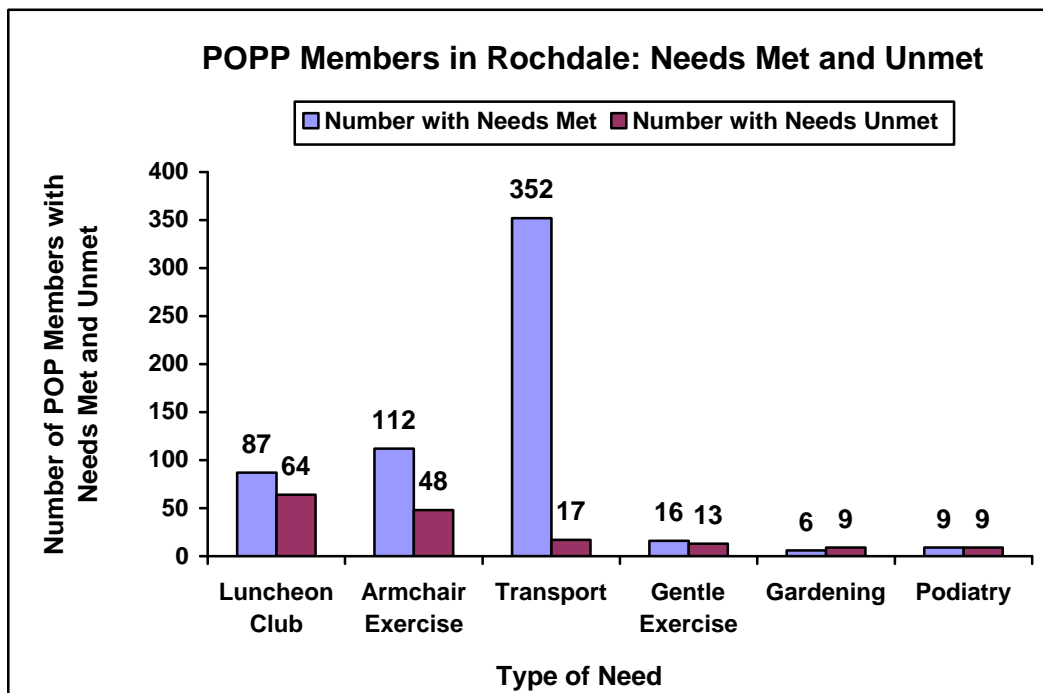


Within Rochdale, all POPP members who identified a need for the following activities had that need met: General Information (196), Ring and Ride (107),

Equipment Access Service (43), Social Services and Falls Form (10) and Simple Aids (2).

The following chart shows that the key areas of unmet need in Rochdale (with numbers of POPP members with needs unsatisfied in brackets) are Luncheon Club (64), Armchair Exercise (48), Transport (17), Gentle Exercise (13) and Podiatry and Gardening (both 9). The chart illustrates that, with the exception of a few activities, the vast majority of the needs of the 953 POPP members in Rochdale were met. In addition to the evidence of the bar chart, a very small group of additional Rochdale POPP members also had unmet needs as follows: Handy Person (9), Dancing and IT Lessons (both 8), Social Activity (6), Healthy Eating (4), Home Improvement (3), Carers' Resource (2) and Swimming (1).

Chart 2.17: POPP members in Rochdale: needs met and unmet

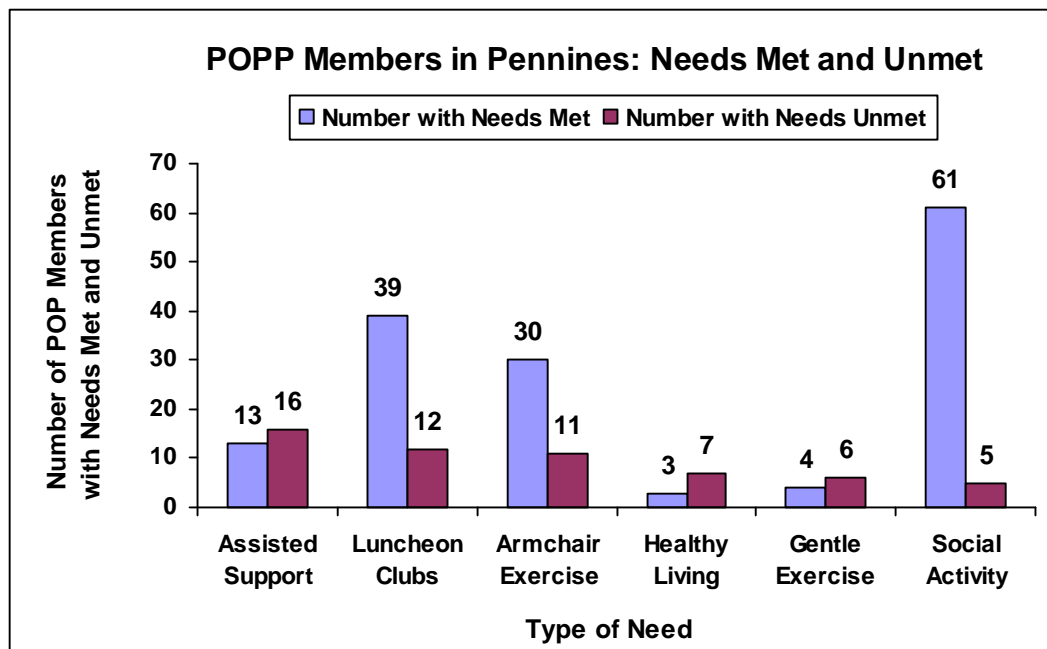


Within Pennines, all of the POPP members who identified needing the following activities have had their needs fully met (with participant numbers in brackets): Transport (224), General Information (53), Ring and Ride (29),

Benefits Check (35), Dancing (30), IT Lessons (46), Simple Aids (19), Arts and Crafts (18), Podiatry (10), Social Services (5), Walking (3) and Home Improvements (8).

The following chart shows key areas of unmet need in Pennines (with numbers of POPP members with needs unsatisfied in brackets) are Assisted Support (16), Luncheon Clubs (12), Armchair Exercise (11), Healthy Living (7), Gentle Exercise (6) and Social Activity (5). The chart illustrates that, with the exception of a few activities, the vast majority of the needs of the 408 POPP members in Rochdale were met. In addition to the evidence of the bar chart, a very small group of additional Rochdale POPP members also had unmet needs as follows: Assisted Shopping (4), Handy Person (3), Healthy Eating (2) and Carers Resource, Podiatry, Gardening and Social Services (each with one POPP member having an unmet need).

Chart 2.18: POPP members in Pennines: needs met and unmet



How can unmet need be addressed beyond Rochdale POPP Pilot?

Discussions with key POPP staff indicate the following strategic approaches which might be adopted to further the success with which the project may support older people in relation to these services.

Armchair exercises

One of the key challenges confronting the Rochdale POPP has been delivering Armchair Exercises. Often POPP members requesting participation in this activity are residents within sheltered accommodation, and prefer to access these exercises within their places of accommodation. Indeed where Armchair Exercises have been provided in locations in other parts of the Borough, POPP members have sometimes been reluctant to travel to these locations, even when transport has been provided. Additionally it is cheaper for the POPP to provide local services in sheltered accommodation, which in turn reduces the cost of commissioning transport services to transport POPP members from one part of Rochdale Borough to another. Meeting this need is a strategic issue for health trainers, Healthy Living and the Live 4 Life programmes in Rochdale. It is hoped that beyond POPP, this unmet need can be fed into the new Health and Well-being Forum, and can be addressed as part of the Local Strategic Partnership (LSP) structures.

Luncheon clubs

Over the period of the POPP, the project has succeeded in signposting large numbers of POPP members to these important social facilities. However, capacity for luncheon club attendance has now been reached with no further available spaces. Future enhanced provision could be achieved through working with community centres so that additional luncheon clubs may be developed by obtaining additional funds through charitable grant-making bodies, such as the Community Foundation or Big Lottery Fund. A business strategy for enabling such activities could be developed in partnership with community centres and other agencies.

Podiatry

Rochdale POPP's commissioning of Podiatry Services was perceived by some staff to be a relatively short-term measure (and hence not sustainable), as ultimately it is the responsibility of the local NHS to provide such services. In this sense, the commissioning of Podiatry Services by the TOPPs did not fit with the general pattern of commissioning, as it could only realistically have amounted to a short-term subsidised service. Furthermore, the POPP remit for funding was envisaged to provide preventive, lower level support and not higher level care. It is hoped that beyond POPP, this unmet need can be fed into the new Health and Well-being Forum, and can be addressed as part of the Local Strategic Partnership (LSP) structures.

Gardening

A gardening service was provided through POPP funding. It is hoped that beyond POPP, a Gardening Service might be developed as a social enterprise, which would be income-generating and hence self-sustaining.

Handy person

Similarly it is hoped that beyond POPP, a Handy Person Service might be developed as a social enterprise, which would be income-generating and hence self-sustaining.

Assisted support

Assisted Support can involve providing various kinds of assistance, including help with shopping and providing care at home. As with Podiatry Service provision, the commissioning of Assisted Support services by the TOPPs did not fit with the general pattern of commissioning, as it could only realistically have amounted to a short-term subsidised service. Furthermore, the POPP remit for funding was envisaged as providing preventive, lower level support and not higher level care. The move towards Direct Payments and Individualised Budgets, whereby people with disabilities are able to select

services that they wish to receive, may make it easier for POPP members to access Assisted Support in the future. There may be capacity for training up volunteers to offer this support in the longer term. There may also be capacity for the new Health and Well-being Forum to commission these services on the basis of evidence-based need identified by Rochdale MBC.

IT lessons

Beyond POPP, IT Lessons might be provided through a social enterprise (Pride Media), which is income-generating and hence self-sustaining, rather than a short-term commissioned service. It is hoped that this organisation will be able to meet the needs of those requiring IT lessons.

Swimming

At present, Link 4 Life are providing free Swimming lessons for those aged 50 and above in Rochdale. As this service provision has been mainstreamed, unmet needs have drastically fallen.

Tai Chi

Tai Chi classes are now maintained by Link 4 Life in Rochdale (since 2008), and it is felt that in the future these needs could be directed to Township committees as well as the Falls Prevention Team. The classes have also been made sustainable by training up new people to take classes – hence build capacity as per the Rochdale POPP model.

Arts and crafts

Community centres have regularly shown an interest in hosting Arts and Crafts activities, and it is a popular activity amongst older people. As various kinds of activities fall under the umbrella of 'Arts and Crafts', and the demand for Arts and Crafts tends to be very localised, it may be that meeting these kinds of needs in the future will depend upon funding through the local voluntary sector in Rochdale.

Key findings

- Outreach workers conducted over 2500 interviews between May 2007-March 2009
- The older people interviewed were predominately female (over 70%), white (over 90%), and over 70 years old (over 70%)
- Social isolation and ill-health were key factors in social exclusion
- Outreach workers made over 2000 referrals for different physical and social activities including for general information, armchair exercise, luncheon club, IT lessons, gentle exercise and arts and crafts
- Almost 1000 referrals were made to key services including to health professionals, for benefits advice, equipment advice, and to Social Services
- Over 2000 referrals were made to POPP projects. Over half (1395) were for transport services
- Overall the Rochdale POPP has been highly successful in meeting the identified needs of POPP members. Eighty seven percent of all identified needs across all Townships have been met, and 13% of identified needs remain unmet
- The diverse range of needs that have been met involve:
 - *Physical Activity* (e.g. Armchair Exercise, Dancing, Swimming, Tai Chi and Walking);
 - *Social Interaction* (e.g. Arts and Crafts, Luncheon Clubs and Social Activity); and
 - *Social Support* (e.g. Assisted Shopping, Equipment Access Service, Home Improvement, Ring and Ride and Transport)

They are collectively indicative of the POPP project's success in engaging proactively with existing activities within the Borough, so that the capacity for these activities can be maximised.

- It is particularly striking that for POPP members who have identified needs in transport-related areas such as Ring and Ride, Transportation and Travel Vouchers those needs have almost universally been satisfied over the course of the project

- The key remaining areas of unmet concern Armchair Exercise (117 POPP members identified as having their needs unmet), Luncheon Clubs (96 POPP members with needs unmet), Podiatry (84 POPP members with needs unmet), Gardening (49 POPP members with needs unmet), and Handy Person (with 37 POPP members with needs unmet)

CHAPTER THREE

POPP MEMBERS

Introduction

The previous chapter gave an overview of the people that Rochdale POPP reached and the services, projects and activities they accessed through the POPP. This chapter aims to provide a deeper understanding of the variety of ways in which the POPP has widened access to services which might not otherwise have become available, and the significant level of impact that this has had upon individuals' general health and well-being. The case studies reported here are taken from interviews with seven older people who have obtained various services through coming into contact with the Rochdale POPP. They were selected by the Rochdale POPP leaders and their contact details provided to the local evaluation team. The interviews were conducted in 2008. The case study summaries include selected quotes from older people and/or their carers.

Case study one

Mr A is an 84 year old man living alone in Heywood. He has diabetes and is affected by colitis. His wife had died roughly six months prior to interview. For the last fifteen years of her life, she had been hospitalised due to advanced Alzheimer's disease, and Mr A would visit her on a daily basis. During the ten years prior to being hospitalised, she had been living at home and cared for by her husband. These long periods of caring for his wife had taken an immense toll on Mr A's physical, social and emotional wellbeing. He had not been able to look after himself properly, and the nursing staff caring for his wife became increasingly concerned for his wellbeing. Mr A's property had also fallen into serious disrepair through neglect. Mr A had become extremely socially isolated and withdrawn from wider society.

Prior to coming into contact with Rochdale POPP, Mr A's daughter (who lives a considerable distance from her father) had struggled to find support for him through Rochdale social care services. She commented on trying to obtain a handy person's support service in Rochdale:

"So I got in touch with my dad's Social Services... and they ummed and ahhed, we did not get very far and I said I was worried about my dad's bath ... they said 'No we cannot do anything'... I got in touch with them again and said 'Have you got a handyman scheme' because in (another local authority) they have got a man in a van that goes to help older people to do repairs and general jobs and they said 'No we have not got one', so I was really irritated at the lack of help... they were so negative... it was as if I was beating my head against a brick wall with Social Services."

Mr A's daughter found out about Rochdale POPP through the Council website. Following a visit from the outreach worker, Mr A was able to access a variety of services. A key benefit has been the caring, professional and personable manner of the outreach worker. Mr A's daughter commented:

"I am so impressed by her, she has got such a fantastic manner and such understanding and such patience and sensitivity and knowledge and awareness, it's perfect. It is what you got in a really good social... an ideal social worker, that is what X is. She is really, really special, you know and she is so focussed on each individual, you know, you could not ask for better, you know really."

A vital component of POPP is being able to link in with various other services for the support of older people, and also to combat existing bureaucracy which can mitigate against older people accessing services. Mr A's daughter commented:

"If society wants older people to live on their own and to be independent in the community, they do need that back up... I think things like POPPs are absolutely integral in getting everybody to work together for older people, because you do not know where to go otherwise, you are sort of floundering. It's sad to say it's human bureaucracy, I hate to say that... being a bureaucrat myself."

Through the outreach worker, Mr A was put in contact with Age Concern, who carried out a benefits check. Both Mr A and his daughter were also hugely impressed with the support of the Age Concern benefits adviser, who filled out the Attendance Allowance claims forms. Through being able to access Attendance Allowance, Mr A has benefited enormously, particularly in relation to the improvement in his quality of life through having central heating fitted, various additional home improvements and being able to afford the use of a private cleaner. The following extract of interview data is illustrative of this:

Interviewer:

"If I take the attendance allowance of the POPP service that your dad has received through POPP that he did not have before, have you got any comments to make upon how that has helped your dad's health and wellbeing?"

Daughter :

"Yeah its had an enormous effect because he qualifies for the attendance allowance he's got central heating which is being installed on Monday, he's had loft insulation which was installed about two weeks ago and on Thursday he's got cavity wall insulation coming so instead of living in one room my dad's amazed because we have left the doors open so he can walk through the house... I came here one day and my dad had his cap on, he's got a vest, a shirt, a jumper and a body warmer on because he was so perishingly cold and he is used to the cold, you know and dad's got his shoes off now, he never had his shoes off because his feet were getting so frozen and with the attendance allowance he can pay for a cleaner."

The financial benefits are particularly valuable in the light of the current credit crunch, given low interest rates and the financial concerns of pensioners such as Mr A. His daughter commented:

"... and I can explain things to my dad in terms of its extra money dad because he was frightened... he hears all this news about the credit crunch and the recession he is frightened to death of spending money but because its extra money it does not count, the attendance allowance in his budgeting so... essentially its going to cost more money but that extra gas bill comes from out of the attendance allowance so its an absolute godsend."

The value of having a warm comfortable home for the first time in many years is highly valued by both Mr A and his daughter. Through the intervention of POPP, Mr A received a Warm Front Grant which paid for virtually all of the building and material costs of installing the central heating system. The following extract of interview data highlights the immense impact on Mr A's dignity, personal hygiene and overall quality of life:

Interviewer:

"Are there anymore comments you want to make about how that's affected your dad's quality of life?"

Daughter:

"Well incredible, I mean opening all the doors and walking round the house ...he's got problems with his feet but he is able to actually take his shoes off because he's not bloody freezing, and he will get to the stage where my dad's usually has a Sunday bath I am sure, he looks after himself, has a shave every day but he usually boils up a kettle of water, now he has got hot water on demand, you see so his whole hygiene, especially as he gets older, you know is going to be fine. It's just, that my brother and I are trying to do is something about my dad's quality of life because he has given up quality of life for 28 years to look after my mum so his life is getting measurably better, you know, he is sleeping better, his bedroom's warm."

Further benefits related to the normal routine of laundry and keeping the home clean. His daughter further commented:

"His whole life has taken off, it really is fantastic and laundry, I am doing laundry. I could only do laundry on a Sunday because the hot water was on for his bath, the immersion heater, so now curtains that have not been washed for 10/15 years I am washing, you know, it's the whole of his life has sprung up, its absolutely brilliant."

In addition, through POPP Mr A had gained access to a handyperson scheme, which had managed to secure his front door as well as the front step, which had been unsteady and had caused him to fall. All of these improvements to Mr A's quality of life had served to give him an enhanced sense of confidence and, in the words of his daughter, actually served to prolong his life.

Interviewer:

"You mentioned before about the difference that it made to your dad's health, wellbeing and quality of life and I would like to probe a little bit more. Has it made a difference do you think to his sense of confidence?"

Daughter:

"Yeah, enormously, I think my dad would have died when my mum died... but because of POPPs coming in and doing so much for him it kept him alive basically so there was a tremendous amount, its crucial really because what they are doing, X (Outreach Worker) in a way is a sort of surrogate for me because I cannot be here to do things and organise things and I do not know the system, she is kind of doing it for me and I can phone her any time."

Mr A's renewed confidence and greater sense of independence was shown in his ability to obtain boxes for putting away household belongings whilst the central heating was being installed. The following extract of interview data illustrates this point:

Interviewer:

"Do you think that your dad's ability to get out and about and engage in other activities has been enhanced in any ways or do you think it might be in the future, any comments...?"

Daughter:

"It has been because we have had the central heating, we got sort of clutter everywhere so my dad just took himself off to Morrisons and bought some boxes and so he could not get the boxes there so he went up to the Manager and said 'When are you going to get the boxes in'... It is that level of people doing things ...interacting socially."

Interviewer:

"Are the boxes to carry stuff around?"

Daughter:

"To store things away because of the house being in turmoil because they had chaos with their tools, because of the central heating and things having to move but he would just tell me he has gone off somewhere and in the past he would not, he just would not do it, he would sort of wait for me to come...and we would go off together... but he would just get into the little car and goes off so his whole confidence, his whole motivation and strength of character has come out, you know, it just would not have happened, he would have just sat in the chair... and am sure he would have given up, he would have just stayed in... he is really outward going, so its really, really good."

Mr A's daughter also commented upon the diabetic meals on wheels service, which she feels her father has benefited since coming into contact with POPP. This has also been of enormous benefit to her father as shown by the following extract of interview data:

Interviewer:

"So that (diabetic meals on wheels) was not through the POPP project?"

Daughter:

"I think it was, I would not have known about... the diabetic meals on wheels, I think it was POPPs that told me about diabetic meals on wheels because I did not realise they did it you see I thought it was just food but they make sure they get the proper diabetic food at least once a day, five days a week."

Interviewer:

"So POPP notified you... that there was a diabetic meals on wheels?"

Daughter:

"Yeah... the food arrives hot, around about now the guy will ring on the door bell and my dad will just eat it out of the foil tray and then he has got one meal in the day and then in the evening. He has actually started cooking for himself because he never used to. I phoned Wednesday night at seven o'clock and he chats to me now and he said 'I've got to go and finish off the cooking' so that has changed in the last two or three weeks. Just recently his life has got so much better. It is really and it is because there is so much input coming in, because of POPPs it is changing his mindset you know...."

In addition, Mr A's daughter hopes that her father will get involved in the Silver Surfers activity to learn about IT. He has also expressed an interest in hiring a gardener.

Case study two

Mrs B is an elderly widow living alone in Littleborough. She has had various falls, two hip replacements and has poor mobility. Following the meeting with the outreach worker, Mrs A was told about various POPP services.

Mrs B has used the VDS to go to Rochdale Infirmary for outpatients appointments. She commented on how much easier it was for her to get into and out of the vehicle due to restricted mobility:

"I could not have got into the back of a car at that time because there are so many 'do nots' to hips, you cannot bend them this way and you cannot bend them that way, you just sort of move them both together to keep the hip in or it can come out."

Mrs B spoke of the greater sense of security she enjoyed in using the VDS as opposed to using the private hire taxi firms:

Interviewer:

"How would you describe the difference between using a volunteer driver and using a private taxi? Is there a difference there between using a private taxi...?"

Mrs B:

"I think so because when you ring a taxi up, I never trust a taxi. I would not ride in a taxi on my own because you do not know who is driving do you? If they are not a licensed car... I am always afraid of taxis. These you know that they are vetted as you might say and they are suitable to come and pick you up."

She also commented on the greater sense of care and courtesy of the volunteer drivers in relation to health issues:

Interviewer :

"Do you think there is a greater sense of awareness about your health in a volunteer driver than in a private taxi?"

Mrs B:

"Definitely, definitely. It is ... you just go in an ordinary taxi like an ordinary person he sees your stick but you know get in style of thing and leaves you to it, he would not come out with me to the reception and book me in like they would have done. He said 'do you need any help?' you know, the POPPs driver. I think yes it is very, very helpful."

She also felt that her confidence had been enhanced through using the VDS to attend the luncheon club:

Interviewer:

"Does that give you more confidence?"

Mrs B:

"Definitely, yes it does. Oh yes like you are confident the car will come for one thing, you are confident it will come and pick you up and bring you back so you know you will get home. I think that is what you need rather than wondering if it will land, if it is a taxi or whatever."

Through the outreach worker, Mrs B has also begun to attend a luncheon club, which she finds immensely enjoyable. Through attending the luncheon club, her social circle has expanded significantly:

Mrs B:

"I have met lots of people that I knew but I have met lots of new ones. With going to the Pensioners in Littleborough you know a lot of people, so there were people from there, there were people from Dearnley Church that went. Oh, a 90th birthday is nothing you know..."

Interviewer:

"Do you think... how important do you think it is to meet new people and to...?"

Mrs B:

"I think that is what it is all about getting older because if you are stuck in the house you see nobody and well you just cannot pass your time on can you? I think that is the way to live, to meet people and I like to meet people."

Being able to access these activities (via VDS) has helped Mrs B to maintain the activities and interests she used to have prior to her hip operations. This has helped to maintain her independence and enhance her sociability and

reduce social isolation. The following extract of interview data is illustrative in this regard:

Interviewer:

“Do you feel that your social life has improved through the POPP, through activities like the Luncheon Club?”

Mrs B:

“Well I had a good social life before because I met a lot of people and it had ...dwindled with me having my hips done and then it has just opened up again because I am able to do things that I could do before you see, whereas I was going to give them up because I could not make it sometimes on the bus you see.”

Interviewer:

“Do you have any thoughts about what might have happened if you had not been able to find out about...?”

Mrs B:

“I would have had to just stop in wouldn't I? And then when you stop in you go mouldy. I think so anyway... I think meeting people is the main thing when you are getting older because there are such a nice lot of people really to meet. You miss them if you do not turn out but you find people that would rather stay home but I would not, I am not one of them. I like to get out and I think I shall use it (i.e. VDS) more because if distance... you know when I find out about the distance I will probably use it more.”

Mrs B also felt that her family were more at ease in not having to be relied upon to take her to various places:

Mrs B:

"Well, during the snow they had not been able to get here, they had snow everyday from when it started until last Thursday and it was really bad for them to get out so they did not come the first week. Last week they came but they had difficulty getting here... fortunately I had no appointments but if I had of had I could have called the car and they would have taken me (to hospital)... Yes if I had had an appointment at the hospital I could have called the car and I could have gone whereas... if I were just relying on my daughters I would have had to cancel it but I did not have any appointments so it did not happen but I thought about it, I thought well it does get you more independent, definitely."

Interviewer:

"Do you think that gives your family a greater peace of mind?"

Mrs B:

"Yes it does to know that that can happen because as you know you have your families to look after, they are both married and they have families to look after. They cannot always be at the press of a button so yes I think it is great because now the weather is coming better an' all I shall use it more because I started... I have started feeling better now from my hips and my fall. Yes I shall use it and carry on using it."

Mrs B had also benefited from receiving Attendance Allowance through the benefit check. She commented on the importance of this extra funding as an older, retired person:

Interviewer:

"Has that enabled you to buy some things that you might not have perhaps been able to?"

Mrs B:

"Yeah because we are not spending lots us old ones are we, you know the young ones can spend can't they, younger children but no I think it is wonderful. It helps with a lot of things, you can do things that you would not have done before."

Mrs B also benefited from having various home improvements carried out as a consequence of a House Check, which was organised through POPP. These home improvements (including roof insulation) have made a significant difference to the quality of life enjoyed by Mrs B as the following extract of interview data shows:

Interviewer:

"What has been the outcome of the House Check?"

Mrs B:

"Well they (Rochdale MBC) sent them to do the loft insulation."

Interviewer:

"And since you had the loft insulation... do you feel your home is warmer?"

Mrs B:

"I think it has been warmer yeah."

Mrs B has also had a number of other minor home repairs carried out by Rochdale MBC as a direct consequence of the intervention of POPP. She is extremely pleased that this work has been carried out, and expressed surprise that free home repair services were available. She also recognised the crucial role of POPP in putting her in touch with council service providers:

Mrs B:

"...it is the council that are doing that (i.e. repair at front of the house) for me and it is all through X (outreach worker). I mean really it is good isn't it because I would never have got that lintel done. I have had about three or four (builders) come to see it but they have never come back to do it. There are lots of little jobs, the gate for instance at the front... the fasten has broken off, the fence is loose and you can move it about."

Interviewer:

"How do you feel about all of that... providing fire alarms..."

Mrs B:

"I think it's great because I could not get them jobs done... and they need doing... I never knew anything about these services... and when she (outreach worker) said, 'Have you any jobs that you are wanting doing?', I said 'ha jobs' I said 'I have plenty but who do you get to do them these days?... we have always paid for what we have done and... I have been here 25-26 years... I have had bits of jobs done with people that I know but you do not like asking people in... to do jobs.'"

Mrs B also expressed confidence, as an older woman living alone, in the repairmen being legitimate workers who she felt she could trust.

Mrs B also commented on the great sense of satisfaction she felt with the work of the outreach worker and valued the sensitive manner in which the interview was undertaken:

"She was a very nice lady was X (outreach worker) that came out, and there is nothing forced on you. If you did not want to tell her anything you would not need to, she did not force it. Yes I think she is doing a jolly good job."

Case study three

Mrs C is a retired and widowed Social Worker who lives alone in Heywood. She found out about the POPP through a personal friend, who had attended a luncheon club, and had spoken highly of it. Consequently Mrs C decided to attend and was clearly impressed by the food that was provided, the range of activities available for older people and the great sense of fun that exists within the group:

"It (luncheon club) is absolutely fabulous... it is absolutely a good thing. Not only do you have a lunch and records playing from the old times... and then they chat and talk and then they have lunch and then they have Bingo or a film... "Mamma Mia" they had last week... and the lunch was delicious and the staff in the kitchen... they moved everything immediately when its empty and... everyone laughs, somebody cracks a joke and we all laugh for laughing."

Mrs C was particularly pleased at the efforts being made to enhance the lives of older people in Rochdale given her experience, over a number of years, as a Social Worker. This had brought home to her the intense level of social isolation which she felt considerably affected the lives of older people, to the extent that she had set up a luncheon club with colleagues during her career as a Social Worker. Reflecting upon her career in Social Work, she commented:

"Yes I did... (Social Work) for a long, long time... and it was hard work because the people were elderly... locking themselves in their house, wouldn't go out, wouldn't speak to anybody because they were frightened, they were isolated and ... how they were suffering. It was as if people just ignored them, you know even neighbours just ignored them... they used to tell me that 'Nobody wants to know us, we don't exist' ... that was it."

In this sense, much of the pleasure in taking part in the luncheon club derived from Mrs C's satisfaction in knowing the impact upon her elderly peers through her own experience of setting up a luncheon club, and the realisation that without such a facility, the quality of life of some elderly people would be considerably worse:

"It helps me when I can help them, otherwise I am worried sick. I am coming home and I cannot sleep because I am worried, you know, but if I had got something done then I could relax, I had done it, yeah... I am seeing now elderly people who are happy and I have never seen that before, they have always looked miserable as if they were not with anybody and just on their own and yeah I am happy because they are happy and I will keep going... it's the best thing since sliced bread. "

Mrs C also commented on the way in which the luncheon club was a support to her family as well as herself, in that it enabled her daughter to have more time and space with her own family and reduced the sense of stress that she would otherwise have:

"They are helping me more than they know because that means I do not have to call on my daughter as much, and I am not thinking "Oh where is she, she's not come yet" because I have got something to do myself, and its relieving her... she spends a lot of time with me and I would rather her live her own life and I will get (on with) mine... Its given my daughter... more time with her family because sometimes she slipped down at night to see if I were alright and it worries me and I tell her but she won't stop, she says 'No, you're alright mum I'll only worry if I don't come' but I do not want her to worry but now she is pleased because she knows I like it."

Mrs C was also using the VDS to attend the luncheon club, and she found this to be an excellent service. Indeed she expressed considerable surprise that volunteer drivers could charge so little in taking people to and from their destination, and highlighted the impact that these savings had, particularly for older people with limited incomes:

"I cannot understand why they charge so little because the POPPs and the other one, the New Heart, they only charge 40p and 40p doesn't seem a lot to me and especially when the petrol was up... If you go by taxi... if you went there and back you would have to pay for 20p, if you went with a taxi you would have to pay 40p and 40p back, now for 80p (for) some people it's a lot of money isn't it but that was so reasonable, I think its wonderful. I just hope that... you are going to wave the flags for it because believe me its wonderful. If that stopped you would have 20 to 30 people who would be heart broken."

In common with other VDS services users (see Chapter Seven) she spoke very warmly of the difference in attitude between volunteer drivers and private hire taxi drivers. In addition to being cheaper, volunteer drivers were more courteous and generally much more convivial than private hire taxi drivers:

"My daughter takes me (but) if she has something to do, she is picking the little lad up or anything like that I get a taxi and then again you are struggling because the doors are very, very heavy and taxi drivers used to get out and open them for you (but) now they sit there behind the wheel waiting for you to do it... there is no comparison (with volunteer drivers) they chat to you and talk to you and crack jokes, 'Oh where is it we're going to, is it Belle Vue?' acting the goat and its nice. Taxi (drivers) they just sit there."

Through being in touch with the outreach worker, Mrs C had also been put in touch with the Warm Front scheme. This had enabled her to obtain loft insulation, and this had massively improved her quality of life, as previously certain parts of her home were extremely cold and very uncomfortable. Mrs C commented:

"I am over the moon. I was freezing... if anybody came to the door and I had to let them in I felt so ashamed it was like going into a freezer, it was terrible X (outreach worker) said 'I'll get in touch with (Home Front Scheme) for you... and I will ask them to come... and she did and then she rang me back a week after... then out of the blue a... gentleman came and he said 'I've just come to have a look at your loft...' and he had a look at everything and he said 'Yeah you're right' he said 'No wonder you're cold... everything is going through' he said to me 'I've told them to lag the pipes because that'll make the loft warmer and then they're going to lay (insulation) in the loft... it is absolutely wonderful. I have knocked that (heater)...off... I am not shivering (anymore)... there is nothing worse than being cold is there, than shivering and you have got a jumper on and a cardigan and your heating is on the top, 30 (degrees)?"

Case study four

Mrs D is a 78 year old lady who lives in Rochdale. She has a number of very serious health difficulties which have adversely affected her quality of life, including a collapsed lung, Congestive Obstructive Pulmonary Disease, emphysema, osteoporosis and poor mobility. Consequently she is extremely short of breath and requires the use of an oxygen cylinder at home. For the past 17 years, Mrs D has been caring for her husband who has dementia.

Mrs D found out about the POPP through attending the Carers' Resource in Rochdale, and through discussion with the Carers' Social Enterprise Development Worker, who has been funded by Rochdale POPP to target both older people as carers, as well as carers of older people. The Carers' Social Enterprise Development Worker then referred Mrs D to an outreach worker, who arranged a home visit to assess Mrs D's needs.

As a consequence of meeting the outreach worker, Mrs D has been referred to the Community Matron Service, and this has created vast improvements for

Mrs D's quality of life, particularly in relation to reduced levels of stress. Mrs D was entirely unaware of this service prior to the intervention of the POPP.

Community Matrons are experienced, skilled nurses who use case management techniques with patients with long-term, chronic conditions which require highly intense health care use. They were created as a consequence of the NHS Improvement Plan (2004).

Community Matrons fulfil a number of roles. Having sought out patients who will benefit, they carry out high level assessments of their physical, mental and social care needs. They also review patient medication and prescribe medicines, provide clinical care and health promotion interventions and co-ordinate inputs from all other agencies, so that all patient needs are met. It is this role of co-ordination from different agencies that has been particularly valuable to Mrs D. Community Matrons also provide information to patients in ways that patients and their families can make choices about current and future care needs. They maintain a highly visible presence to patients and their families and carers, and are perceived by them as being in charge of their care.

Mrs D spoke warmly of the improvements to her health and well-being as a result of the Community Matron who has monitored her health and co-ordinated various health care interventions on her behalf. The following extract of interview data is illustrative of this:

Interviewer:

"So she (Community Matron) arranges all your appointments for you?"

Mrs D:

"There is the doctor and the specialist and everything, she does all of them."

Interviewer:

"And this Community Matron Service, that was something that you didn't have before POPP? ... Did you know that a service like that existed?"

Mrs D:

"No, no I didn't. It's absolutely wonderful."

Interviewer:

"How would you describe your general health and well being before you got into contact with the Matron."

Mrs D:

"I was ill. I had this emphysema and kidney failure... the emphysema with the steroids was awful and I was in and out of hospital with that and then... I had my lung punctured that really brought everything on..."

Interviewer:

"... what happened after she (Community Matron) had done the (initial) assessment?"

Mrs D:

"Well she did blood (tests) and took blood... and then I am getting a letter from the doctor, the doctor wants you to have it done again, you know. She does my height because I am losing height with the osteoporosis and she does my blood and all that, she does all that, like the doctor does really."

Interviewer:

"Has she helped arrange for care services...?"

Mrs D:

"Yeah she got the dietician to come to me, you know with losing weight and that was good as well, yes... I am drinking milk now and I have not drunk milk for over 25 years."

During a later stage of the interview, Mrs D spoke of the difficulty she can have in organising her home and outdoor oxygen delivery, and the confusion which this had caused her, and the support she had had from the Community Matron in organising her oxygen delivery. This had hugely reduced the level

of anxiety felt by Mrs D, and indicated the considerable degree of confidence which this produced for Mrs D, particularly as her husband was unable to provide such confidence as a result of his condition:

Mrs D:

"I had to go and have an oxygen test, I went to Rochdale Infirmary and there is one in the bedroom and then I had to go to Manchester for one to go out, she says I have to use it all the time."

Interviewer:

"This is like the oxygen supply when you go out the house?"

Mrs D:

"Yes... and then next month I am going to Rochdale to see whether I want it 15 to 20 hours a day which is when I do stuff in the house so that you can walk around in your oxygen, anyway I do not really understand it all and its like a box and it has got an electric meter on and they pay that bill after six months or something like that."

Interviewer:

"Does this kind of support, does it make you feel less isolated...?"

Mrs D:

"Well I do yes because otherwise I would be isolated."

Interviewer:

"Can you tell me has this given you a greater self confidence?"

Mrs D:

"Yes because I feel like I can talk to her about anything and any problems I have got, she will help me with them, so and it is nice that because he cannot do anything, does not matter, like that I had to do all that."

Mrs D has also experienced various difficulties rearranging hospital appointments which had been cancelled, and this can create considerable anxiety. The Community Matron has been an invaluable source of support in this regard:

Interviewer:

"It seems from what you are saying... that you have to have a lot of appointments to a lot of different types of specialists so it seems that if the Matron can help sort all that out then that helps doesn't it?"

Mrs D:

"Oh yes, especially when you are getting wrong appointments, that is twice I have had wrong appointments. Yes she does all that. She is absolutely wonderful."

Mrs D also expressed great satisfaction with the manner in which the Community Matron had supported her, and highlighted the value of the personal care and attention which had been provided to her. This had helped her to cope with the stress of her personal situation:

Interviewer:

"So in terms of the Community Matron Service that you have had, did you have any expectations or any thoughts before you came into contact with her?"

Mrs D:

"No, I had no idea at all and she has been absolutely wonderful. Took a lot off my shoulders, you know everything I have to do and stuff, which I have not been able to do."

Interviewer:

"Does that make you feel more relaxed?"

Mrs D:

"Oh yes, a lot. A lot of tension gone really. I mean she wants me to have my own care... but I am alright at the moment."

During a later stage of the interview, Mrs D underlined the impact that the support from the Community Matron had had on her well-being and quality of life:

Interviewer:

"I get the feeling that this Matron Service has made a real difference to your quality of life?"

Mrs D:

"It really has, I do not think I would have been here without her. There is no way I could have coped with anything, I mean, I have always had to do everything for him (husband) but I would not be able to cope with anything. I was so traumatised, it was so painful. I was literally screaming and they could not give me anything. It was not one operation it was three."

Interviewer:

"Apart from arranging all of these appointments, I kind of get the impression that the Matron has given you some kind of emotional support as well?"

Mrs D:

"Yes she has, she is nice to talk to.... Anything she will do."

Beyond the support provided by the Community Matron service, Mrs D had also benefited through being referred to a social enterprise ('Extreme Clean') developed by the Carers Resource. 'Extreme Clean' provide cleaning services to carers, as well to commercial providers of office space. Given her high level of disability and her husband's illness, this was a very highly valued area of home support. The following extract of interview data is illustrative of this support:

Mrs D:

"I have two cleaners, I got them from the carers, a leaflet over there... they have been very good... they come different days... but they are still good."

Interviewer:

"And what do they do when they are here?"

Mrs D:

"Well they clean the whole flat... its two bedrooms and they clean it. One week they change my bed... and the next week they do the windows but they clean everything. They cannot use intensive cleaner, sprays and that."

Interviewer:

"And how does that help you, what effect does that have on the quality of your life?"

Mrs D:

"Oh wonderful because I cannot do anything, I mean if I walk from here to the kitchen and back I have got to have oxygen... I have no energy at all and it is not fair for him (husband) to be doing it all as he is getting older as well and he is tired."

Case study five

Mr and Mrs E, a married couple living in Middleton, are both POPP members. Mrs E self-referred to Rochdale POPP. She has taken up the role of carer for her husband, who has had various mobility difficulties, for a number of years. He has had radiotherapy treatment for cancer, and at times experiences considerable pain. Poor mobility has also led him to suffer falls at home. He also has serious incontinence difficulties, which have severely restricted his movements about his home. Mrs E summarised the impact that this had on her husband's quality of life:

"He was virtually in the bedroom all the time, principally because he's got an incontinence problem and he can't move fast enough to get up to the toilet. He's uncomfortable sat a long time in a chair anyway, aren't you? So he's more comfortable in reclining on the bed and near a toilet."

Having met with the outreach worker, Mr and Mrs E were put in touch with Social Services with regard to having changes made to their home. A key consequence of this was that a stairlift was fitted into the home, which enables Mr E to freely travel from the landing to the hallway with ease, and without

worrying about whether he might fall and injure himself. The following extract of interview data highlights the potential danger of falls and the impact of the stairlift for both Mr E and his wife:

Interviewer:

"And before you had the stair lift ... how would you describe the effect on you of (Mr E) not being able to come down (stairs)?"

Mrs E:

"It was harder still then. You hadn't got the pain under control as much then had you (to Mr E)?"

Interviewer:

"Did you find it to be quite a stressful experience for you (to Mrs E)?"

Mrs E:

"Oh yes and hard, running up and down stairs you know with every meal and several courses..."

Interviewer:

"And then having the stair lift now, what difference has that made do you feel to your quality of life?"

Mr E:

"I'm no longer scared of going up and down the stairs. I was afraid before. I did fall once or twice coming down the stairs... (I fell) the last few steps... Finished up going to the dentist and having some teeth pulled out because I'd broken them, you know."

Interviewer:

"So you don't have that fear now of coming down the stairs?"

Mr E:

"Oh no, I just get in me chair and that's it. No problem."

In addition to the stairlift, the Equipment and Adaptations department within Rochdale MBC also arranged for and fitted a walk-in shower/wet room to replace Mr and Mrs E's bath, which was no longer appropriate as Mr E had to struggle to get into and out of the bath. Mrs E was also needed to assist him.

The following extract of interview data illustrates the impact that the wet room has had on both Mr and Mrs E:

Mr E:

"It was the guy who (did the stairlift) he took it from there you know. He had a look in the bathroom, we said we had difficulties using the bathroom...You know... once I was in (the bath) I couldn't get out, I couldn't use that leg."

Mrs E:

"Well you were frightened of getting in as well weren't you?"

Mr E:

"Yeah, so (Mrs E) had to help me all the time for that. So I told him about this and he came, had a look, said, you qualify for... alterations... and they came and built the wet room. Took the bath out and put the shower in instead which is much better, much better."

Interviewer:

"Again do you feel it's made a difference to your quality of life having that?"

Mr E:

"Oh yes, it has."

Mrs E:

"Well he was just washing himself before weren't you, because he couldn't get in the bath. We had a shower over the bath but he just couldn't get in it. Try holding a wet body, he's heavier than me. I wasn't much use in holding him."

Given the difficulties which Mr E had had in maintaining his balance, the walk-in shower and wet room had given both him and his wife much greater confidence in Mr E's capacity for moving about the bathroom space. Certainly the physical demands upon Mrs E had been removed:

Interviewer:

“Do you feel with some of the balance problems you’ve had or some of the falls that you’ve had that it’s more convenient to use the walk in shower would you say or...”

Mrs E:

“Yes, it was getting to be a struggle to get out of the bath, you’d have to turn round and get on your haunches... even though we’d got rails on the side of the bath, it was difficult. And because of my fingers being like they are, I can’t grip properly.”

During the course of the interview, both Mr and Mrs E mentioned the fact that they had been referred for a Benefit Check with Age Concern, and that they had financially benefited from this. When reflecting upon this experience, both Mr and Mrs E expressed considerable admiration for the work of the outreach worker in enabling them to obtain enhance benefits, as well for introducing them to other support services which have led to considerable home improvements that have enhanced their quality of life. The outreach worker’s role as a conduit of information and support to other agencies was deeply appreciated, and the following extract of interview data is illustrative of this:

Mr E:

“What benefits we’ve had, originated to X (outreach worker). He got the ball rolling didn’t he... X got the ball rolling... he got the right departments to get in touch with us... it was easier from then on, because he’d made a breakthrough for us hadn’t he? I can’t praise the man enough... we would have been a lot poorer now than we are if it hadn’t been for him.”

Interviewer:

“The Rochdale scheme has these outreach workers like X who visit people in their homes and explains the services that are available and does a kind of assessment, does a questionnaire and I just wondered what you thought of that way of offering a service through an outreach worker? Was it something valuable or...?”

Mr E:

"Particularly with somebody like X because he's such a pleasant man and he's so easy to talk to isn't he?... There's nothing officious about it, he's just a nice chap and he said, 'What benefits do you get now?'. I put down mainly for him, you know, the introduction had been made for us and (POPP) has done very well by us, we can't complain about that"

Interviewer:

"So it's a model that you think works?"

Mr E:

"I'm sure it does, yeah, I'm sure it does."

Mrs E:

"Oh yes. Lots of friends up at the community centre, they speak highly of him as well, because he's helped a lot of people that I know."

Interviewer: *"Very good, I'm delighted to hear that"*

Mr E reflected upon the complexity of large organisations such as Rochdale MBC, and the difficulties that occurred in trying to find out who to contact in order to obtain information and advice. The value of outreach workers in knowing who to contact and being able to relay this kind of information to older people was highly valued:

"It's better than trying to find out from the (Council) direct... Nobody knows what the next person is doing but X knows who to get in touch with and what to do. That was it. He's a real good go-between and advisor... He's there, he knows who to get in touch with... and he passes that information on and that's it. And he follows it up if he's recommended that somebody goes to see us.... (he), asks whether they've been (to visit us) and see how we're going on."

Through acting as Mr E's main carer, Mrs E had accessed the Carers' Resource and this had been extremely helpful in encouraging her to feel less isolated and to gain the mutual support of other carers. Mrs E was unsure as to

whether she had been advised to attend by the outreach worker, but nonetheless was highly appreciative of the support she had received:

Interviewer:

"Are there things you've got out of the carers association or these meetings... do you find it helpful, do you find it relaxing?"

Mrs E:

"Well yes (you) do quite a lot there you know, you listen to other people's problems as well as your own."

Interviewer:

"So would you say it's like a mutually supportive group?"

Mrs E:

"Well that's the idea isn't it? You know, you're not the only one on your own... it sort of emphasises 'who's going to care for the carer?' you know, it's important to look after the carer because there's nobody else there to do it and to sort of pamper yourself, even if it's only a break to get away... rather than... getting on with your daily grind."

Interviewer:

"Do you find it's kind of a bit of time for yourself then would you say?"

Mr E:

"And they need it don't they... to pamper themselves somewhere or other don't they? They can't just care for people all the time and take nothing in return..."

Mr and Mrs E also commented on the fact that the outreach worker had put them in touch with the chiropodist. This led to them having his toenails clipped, which had been extremely helpful and valued by both of them:

Interviewer:

"Some people feel that if they don't have their nails cut that it can be quite painful walking... did you find that?"

Mr E:

"I did. I tried to cut mine and I cut me toes instead... when I lost the use of me foot, I lost the feelings in me foot, cutting me nails and then suddenly it would be pouring with blood because I'd cut me toe as well."

Mrs E

"Well that's how it was. X noticed, I was bleeding, 'cause I'd got sandals on."

Interviewer:

"That's been a significant help though would you say?"

Mrs E:

"Oh yes, it's been wonderful."

At the end of the interview, Mr and Mrs E reiterated their delight at the way that they had benefited from the POPP, and the way in which the care and attention of the outreach worker had enabled this to happen:

Interviewer:

"Are there any other comments you'd like to make about the project?"

Mrs E:

"No, I just think we're very, very lucky to have been offered all these things and we're very grateful."

Mr E:

"It came through X (outreach worker)... initially didn't it? We wouldn't have been knowing anything about all this lot if he hadn't put us in touch with the right people or put the right people in touch with us and that's how it worked and it turned out very good. We've no complaints."

Case study six

Mr and Mrs F live in sheltered housing in Middleton. Mr F is affected by dementia and Mrs F is his carer, and is affected by rheumatoid arthritis. They found out about the POPP project through a notice placed in their sheltered housing, which explained that a visit from the outreach worker to their place

of residence would be taking place. Having met with the outreach worker, a subsequent interview date was arranged in their home. Mrs F explained that in recent years, her caring responsibilities for her husband had become more arduous as his health and mobility had declined, and their financial circumstances had become more strained. She commented:

"Well, I was finding it very difficult - because... it was getting difficult to take him anywhere. What he has is vascular dementia, which is affecting the blood not getting to where it should be going, and his legs just seize up. And we've been stranded quite a few times. We've no help, and limited finances; so you know, it was hard."

The severe difficulties in Mr F being able to get out and about, even with the aid of a wheelchair, had placed a very considerable physical and emotional strain on both of them.

One of the most important benefits from being involved in the POPP has been finding out about benefits that they might be entitled to, which led to them finding that they qualified for claiming Attendance Allowance. Mr and Mrs F had not imagined that they could claim any benefits at all, as they had presumed that these were means-tested. A vital aspect of the POPP has been to challenge erroneous assumptions on benefits entitlements. Mrs F explained:

"Well X (outreach worker)... asked me at the interview... was we getting Housing Benefits or things like that, and I said, 'No', because we had savings. And... he asked about my husband's health and my health, and he found out that (Mr F) had this vascular dementia he said that he was entitled to this Attendance Allowance, and I said, 'Well, I can't have that, I don't have any benefits at all'. So he said that that didn't depend on what you had or what you hadn't got, it's got nothing to do with your savings or anything. So... when he came here he filled all the forms in and in a very short time we had a letter saying that he was entitled. Of course... the doctor had to sign the form, but we got back pay as well, didn't we?"

Being able to access Attendance Allowance had had a profound impact upon Mr and Mrs F's quality of life. It had provided that extra financial flexibility that enabled them to purchase various items that would otherwise have been beyond their means, and had consequently reduced much of the stress that they had been experiencing. The following is illustrative of this:

Interviewer:

"Can you tell me about the kind of difference that's made to you, the extra income from Attendance Allowance?"

Mrs F:

"Well, for instance... this week... he'd been clearing out his hearing aid because he couldn't hear properly... and then when he put it back together he couldn't hear at all. So... he decided he wanted to go to the clinic... for hearing aid repairs. So we had to get him dressed... and phone a taxi... Now before I had the Attendance Allowance I couldn't dream of taxis, it would have had to have been the bus... Now that taxi was £6 something. Now that would have been a lot without the Attendance Allowance; this is how I find it easy. He's had problems with his skin due to his medication: so we're having to buy special cream for him to wash with, he can't use ordinary soap. It's all those kinds of little extras... So things like this would have been coming out of the ordinary money, but then I would have had to pull it out of what bit of savings we've got left, whereas now we can manage with the Attendance Allowance. It's been brilliant."

Being able to transport Mr F to various places has become increasingly difficult as Mr F's mobility has worsened. POPP interventions that enhance Mr and Mrs F's capability to travel with greater ease and comfort have been vital for improving their quality of life. As with the potential for receiving benefits, both Mr and Mrs F were unaware of the Blue Badge scheme or Ring and Ride, and had only received notification of these through the outreach worker.

They were also unaware that the Blue Badge scheme applies to relatives of the Blue Badge holder who drive vehicles, and not merely to the Blue Badge holder as motorist. The following section of interview data highlights the value of these services for increasing accessibility to services and activities:

Interviewer:

"... this Blue Badge scheme that you're now a member of, is that something you found out about through POPP?"

Mrs F:

"It was POPPs who registered us... X (outreach worker) must have filled that out himself, mustn't he? Because the letter came and the badge... through POPPs, as did the Ring and Ride: he did that for us."

Interviewer:

"How has that... helped you and Mr F? Has it been of any benefit to you so far?"

Mrs F:

"It is when the children have to take us anywhere. I mean during the day - I don't phone them out of work, but at weekends, like the opticians he's taken him to, and sometimes they've taken us, like when I had go to hospital he's been able to use that if Mr F comes with me. If he's with us he can park up more conveniently with the badge... So it's handy like that, if the boys are available."

Interviewer:

"So... I suppose that's like a service that you knew nothing about previously?"

Mrs F:

"Well, I wouldn't have done because we haven't got a car. I wouldn't have thought that, you know, it would be handy for the lads..."

Mr F:

"It's been a godsend, that... Yes, it has been a godsend, because I don't feel as though I'm entirely on my own, you know; that there is people out there that will help"

Being able to register with Ring and Ride had been immensely important in reducing social isolation through being able to access social activities. Mrs F

emphasised the sense that her husband enjoys greater security and safety when they are using Ring and Ride (or Local Link) vehicles as opposed to other forms of transport. This particularly applies to her husband's status as a wheelchair user, and the varied design of modern vehicles (with lifts and ramps), as well as the disability awareness of Ring and Ride staff. The following section of dialogue highlights these issues:

Interviewer:

"You mentioned Ring and Ride... had (you) known about Ring and Ride before meeting with X (outreach worker), or... were already registered with them?"

Mrs F:

"No, I hadn't registered with them. We hadn't thought of it, had we? Using Ring and Ride before... he's (outreach worker) very good, he tries to help always."

Interviewer:

"And can you tell me how you've used the Ring and Ride?"

Mrs F:

"Oh, we went for a long lunch one day with them, didn't we, with them? The 'Toby Carvery' it's called now... yes and otherwise we're just dropped off at different places with it, drop into Middleton. They'll drop you off and come and pick you up whenever you say (after) a couple of hours."

Interviewer:

"And how would you describe the impact on your quality of lives having, or knowing, about the Ring and Ride and using it?"

Mrs F:

"I think it's made a big difference because I prefer to use that than the bus, because ... it's right outside the door, it's handy for me the buses and what have you, but it's awkward getting (Mr F) on and off. The little one that comes up here has got steps going up for a start, and they're divided in half with a rail, so he can't get on with that. You know, he's got to struggle, where this Ring and Ride he can walk up - they've got the lift on the Ring and Ride, and they've got a ramp... So he can actually walk up himself with that, which gives him a bit of independence."

Interviewer:

“Do you get a feeling that (Mr F) is safer on those buses rather than the general public transport?”

Mrs F:

“Yes, I do; because... on these Manchester (public) Transport, there’s only the one place for the wheelchair and I’m not sure I could handle... his weight in the chair, so I’m better with the Ring and Ride or the Local Link, because the drivers are helpful, aren’t they?... They’ll even make sure that the wheelchair is secure... and they make sure that... you get home if they think that you’re a bit dizzy – so they make sure that you’ve got the brakes on, and the belts if it’s a seat with a belt. They make sure you’re secure, so you feel as though some of the responsibility, if you like, is being taken off you, and somebody else is making sure that they are safe. So it is a good service.”

Mrs F had also taken part in Armchair Exercise classes after having been notified of them by the outreach worker. Regrettably she has not been able to maintain her attendance due to concerns about her husband being alone at home. Nonetheless during the few occasions that she attended the classes, she did benefit both physically and socially, and the following extract of interview data is illustrative of this:

Interviewer:

“Can you tell me how the armchair exercises helped you or what you liked about them? Were there any things that you particularly found appealing about the armchair exercises?”

Mrs F:

“I thought it was very helpful... but they was working on your hands, your legs, your neck muscles. She was quite good. And if you go regularly it does help; it helps to keep you going.”

Interviewer:

“Did you feel that the exercise gave you a bit more confidence would you say, or a bit more ability to move around...?”

Mrs F:

"Yes, I think that it does help you to keep you mobile... we know someone who always used to say, 'Use them or lose them', so you know, if you keep trying to do what you can do, then it does help. They are ideal for the elderly."

Interviewer:

"Did you feel that there were any social benefits from going to the... (classes)?"

Mrs F:

"Yes, because they all enjoyed it... she (tutor) used to do some of the exercises to music and some of the old songs, and we'd get to singing along with it, if you can call it singing. [Laughs] Some of us have shocking voices, but yes, it's a social gathering you know as well as just being beneficial as well."

Mr and Mrs F had also benefited immensely from the intervention of the outreach worker in arranging for Equipment and Adaptations to be fitted in their home. Mr F's poor mobility had made it extremely difficult for him to use the bath, and required the assistance of Mrs F. The following extract of interview data shows the huge impact that the development of a wet room and walk-in shower facility, and the removal of the bath:

Interviewer:

"I wondered (if you have) had any kind of equipment fitted to your home, or any adaptations through the POPP project?"

Mrs F:

"I think (outreach worker) told us we could get in touch with (Social Services), and they came out and they had a look and... asked us did we mind them getting in touch with the doctors and the hospital. Because I've got rheumatoid arthritis as well, so she rang the hospital and the doctors, and we've had a walk-in shower fitted, which is a big help... that's made a tremendous difference."

Interviewer:

"So this walk-in shower, how has it helped, what's easier about it?"

Mrs F:

"The last time that he (Mr F)... actually had a bath, I didn't know how to get him out, I had to drain it – let the water out of the bath – it was hard wasn't it, getting you out of that bath? And then we had a problem getting him over the bath, because it was an old cast-iron bath and they're quite high. When this lady (from Social Services) came out she gave us a temporary seat across the bath, and a step for him to step on... He's never in there on his own: I shower him. But it's a lot easier than it was in the bath, because he was frightened of the seat..."

Interviewer:

"Do you think it gives (Mr F) a bit more independence...?"

Mrs F:

"Oh, yes; yes, it does. It's given him his independence back, hasn't it really? That's been the biggest thing. And none of it really would have come about, would it, without (outreach worker's) help."

Mr F had also benefited from the Podiatry Service, which he had found about through the outreach worker. This had been very helpful, as it meant that he had an in-growing toe nail attended to.

A recurring theme running through the interview was the lack of information about available services, and the role of the outreach worker in alerting older people about the potential for claiming benefits, which can play a crucial role in tackling pensioner poverty. The following extract of interview data is illustrative of this:

Interviewer:

"So it was (outreach worker) who told you about adaptations and entitlements?"

Mrs F:

"It's stupid really, because we probably could have had help, you know, ages before."

Interviewer:

"Do you think that that's the most valuable thing about POPP then, is that information giving, would you say?"

Mrs F:

"...a lot of old people are very proud, and if they have got – like I suppose there're quite a few in here who have come out of property, so obviously they've got something from the sale of the property. They just go on spending that because they don't know that there are other things that they are entitled to. They either buy what they can afford or they do without. So he points you in the right direction and... he tells you what's there and what's your entitlement, what they could be, doesn't he?"

In a more general sense, the outreach worker was felt to have played a vital role in bringing this variety of services to the attention of older people, and the assiduous manner in which outreach workers have sought to find out about how to respond to identified needs in a thoroughly professional manner:

Interviewer:

"And how important would say that the role of the outreach worker has been, in terms of meeting with you both and assessing your kind of circumstances?"

Mrs F:

"I can't praise him enough. He's just at the end of a phone, you know anything that you want, that you're not sure of, if you just ring (Mr F) if he doesn't know he'll find out. And he will get back to you."

Interviewer:

"Do you feel it's a personalised service?"

Mr F:

"Well, I think he (outreach worker) is... the most important person to us, isn't he...?"

Interviewer:

"...I suppose part of what the outreach workers try and do is to look at each person individually and to make an assessment about what those particular needs might be... Did you feel that's happened in your...?"

Mr F:

"We regard (outreach worker) as our lifeline, don't we?... what we don't know or (outreach worker) doesn't know, he will find out... He's very good. If he can't do it, he knows somebody who can, and he puts you in touch, doesn't he?"

Case study seven

Mr and Mrs G live in Rochdale. A few years earlier Mrs G, who was 57 years of age at the time of interview, suffered a stroke which has significantly affected her mobility, speech and has caused some minor paralysis in her upper limbs. Mr G is her carer, and during the course of the interview, he spoke largely on behalf of his wife. Mrs G found out about the POPP project through a visit from the outreach worker to the Dysphasia Group, which seeks to support stroke patients whose speech has been significantly affected by their stroke. Subsequently the outreach worker arranged to visit Mrs G at her home to explore her needs.

Mr G reported that both he and his wife had been very pleased with the support they had received from the POPP project. One of the most important aspects of this support has been that they have been put in touch with the Health Trainers, who arranged for Mrs G to have an assessment by an Occupational Therapist, which led to her obtaining a wheelchair. This has had a profound impact on Mr and Mrs G's quality of life, particularly when they have to travel further distances, such as holiday destinations. The following extract of interview data is illustrative of this:

Mr G:

"(Mrs G) felt that she was missing out on certain things because of the wheelchair like when we go on holiday it is difficult walking far so in a chair I could push her ... POPPs put us in touch (with Occupational Therapy)... we went, they gave us a wheelchair immediately we now can go, we go to the Lake or we go to Tandle Hill Park... in Oldham and instead of just getting out the car and walking a hundred yards or two hundred yards sitting down, saying 'I'm tired now', I can push her all the way around. So I am getting exercise."

Interviewer:

"So this wheelchair then... would not have been provided otherwise in a general sense through the local NHS?"

Mr G:

"I might have rung up someone and said 'Where can I get a wheelchair from?' but... POPPs came in at the right time and (outreach worker) said 'right', she went away (and) she gave us a number (of Occupational Therapy) so I rang them, they arranged an interview, we went... It was in Heywood... where they issue the wheelchairs... she was one of the occupational therapists... and she basically assessed Mrs G and realised that... there was a benefit, she measured her up there and then and we took the wheelchair with us."

Interviewer: *"Do you feel its about POP then acting almost as an advocate for Mrs G and saying "This lady does need a wheelchair" it perhaps might not have happened otherwise?"*

Mr G:

"Well ... probably yeah"

Mr G also spoke about the impact the wheelchair had had on the manner in which he and his wife were able to get out and about, and so the wheelchair has done much to promote social inclusion in providing them with greater transport flexibility:

"I keep it (wheelchair) upstairs so when we need it. If we go to the supermarket (Mrs G) does not need it but as I said if we want to go out for a walk I can put it in the back of the car and we can go out for a walk so we can do things together which helps."

Prior to experiencing her stroke, Mrs G was keenly involved in Arts and Crafts and had been employed at a local primary school as a Special Needs Assistant. Through coming into contact with the outreach worker, Mrs G had been attending an Arts and Craft class, which had been hugely beneficial in developing her social circle (and so tackling social exclusion) and so promoting her sense of confidence. The following extract of interview data is illustrative of this:

Mr G:

"Before she (Mrs G) had her haemorrhaging stroke... (she) was very into arts and crafts, knitting... she... was a special needs assistant at the school... she helped with lights, plays, stage designs and things like that and really there has not been anything she could do prior to POPPs."

Interviewer:

"I would like to look at (Arts and Crafts) in detail and if you could describe (it has) worked and your thoughts about (it)?"

Mr G:

"I'm an 'arts and crafts widower', (Mrs G) is really into card making, she makes cards for everybody in the family, birthdays and things like that and she does lots of others, she has probably got the next ten years already made but it has given her an interest that she can do on her own and it has given her that independence. ...and the POPPs group have provided materials, special needs materials like non slip mats, scissors... Mrs G pays a pound, she is provided the materials to get her into it... the group even now meets on a Thursday night and... I think it's not just the card making, she has met other people so her socialising network has expanded."

Interviewer:

"It sounds like a very positive experience."

Mr G:

"They are chatting about things and some of the ladies are older than (Mrs G) but last week I went you were out with one of the older ladies weren't you?... Mrs G was helping her in a way which is a big step... she loves it... and the people are nice there and (the lady) who runs everything and (the lady) who takes the classes are brilliant. For a quid it's excellent... and she is enjoying it."

A further benefit from the POPP has been putting Mrs G in contact with the Health Trainers. This intervention had helped Mrs G to lead a healthier lifestyle, and has helped to improve her communication skills through widening her social circle. The following extract of interview data is illustrative of this:

Mr G:

"Again POPPs gave our number and we got a call from... the health trainer."

Interviewer:

"So this is like a one to one support?"

Mr G:

"Yeah. At the first interview she took your blood pressure, your body weight and she is going to monitor that over the period ..."

Interviewer:

"Do you think it has had much of a benefit then for Mrs G then if you are already living a fairly healthy lifestyle?"

Mr G:

"It has helped her, it has, I mean it has promoted her to eat more healthily... you know you have cut your chocolate biscuits out because (Mrs G) is trying to lose a little weight."

Interviewer:

"Have you got any comments... on the general impact of all of these three things on (Mrs G's) health and wellbeing?"

Mr G:

"I can only confirm what (Mrs G) has said, her speech and talking to different people, speech (has got) better, (more) confidence meeting different people, that has helped which is great when you are out in social (settings), she is not frightened of engaging with other people, she does not know because she knows now she can do it... Its confidence, it's a massive step to people like Mrs G, just getting out and dealing with situations, you know."

Mr G also remarked on the benefits to himself of his wife attending the Dysphasia group, as well as the Arts and Crafts class, in providing him with respite from his caring responsibilities:

"Well basically I can go and do my walking... I go and watch football. I do... whatever... I do not have to worry about (Mrs G) and (she) has made massive strides, she has even walked its not far but she has gone on her own and come back on her own... to the arts and crafts so again that is a positive thing... Well for me it really just gives me a two hour break but I see her doing things which she used to love doing before and that is the benefit to me, she is happy in herself. She gets tired, right, but people with these disabilities and problems do get tired..."

"I mean it is only four hours a week if that but... that gives me a break. I used to go swimming when it was the communications group, I could go swimming on a Monday night if I wanted to... so it gives me an opportunity to do something I want to do without (Mrs G)."

The key findings from the case studies are summarised below.

Key Findings

- All of the case study interviews have illustrated an abiding respect and admiration for the diligent work of the outreach workers in seeking to

support the needs of POPP members. This is clearly a response to the caring and compassionate manner in which outreach workers have carried out their exploratory interviews with POPP members in order to both identify unmet needs, and to develop strategies for meeting those needs

- POPP services and activities have clearly had a profoundly positive impact on the quality of life enjoyed by POPP members in a wide variety of ways. These have resulted in wide-ranging economic, physical and mental health benefits to POPP members and their families
- The most important aspect of the outreach workers' role has been to act as a global information resource on a variety of issues, and to be able to refer POPP members to relevant statutory and non-statutory agencies who can offer further advice and support. The importance of acting as a conduit of vital information cannot be overstated, as this has enabled POPP members to become aware of services and activities that they would otherwise have remained unaware. With regard to the seven case studies in this section of the evaluation report, these agencies have included Age Concern (for benefit checks), Equipment and Adaptations department (within Rochdale MBC), Community Matron scheme (delivered by the local Primary Care Trust), Health Trainer scheme (delivered by Rochdale MBC and the local Primary Care Trust) and the Home Front scheme (supported by central government). There have also been referrals to Luncheon Clubs, Meals on Wheels services and POPP-focused activities, such as Armchair Exercise, Arts and Crafts and Handy Person schemes. All of these activities have played an important part in enhancing the quality of life of POPP members in a variety of ways
- There has been a strong emphasis on providing transportation for case study participants through Ring and Ride, Blue Badge Scheme, Local Link and the Volunteer Driver Scheme. Through enabling case study participants to utilise these services, this has supported them in becoming less socially excluded, and in enjoying greater independence

- Case study participants have been able to benefit from different POPP activities, including those seeking to promote social engagement, physical activity and easier access to services and activities. This ease of access to different activities has demonstrated the success of an assertive outreach approach to enhancing service delivery centred upon the needs of the older person
- Case study participants have all reported reduced levels of stress and worry, which highlights the mental health benefits that are associated with all of the varied activities that maintain independence, promote access to services and activities and enhance general health and well-being

CHAPTER FOUR

OVERVIEW OF KEY PARTNERSHIP ORGANISATIONS

Introduction

As noted in Chapter One, partnership working was seen as key to the success and sustainability of Rochdale POPP. This was to be achieved through the devolved commissioning (TOPPs); the expanded number of volunteers in local activities and services; and through a multi-agency framework that included: Rochdale CVS; GMPTE; and Carers' Association.

This chapter summarises the activities undertaken by the key POPP partnership organisations: Rochdale CVS, GMPTE and the Carers' Association. All of this data has been provided by the partner agencies themselves which comprise the POPP. Chapter Four goes on to explore the work of the TOPPs in detail.

Rochdale Council for Voluntary Services (Rochdale CVS)

An important aspect of the Rochdale POPP project concerned partnership with the voluntary sector. Rochdale CVS played a key role as a voluntary sector partner providing many of the services central to the POPP programme namely management of the POPP team, the TOPPs development role, and development of a volunteer base to support the project. This latter involved generating local informal support services and activities for older people and carers, through releasing the skills and capacity of older people themselves (and other members of the community) to take an active role. Developing helper and volunteer capacity to support the expansion of new activities was seen as a key element in building capacity in the community.

Rochdale CVS has a Volunteer Development Agency (VDA) to support its work. The VDA has been commissioned to work in the Townships with

existing networks, and to encourage new volunteers to take part in identified activities (such as assisted shopping, gardening and transport).

Training for volunteers was seen as an essential part of the project. This included helping volunteers to access training in activities such as minibus driving, form filling, physical activities and Walk Leader courses. Aside from the positive benefits gained from volunteering, it was recognised that many people were looking to extend their skills for future employment through gaining experience and confidence, and that Rochdale POPP could play a supportive role in this regard.

Success in encouraging and developing the volunteer capacity was to be measured according to the following criteria:

- An increase in the numbers of helpers and volunteers
- A number of volunteers receiving training and skills development
- An increase in a sense of confidence and well-being gained through volunteering; and
- An increase in diversity of services offered by volunteers

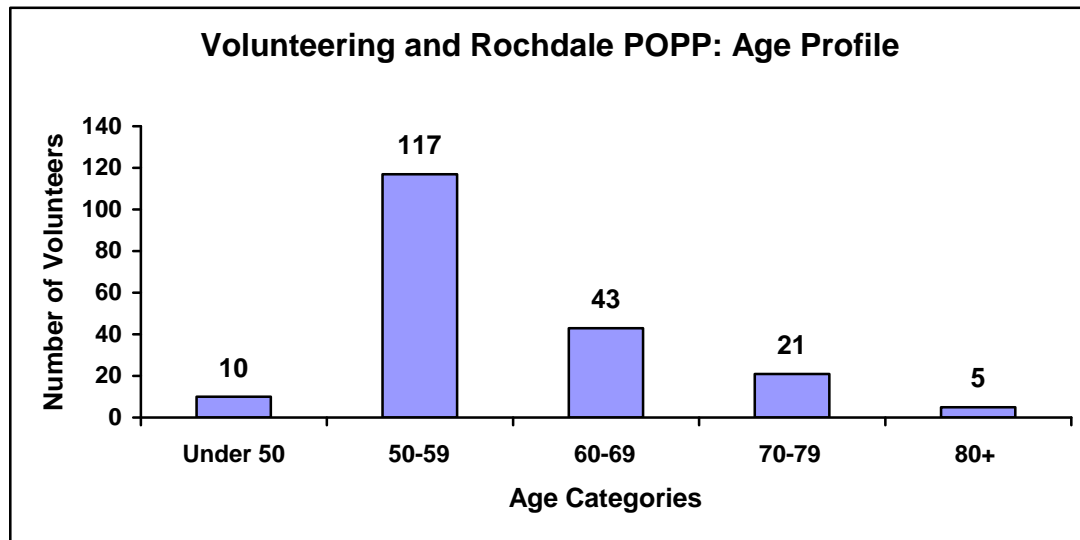
The POPP project employed, through Rochdale CVS, a part-time Volunteer Co-ordinator to carry forward this agenda. The Volunteer Co-ordinator is employed for 3 days per week to recruit would-be volunteers aged 50 years and above. The key target for the Volunteer Co-ordinator was to recruit 200 volunteers over the life of the POPP project: 75 during the first year, and 125 during the second year. The target was all but met with 196 volunteers recruited.

Who were POPP volunteers?

The following chart illustrates the age breakdown of POPP volunteers. Ten of the 196 volunteers are aged under 50 years, and so do not fall within the age

criterion of the POPP project. Of the remaining 186 volunteers, the majority fall within the youngest (i.e. 50-59) age category. Older age categories contain progressively fewer volunteers.

Chart 4.1: Volunteering and Rochdale POPP: age profile



What activities were POPP volunteers involved in?

The project identified 38 separate types of volunteering role undertaken by volunteers. The highest numbers of volunteers (41) are identified as Drivers, although it would seem unlikely that such a high number would have been recruited and actually undertaken voluntary work for the Volunteer Driver Scheme. A further 28 volunteers were identified as carrying out volunteer administrative work, and it is suggested that a fairly high proportion of these would have been involved with the VDS.

A further 30 volunteers were reported as volunteering vis-à-vis membership roles within the TOPPs in Heywood, Middleton, Pennines and Rochdale. These key volunteers would have played an important role, during the life of the pilot project, in commissioning services to meet the needs of older people.

The following table shows the number of volunteers who volunteered their time on different activities. These have involved supporting the local NHS

(such as in hospitals, hospices and nursing), neighbourhood activities (such as luncheon clubs, mediation, befriending, friendly visiting and befriending) and educational activities (such as music therapy, classroom assistance, playgroup, IT volunteering and tutoring).

Greater Manchester Passenger Transport Executive (GMPTE)

Rochdale POPP recognised the importance of improving travel access for older people. Greater Manchester Passenger Transport Authority (GMPTA) has been equally supportive of this approach, and has co-funded a dedicated Transport Co-ordinator to the project. The POPP Transport Co-ordinator's role has been to work in partnership with flexible transport providers and GMPTA, and to build upon existing skills and the experience within the transport sector in Rochdale to provide bespoke travel arrangements. In this way, it was hoped that older people would be able to access services and activities as they required. Some of the key tasks required of the Transport Co-ordinator included:

- Aligning transport requirements to the delivery of Rochdale POPP objectives
- 'Skilling up' the voluntary sector in areas such as MIDAS⁴ to improve the quality of bus service delivery in the community transport sector for older people to build local capacity
- Identifying and co-ordinating all potential flexible transport operations in Rochdale (including local authority fleets, community transport and vehicles owned and operated by other agencies as appropriate)
- Providing 'Travel Training' for people aged 60 and above to remove some of the barriers faced by older people in accessing mainstream bus services

⁴ Minibus drivers training

Table 4.1: Volunteering activity

Volunteering Activity	Number of Volunteers
Escort/Discharger Volunteer	2
Project Worker	3
Music Therapist	1
Classroom Assistant	2
Support Worker	4
Independent Monitoring Board	2
Hospital Volunteer	5
Publicity Designer	1
Reception Volunteer	3
Mediation Volunteer	4
Playgroup Volunteer	1
Health Volunteer	6
Art Volunteer	1
Carers First EDI	1
Befrienders	3
Learning Disability Volunteer	1
I.T. Volunteer	1
Home Visiting Volunteer	2
Enquiry	5
Friendly Visitors	5
Mentoring	6
Retail Assistant	5
Litterwatch Volunteer	1
First Aid Volunteer	1
Enabling Volunteer	2
Handy Person	1
Committee Member	30
Catering Volunteer	2
Advice and Information Volunteer	3
Driver	41
Tutor	2
Environmental Volunteer	4
Admin Volunteer	28
Nurse Assistant	1
Luncheon Club	10
Victim Support Visitor	2
Hospice Volunteer	3
Museum Volunteer	1
Total	196

The POPP identified key indicators for assessing the impact of the POPP transport strategy:

- An increase in the numbers of older people using flexible transport services
- An increase in the number of POPP activities supported by flexible transport services
- Travel training sessions provided for older people; and
- Volunteers trained in MIDAS

A target of 3,500 journeys had been set for the life of the Rochdale POPP project. This equates to approximately 146 journeys per month. Furthermore, it was agreed that a trip constituted a single journey made from one place (usually the home of an older person) to another (e.g. the location in which a POPP activity was taking place), and not a return journey. A return journey from home to location would constitute two trips.

How many journeys did POPP co-ordinated transport provide?

The following chart indicates the monthly total of trips that were organised by the transport element of the POPP project from May 2007 to the end of March 2009. This element of POPP was hugely successful and considerably exceeded its targets. The target for trips via conventional transport have been exceeded nine-fold, and those for introducing new users to any form of flexible transport have been exceeded twice over. High referrals to Ring and Ride and the number of events strongly indicate the success not only of the transport initiative but also in socially engaging older people with events and activities in local communities.

Table 4.2: Transport activity

TRANSPORT : END OF PROJECT SUMMARY					
INDICATOR	TARGET	YEAR ONE	YEAR TWO	CUMULATIVE	COST PER JOURNEY
<i>Trips via Conventional Transport</i>	3,500	5,106	24,709	29,815	£1.68
<i>New users to any form of flexible transport</i>	480	322	587	909	
<i>Total service users</i>	N/A			3,222	
<i>Events accessed</i>	N/A	12	49	61	
<i>Referrals to Ring and Ride</i>	N/A	245	697	942	
<i>Shopping Link</i>	N/A	N/A	1,250	1,250	£14.00

The extent to which the Transport element of the POPP project has succeeded in meeting its target for arranging trips can be seen in Chart 4.2. The exponential rise in trips since January 2008 emphasises the Transport project's work in delivering transport options to older people.

In respect of the VDS, the Transport Co-ordinator identified that there were 3,315 journeys made through the VDS during the second year of the pilot period. It was also reported that 30 volunteers were recruited to the project (fewer than the number of volunteers reported by Rochdale CVS). The average length of each VDS journey was reported as 3.5 miles, and the savings over the conventional costs of transport came to approximately £15,000.

It is interesting to note that an examination of the VDS journeys made indicates that roughly two-thirds of the total were health-related journeys, and the remainder were social journeys. This further emphasises the potential role of the VDS in reducing the burden on ambulance services in conveying patients to and from hospital. Given that hospital appointments for older

people are often made during the early morning period, it suggests that it is much more convenient for older people to use the VDS rather than public transport in order to arrive at a health facility on time. It also illustrates that the VDS has provided an important opportunity to socially engage with events and activities in their communities, and so reduce social exclusion.

Chart 4.2: POPP trips: Actual and proposed

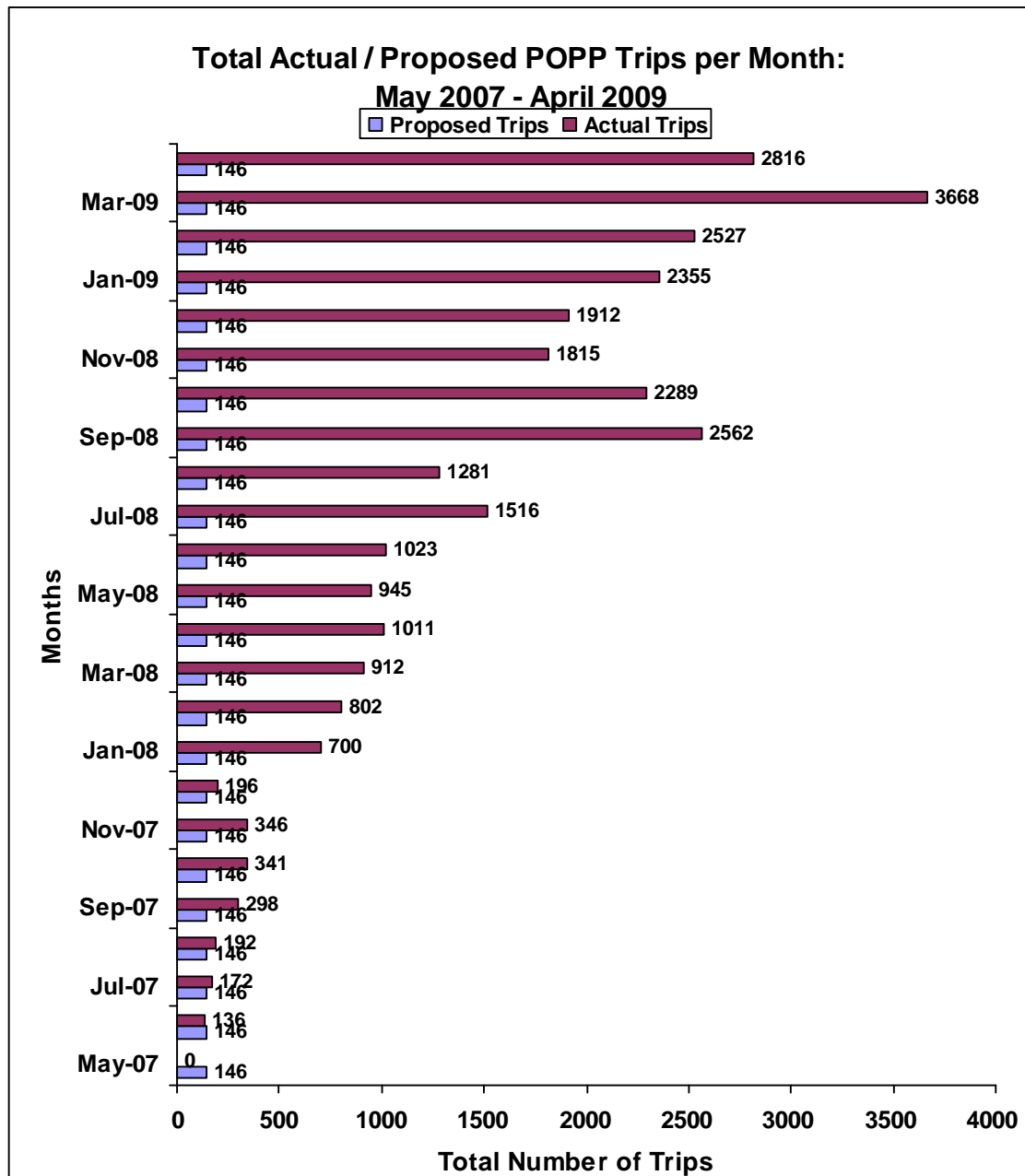
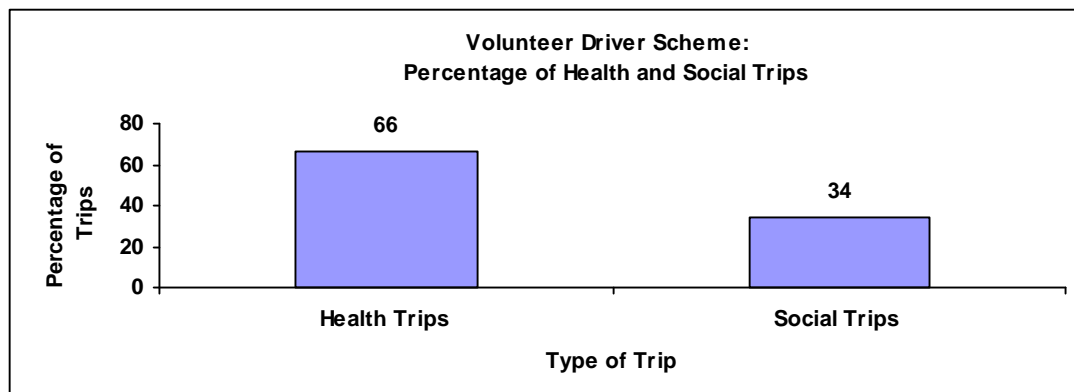


Chart 4.3: Volunteer Drivers Scheme: Health and social trips



Carers' Association

The Carers' Resource is a service for carers who care for somebody who lives within Rochdale Borough. It is funded by Rochdale Borough, and its lead manager supports the work of the Carers' Association.

The aim of Carers' Resource is to support carers by delivering one stop advice and information, emotional support and access to free training to equip carers with additional skills if they are planning to return to the workplace. It offers classes in a range of subjects, including IT, Basic Skills, Counselling, ESOL (English for Speakers of Other Languages) and Personal Development Classes. Carers' Resource also provides support and advice sessions, which are run by carers for carers, and are aimed at particular groups of carers. Hence there is a Young Adult Carers Group, a carer-led support group for ethnic minority carers of people with disabilities (Aashiyana Carers' Group) and a group for carers of people with cancer (Macmillan Nurses' Support Group).

The Carers' Association is an independent association separate from Carers' Resource. It is an association of carers who have come together to support carers across Rochdale Borough.

The Carers' Association has been funded by Rochdale POPP to employ a Carers' Social Enterprise Development Worker (since August 2007) to target both older people as carers, as well as carers of older people.

There are two key objectives:

1. To meet the aims of the POPP project by contributing to quality, timely and responsive services to meet the needs of older carers and carers of older people
2. To sustain and further develop social enterprises set up by carers and to establish and further develop other social and business opportunities for carers for support and employment opportunities, borough wide and at Township level

The role of the Carers' Social Enterprise Development Worker can be summarised as follows:

- To work within the POPP team to ensure the needs of older carers and carers of older people are met within the POPP project aims and objectives. This involves working in partnership with existing organisations in both the statutory and voluntary sector to create business opportunities, partnership working and extend support available to carers. In this way, older carers or carers of older people are able to remain healthier and more independent
- To ensure that enterprise opportunities are accessible and appropriate to all carers and actively engage those carers who may be viewed as 'harder to reach' including carers from minority ethnic communities
- To support carers into developing their capacity and help to identify training needs and empower carers to develop their skills, in doing so help them achieve their goals and aspirations
- To work alongside all elements of the POPP project, liaising and referring with outreach workers, Volunteer Co-ordinator, Transport Co-ordinator, Topps Co-ordinator and Befriending Scheme Worker to

ensure that a holistic approach for older carers and carers of older people is maintained at all times

- To signpost all carers into The Carers' Resource, whose aim it is to reduce the burden of care through the provision of appropriate respite, information, advice and support, thereby reducing levels of social exclusion experienced by carers, through the provision of dedicated support, social learning and employment opportunities in a welcoming and supportive environment
- To develop and sustain social and business enterprises which are either new or already set up which support older carers and carers of older people by supporting and empowering carers to take up business opportunities

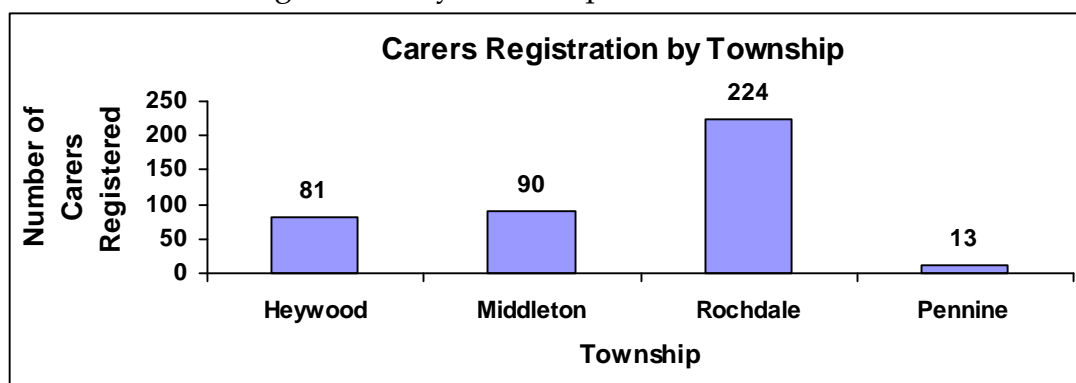
Who did they help and support?

The Carers' Social Enterprise Development Worker has identified, helped, supported and registered a total of 408 carers over the life of the POPP project. Of these, 167 were registered and supported during the first year of operation, and 241 during the second year of operation.

It should be noted that there have been roughly an additional 300 carers who have also been provided with advice and information, and have been signposted to relevant services. However, they didn't wish to formally register with the Carers' Resource. This reluctance to formally register was usually felt to be due to fear of personal details being passed onto statutory service providers (particularly Social Services), and the sense that this could have adverse effects upon their well-being.

The following chart provides a breakdown of registration by Township. It shows that Rochdale Township had by far the highest number of carer registrations, with Middleton and Heywood having roughly a similar number.

Chart 4.4: Carers registration by Township



The Carers' Social Enterprise Development Worker has maintained quarterly statistical records of people with caring responsibilities in Rochdale Borough who have:

- Been registered as a carer through the POPP Project (i.e. aged 50 and above) since its commencement. These carers may have come into contact with the Carers' Social Enterprise Development Worker through an outreach worker referral, or via community events attended by the Carers' Social Enterprise Development Worker. Similarly they may have been referred by a GP, Social Worker, a member of their family or through the Carers' Resource (i.e. self-referral)
- Been referred by the Carers' Social Enterprise Development Worker to various agencies. These agencies can include Social Services, the Benefits Agency, POPP outreach workers and other service providers
- Been referred to access key activities: Healthy Living Initiative; Formal Learning Activities (such as ESOL, CLAIT and other IT courses) and Leisure Activities (defined by carers themselves to give them a break from their caring roles)

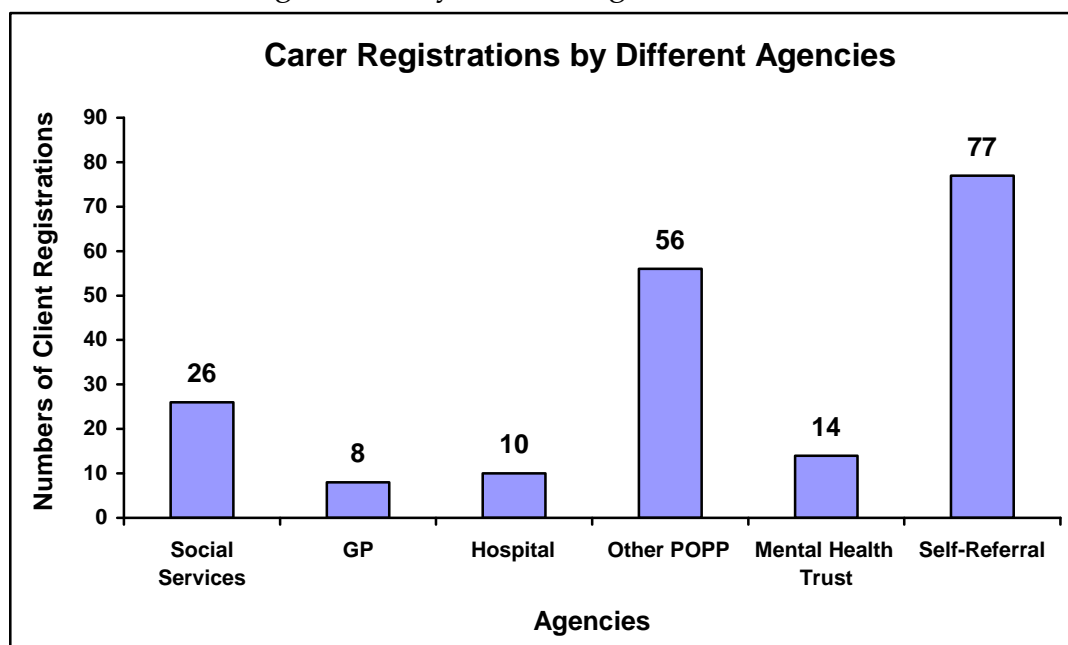
The Carers' Social Enterprise Development Worker is also a qualified careers officer, and so has been able to offer careers guidance to carers, as well as identify training opportunities. Assertive outreach support to carers has been provided in Heywood each Tuesday morning through setting up a conference

room facility at the side of Heywood market, which enables the Carers' Social Enterprise Development Worker to meet with carers and offer them support. In addition, the Development Worker has also worked alongside carers and social workers to arrange respite care in care homes across Rochdale Borough.

The following summarises the key findings from an analysis of this data.

There are 241 carers that have registered with the Carers' Resource during the second year of POPP, and these have come through various agencies over the life of the POPP pilot. The following chart identifies the total number of registrations that have come through key referral agencies during this period.

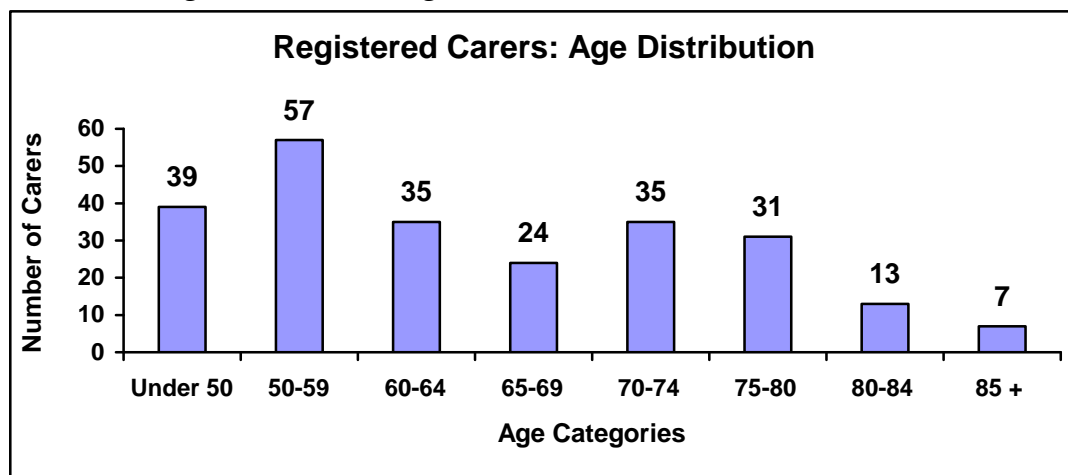
Chart 4.5: Carers registration by different agencies



It can be seen that most of the referrals were self-referrals, whilst a large number of carers came to register through being in contact with other POPP services. Hospitals, Social Services, GPs and a Mental Health Trust also made referrals. Additional referrals (not shown in the table) came from community activities, such as Opportunity Knocks, Community Matrons Service and other types of activities.

It is interesting to note the age and gender profile of carer registrations. Of the 241 registered carers, there are significantly more female (156) than male (85) carers. The following table indicates that the distribution of carers registered is fairly even through the different age bands.

Chart 4.6: Registered carers: age distribution



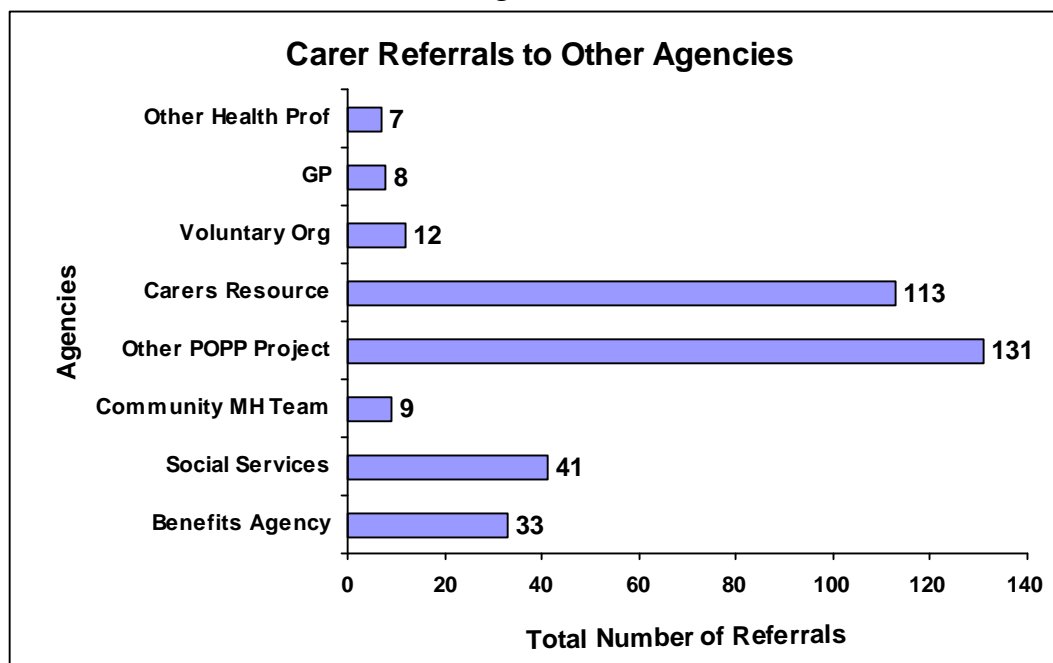
What help or support were carers given?

An important aspect of the Carers' Social Enterprise Development Worker's activity has been to refer clients to a variety of other agencies, and in this way help to address their needs. These referrals are based upon complete assessments undertaken with carers by the Carers' Social Enterprise Development Worker, which enables advice, information and guidance to be provided to the carer. This process can take a considerable period of time, and may involve consultation with a variety of agencies. It may also involve gaining the confidence, over a lengthy period of time, of the carers. It may also involve making home visits to carers, carrying out general research into various issues (such as the impact of Alzheimer's disease) and engaging with the cared for person as well as the carer. Ultimately a plan of action is drawn up which seeks to address the needs of both carer and cared for person, and this is carried out prior to making any referrals.

The following chart identifies most of the 261 referrals that have been made to key agencies since the Carers' Social Enterprise Development Worker came into post (August 2007).

It is striking to note that half of all referrals have been to other POPP projects, which indicates close synergy between the Carers' project and related POPP initiatives. Similarly the high number of referrals to the Carers' Resource suggests that the Carers' Social Enterprise Development Worker has been able to introduce various activities provided by Carers' Resource to carers in ways that have been reassuring to them. Referrals to Social Services and the Benefits Agency suggest that carers have been able to access support that they did not realise was available to them. A small number of additional referrals have been made to Crossroads (enabling carers to have a break from caring responsibilities), Warm Front (Home Insulation Service), Alzheimer's Support Group, GPs and a housing organisation.

Chart 4.7: Carer referrals to other agencies

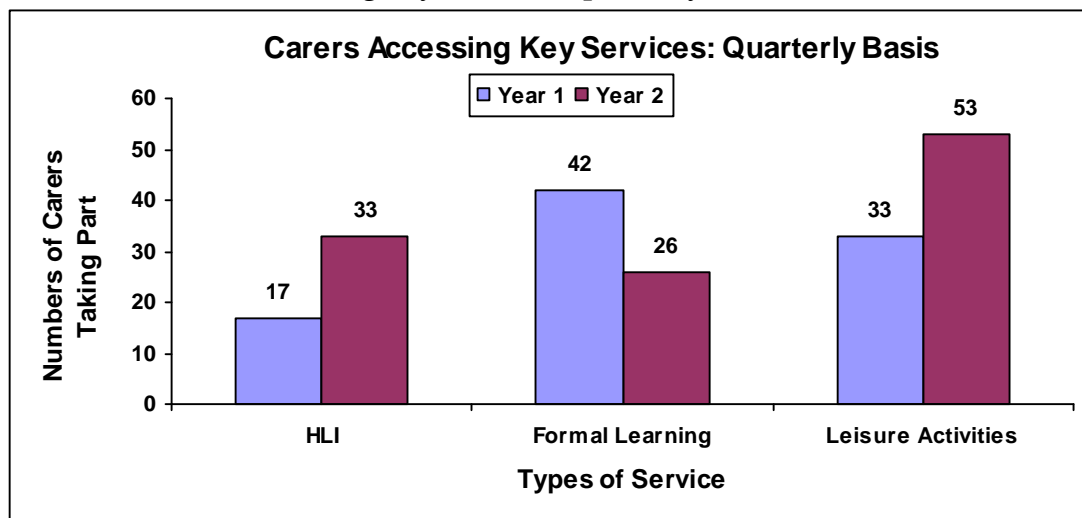


An important aspect of the Carers' Social Enterprise Development Worker activity has been to refer clients to key activities: Rochdale Healthy Living Initiative (HLI); Formal Learning Activities and Leisure Activities.

- Rochdale HLI is centred upon Arts and Craft activities, health advice and information, as well as Physical Activity/Exercise
- The Formal Learning Activities include English as a Second Language (ESOL), IT classes/CLAIT instruction and First Aid instruction. These kinds of activities help to develop the confidence of carers
- Leisure Activities are those which are defined by carers as giving them a break from the day-to-day pressures of their caring role. Hence these activities are very varied, and can include attending a coffee morning, visiting a leisure centre, or taking part in personal development classes, which can include learning relaxation techniques, manicure and eating healthily

The following chart identifies the total number of carers that have participated in these activities within both Year 1 and Year 2 of the POPP project since the Carers' Social Enterprise Development Worker came into post (August 2007).

Chart 4.8: Carers accessing key services: quarterly basis



A key role of the Carers' Social Enterprise Development Worker, in addition to developing support networks for carers, has been to develop opportunities to start small businesses, which can directly link to the Rochdale POPP project.

It is important to recognise the immense difficulty presented to carers in coming off benefits and starting a business, and then to carry on caring for loved ones whilst dealing with the time-consuming challenges of running a business. This can often create intolerable financial and organisational pressures on carers, who require flexible and lasting support from government agencies. The decision to come off benefits can cause great anxiety for carers. Five social enterprises have been set up and are in varying stages of development. The following summarises ongoing development for each of them.

Hypno Studio

This service seeks to provide hypnotherapies by an NLP Practitioner. The focus of the training is concerned with various issues, including gaining confidence and motivation, mastering one's emotions, changing unwanted behaviours, removing unnecessary fears and phobias and creating better working and more satisfying emotional relationships. An NLP Practitioner is someone who has learnt to use the principles and techniques of NLP to enhance their personal effectiveness and improve those same skills in others.

The following progress has been made:

- A business plan has been drafted
- The NLP Practitioner has been signposted to the New Enterprise Scholarships Programme. This involves a 14 week business and IT course. Upon completion, participants may apply for up to £1500 of business start-up support

- The NLP Practitioner has been given the opportunity to practice a live session that is filmed and recorded; and
- The NLP Practitioner has been given clear and accurate guidance and support to progress into becoming a Social Enterprise

Chrissy's Cards

This is a social enterprise that makes handmade, personalised greetings cards.

The following progress has been made:

- The organiser of the card making service has been given clear and accurate guidance and support to progress into becoming a Social Enterprise
- The organiser of the card making service has been introduced to the Women's Enterprise Initiative for guidance and support
- The organiser of the card making service has been encouraged to create samples
- The organiser of the service is presently at the point of being able to market her product in-house initially, with the aim of becoming a mainstream supplier
- The card-making service had been running successfully. Unfortunately one of the carers responsible for Chrissy's Cards has experienced a bout of ill health. Hence this social enterprise has been suspended until the carer's health and well-being improves

Lotus Defence

This social enterprise involves providing self defence classes to vulnerable older people and their carers. It aims to reduce the risk of not being a target of crime within the community, and more generally how to prevent being financially taken advantage of. The providers of this service visit luncheon clubs and over 50s clubs. At present it is provided on a voluntary basis, but they are working towards becoming a social enterprise.

Extreme Clean

This social enterprise was set up by two carers in Heywood. They provide cleaning to carers for competitive prices, and have developed flyers and publicity materials. In addition, they have purchased a vehicle, cleaning materials and other necessary items. However, once the social enterprise was launched, they soon discovered that providing cleaning services to carers was not sufficient to cover costs, and so they have expanded the business to private companies requiring office spaces to be cleaned as well as to carers. Having extended their reach and approached private businesses, the social enterprise has been very successful, and both carers no longer receive benefits. In addition, both have gained considerable confidence and become more independent, and their financial status has markedly improved.

Carers' gardening scheme

The idea from this social enterprise came from the Carers' Social Enterprise Development Worker, who had taken notice of gardening programmes on television and felt that there might be scope for a similar initiative involving carers. The scheme involves carers giving up their time to turn an unkempt allotment plot into a vegetable garden. Its development has fitted in with a desire amongst carers to become involved in outdoor activities, rather than the usual coffee morning activities that are generally provided for carers. The allotment plot is owned by Rochdale MBC and has been loaned to a group of six carers. Activities include seeding, planting and tending to a wide variety of fruit and vegetables (such as potatoes, cabbages, carrots, tomatoes, raspberries and strawberries) on a weekly basis. There is also a raised herb garden, as well as some flower beds. The gardening tools (including lawnmowers and gardening gloves) have been donated by carers. The gardening produce has either been consumed by the gardening group, or donated to housebound carers. The Carers' Resource has also provided the group with a budget of £200 per year.

This social enterprise has grown from strength to strength. Some of the group are considering taking an NVQ in Horticulture so that they can gain employment as a gardener. There is also interest in running their own gardening scheme for carers, so that it can become a profit-making business enterprise.

Key Findings

Rochdale CVS and Rochdale POPP

- Nearly two hundred volunteers were recruited over the duration of the POPP pilot in line with the POPP target number
- Volunteers were primarily in the 50-59 years age bracket although 69 were aged 60 years or over
- Volunteers were involved in 38 different activities including the VDS (in both administrative and driving roles), TOPPs (committee members)

GMPTE and Rochdale POPP

- GMPTE has very comfortably achieved its targets for POPP trips per month, and this support has enabled many older people across the Borough take part in a range of diverse activities. Without this high level of support, the POPP project would not have accomplished such remarkable success in enabling so many older people to become so actively engaged with events and activities. This high level of support has done much to reduce social isolation amongst POPP members in Rochdale
- The role of the POPP Transport Co-ordinator has been instrumental in achieving these targets through working closely and effectively with the TOPPs, and developing strategies that can enable the unmet needs of POPP members to be addressed
- Equally the POPP Transport Co-ordinator has worked effectively with Community Transport Operators, Ring and Ride and private hire taxi firms where necessary in Rochdale, as well as enabling the use of group transport vehicles to secure cost-effective solutions to transport obstacles

for single or group participants in POPP activities. This success can be seen in the amount of flexible transport commissioned by the TOPPs to address unmet transportation needs

- The POPP Transport Co-ordinator has also worked highly effectively with Heywood New Heart for Community Transport (HNNHCT) in enhancing the effectiveness of the Volunteer Driver Scheme (see case study) through supporting the MIDAS training of volunteer drivers, and supporting HNNHCT in delivering the service to POPP members with significant mobility problems. This has enabled isolated, vulnerable people to access services and activities in ways that would previously have been extremely difficult, if not impractical
- The evidence of trips delivered by the VDS in relation to health and social activities demonstrates that a very high proportion (over two-thirds) of all trips are for health purposes (i.e. to and from a health facility). In the long term, it is felt that this kind of scheme could ease some of the burden of the local ambulance service in transporting people to and from hospital, and reduce the length of time that older people are required to wait to be transported home. It also highlights the role of the VDS in enhancing social integration through enabling older people to become less socially isolated
- Although some travel training has been provided for those aged over 60 years, there is a sense that there will be a greater emphasis on this aspect of the POPP project in the future

Carers' Association and Rochdale POPP

- The Carers' Association has achieved considerable success in supporting carers in Rochdale. The referrals to the Carers' Association have enabled POPP members with caring responsibilities, and carers of older people, to access varying types of support
- The work of the Carers' Social Enterprise Development Worker has been pivotal in developing the achievements of the Carers' Association,

particularly in relation to identifying, registering, helping and supporting over 400 carers over the life of the project

- A key factor contributing to the success of the Carers' Association has been the way in which it has promoted itself with a variety of different agencies, such as Social Services, the local NHS, other POPP projects and within the wider population of Rochdale Borough. This has resulted in so many referrals coming through contact with different agencies, as well as through self-referral
- Similarly the project has worked extremely well in sign-posting carers to other services, and it is particularly striking that such a high proportion of carers have been referred to the Carers' Resource, other POPP projects and the Benefits Agency for benefit checks. There is a keen sense that the Carers' Association has been fully engaged with other agencies for these referrals to have been made
- Over the period of the project, a large number of carers have accessed Healthy Living Initiative, Formal Learning and Leisure Activities. These activities are very important for carers in terms of relieving themselves of the stress of their caring responsibilities, becoming less socially isolated and developing social ties and friendships with others
- The success of the Carers' Association in developing viable and wide-ranging social enterprises is particularly impressive. They have all supported carers in developing their interests in different ways, particularly given the immense challenges of running social enterprises whilst continuing to maintain their caring responsibilities. The gardening scheme has achieved particular success in promoting supportive interaction between carers, and providing them with the confidence and expertise to develop a wide variety of gardening skills. Over time the gardening scheme could potentially grow, and come to involve significantly greater numbers of carers.

CHAPTER FIVE

DEVOLVED DECISION-MAKING: TOPPS COMMISSIONING

Introduction

This chapter seeks to examine the commissioning of services over the life of the Rochdale POPP pilot, based upon data provided by the TOPP Development Worker. It also explores the devolved commissioning process and activity that is at the heart of the Rochdale POPP supplementing this data with observational research data gained from attending TOPPs monthly meetings, as well as focus groups with TOPPs members in each Township.

From the outset Rochdale POPP sought to enable older people to exercise greater power and control over their lives, in order to sustain independence and well-being in later years. The model developed conveys a powerful commitment to the principle of community empowerment, which is centred upon two key activities:

Developing partnerships with older people at a Township level

The POPP programme set up TOPPs in each of the four Townships that comprise Rochdale Borough (Heywood, Rochdale, Middleton, and Pennines).

Each of the TOPPs represented a partnership between older people, Rochdale Borough and other local organisations for older people. They were supported by Rochdale CVS, who were funded by Rochdale POPP to employ a TOPP Development Worker. The role of the TOPP Development Worker was to bring together older people's associations to develop the membership of a TOPP within each Township, so that they would be representative of older people and able to confidently commission services.

Further support work included supplying dedicated capacity building and training to the TOPPs so that they became inclusive, had appropriate terms of reference and were in a position to identify their training needs. In addition, the TOPPs had a wider objective in linking with Township structures, so that older people could have a voice within the local democratic process.

Devolving commissioning and funding to the Townships

The TOPPs were given responsibility for a development budget for commissioning local activities, and promoting initiatives led or supported by older people. This ethos involved the creation of an entirely new financial partnership with older people, in that TOPPs were given greater control over resources to develop local activities in line with local needs.

The strategy involved an indicative budget that focused upon preventative services and local activities (such as healthy living, leisure and associated transport to support access to services and activities). The Rochdale POPP programme involved approximately 40% of the total budget (allocated to each TOPP based upon the demographic distribution of older people aged 65 and over in each Township) being devolved in this way. Furthermore, the proposed strategy involved TOPPs receiving adequate training, so that they could decide upon their local priorities (within the agreed project criteria) in direct response to the choices and needs identified by older people through POPP outreach workers.

The criteria for TOPPs commissioning was set in accordance with the objectives of Rochdale POPP. Thus proposals for funding were required to:

- Meet the health and well-being objectives of Rochdale POPP
- Fill a gap identified by older people in the Township
- Reach out to socially isolated or excluded older people

- Address how the proposed activity become sustainable, for example, what element of the spend will be used on skills and training?

Six outreach workers played a key role in engaging with older people (including those who are socially isolated and excluded) across the four Townships based upon referrals from various agencies, as well as self-referrals. In addition to navigating, signposting and referring on to mainstream services, outreach workers played a crucial role in providing information about needs directly into the TOPPs in order to help inform decision-making.

Commissioning: Heywood TOPP

Heywood TOPP had an indicative budget of £72,000 over the course of the POPP pilot, and directly commissioned services to the value of £54,045. Table 5.1 provides a breakdown of services and activities commissioned by Heywood TOPP.

Commissioning by Heywood TOPP: A discussion

It can be seen that the Heywood TOPP spent approximately a third of their allocated budget on transport-related activities, which further underlines the immense importance of the transport element of the POPP project in enabling older people to access services and facilities. This is a pattern of funding which is replicated in other TOPPs commissioning decisions. The remaining funds were spent on a combination of IT, Allotments, Dancing, Tai Chi, Play Equipment and Arts and Craft activities.

Table 5.1: Heywood commissioning activity

Service	Supplier	Date of Funding Approval	Funding (£)
Flexible Transport	<i>GMPTE</i>	<i>January 2008</i>	<i>1,000</i>
Allotments	<i>Wrigley Brook Allotments</i>	<i>March 2008</i>	<i>5,000</i>
IT Lessons	<i>Rochdale Life Long Learning</i>	<i>March 2008</i>	<i>2,880</i>
Volunteer Driver Scheme	<i>New Heart Heywood Community Transport</i>	<i>March 2008</i>	<i>4,550</i>
Rochdale Borough Shopping Link	<i>GMPTE</i>	<i>March 2008</i>	<i>5,000</i>
Arts and Crafts	<i>2nd Generation Club</i>	<i>June 2008</i>	<i>1,450</i>
Rochdale Borough Shopping Link	<i>GMPTE</i>	<i>June 2008</i>	<i>2,500</i>
Armchair Exercise	<i>Crimble Croft Community Centre</i>	<i>August 2008</i>	<i>3,025</i>
Dancing	<i>Spiral Dance</i>	<i>August 2008</i>	<i>4,698</i>
Allotments	<i>Wrigley Brook Allotments</i>	<i>September 2008</i>	<i>5,000</i>
Volunteer Driver Scheme (Co-ordinator)	<i>GMPTE</i>	<i>September 2008</i>	<i>3,600</i>
Flexible Transport Top-Up	<i>GMPTE</i>	<i>September 2008</i>	<i>1,250</i>
Queens Park Play Equipment	<i>Queens Park</i>	<i>November 2008</i>	<i>8,450</i>
Tai Chi	<i>NHS</i>	<i>November 2008</i>	<i>5,642</i>
TOTAL SPENT			£54,045
BUDGET REMAINING			£17,955

The Allotments activity (provided by Wrigley Brook Allotments, a voluntary community organisation) has been particularly innovative, in that efforts have been made to support disabled people to access the facilities through the provision of raised flower beds, so that that all older people can participate in

planting, seeding, weeding and other gardening activities. It has also meant that volunteers have been able to support older people with tending to the allotment where necessary, and has enabled tools to be made available. Considerable numbers of older people in Heywood who used to have gardens and have since moved into sheltered accommodation expressed the desire to take part in gardening. The allotments funding has succeeded in re-engaging many older people in Heywood with gardening, as well as developing social ties within their communities. The allotment funding has also enabled locally farmed produce to be sold within the allotment shop at slightly lower prices than those charged within local supermarkets.

Armchair Exercise provided at Crimble Croft Community Centre are an example of TOPPs funding being used to give access to services in ways that are convenient to service users. Through attending Crimble Croft Community Centre for Armchair Exercise, participants are able to have lunch at the Luncheon Club provided there, as well as take part in other activities, such as Bingo, Arts and Crafts or watch old films. Rather than merely take part in Armchair Exercise and then return home, there is an opportunity for POPP members in Heywood to develop their social circle and take part in various additional activities. Taking part in Armchair Exercise has involved participants being charged a sessional fee of approximately £1.50, but this has allowed Crimble Croft Community Centre to provide more sessions, and so enhanced the sustainability of the service, which may help to secure additional funding beyond the life of the POPP project.

Queens Park Play Equipment is a highly innovative development, and is the first of its kind in the whole Borough. It involves ten pieces of exercise equipment being set up within Queens Park for the use of the whole community, and there is anecdotal evidence that considerable numbers of older people have been using the equipment to enhance their health and well-being. The equipment is fully accessible to disabled people, and provides a

combination of cardiovascular exercise, as well as stretching/toning equipment. The commissioning of this play equipment demonstrates the Heywood TOPP's willingness to work in partnership with a variety of agencies (i.e. New Heart for Heywood, Rochdale MBC and Friends of Queens Park) in order to achieve benefits for older people in the community.

Spiral Dance also highlights the flexible approach to service provision, in that dance classes are provided at Heywood Civic Centre, which is the preferred location of older people. Participation involves a charge of approximately £1.50, which has helped to sustain the service, and has also enabled the service to be delivered within additional locations in Heywood.

The provision of IT lessons has involved a rolling programme of computer classes, where the emphasis has been on communication through internet and email. Four 12-week courses of lessons are offered over the course of a year, and classes have taken place in the Heywood Township Offices. The classes have been extremely valued in enabling POPP members to learn how to communicate via email with relatives and friends abroad, notably in Australia and New Zealand, and hence the service has helped to address social isolation.

Commissioning: Middleton TOPP

Middleton TOPP had an indicative budget of £96,000 over the course of the POPP pilot, and directly commissioned services to the value of £71,414. Table 5.2 provides a breakdown of services and activities commissioned by Middleton TOPP.

Commissioning by Middleton TOPP: A discussion

Middleton TOPP have, like Heywood TOPP, spent roughly a third of their allocated budget on transport-related activities, which further underlines the immense importance of the transport element of the POPP project in enabling

older people to access services and facilities. The remaining funds have been spent on a combination of IT, Podiatry, Carers' Support, Armchair Exercise and Arts and Craft activities.

The funding of MJBTRA (Tenants and Residents Association), a community voluntary organisation, to deliver a combination of holistic therapy and gentle exercise, illustrates a person-centred approach to service delivery. The sessions are offered within a sheltered accommodation, as the residents preferred to take part in these activities in their place of residence rather than elsewhere. This indicates that the TOPPs commissioning has sought to provide services based upon the expressed wishes of older people. However, it has been noted that participants attending come from different parts of Middleton, and not solely from the sheltered accommodation in which the activities take place. This approach fits well with equal opportunities practice in that voluntary and community organisations (such as MJBTRA) would be unwilling to provide services that were not accessible to all. The commissioning of this service has been particularly successful in that when the commissioning ceased, the service continued to receive funding from the Healthy Living Programme. This person-centred approach can also be seen in the funding of Arts and Crafts activities at Hollin Estate, which is one of the most deprived parts of Middleton and an area where there had been no activities for older people. Provision of these activities at Hollin Estate has meant that local residents (who had requested local activities) can more easily access them, which has helped to increase participation.

Chart 5.2: Middleton commissioning activity

Service	Supplier	Date of Funding Approval	Funding (£)
Flexible Transport	<i>GMPTE</i>	<i>January 2008</i>	<i>1,000</i>
IT Lessons	<i>Demesne</i>	<i>February 2008</i>	<i>3,000</i>
Armchair Exercise	<i>Healthy Living Initiative</i>	<i>March 2008</i>	<i>4,355</i>
Rochdale Borough Shopping Link	<i>GMPTE</i>	<i>March 2008</i>	<i>5,000</i>
Rochdale Borough Shopping Link	<i>GMPTE</i>	<i>July 2008</i>	<i>2,500</i>
Carers Support	<i>Carers Resource</i>	<i>March 2008</i>	<i>4,800</i>
Moorclose Junction and Baytree Tenants and Residents Association (MJBTRA): Gentle Exercise	<i>MJBTRA</i>	<i>March 2008</i>	<i>3,450</i>
Podiatry	<i>Wood Clough</i>	<i>March 2008</i>	<i>3,000</i>
Volunteer Driver Scheme	<i>New Heart Heywood Community Transport</i>	<i>March 2008</i>	<i>4,550</i>
Brookside Transport	<i>GMPTE</i>	<i>April 2008</i>	<i>1,560</i>
Demesne ICT Class Transport	<i>GMPTE</i>	<i>June 2008</i>	<i>1,560</i>
Clough Court /D'Oliveira Court Gentle Exercise Transport	<i>GMPTE</i>	<i>June 2008</i>	<i>1,560</i>
Hutton Care Transport	<i>GMPTE</i>	<i>August 2008</i>	<i>1,380</i>
Armchair Exercise	<i>Healthy Living Initiative</i>	<i>August 2008</i>	<i>4,590</i>
Luncheon Club	<i>Demesne Community Centre</i>	<i>August 2008</i>	<i>7,315</i>
IT Lessons	<i>Step by Step IT</i>	<i>August 2008</i>	<i>3,600</i>
Flexible Transport Top-Up	<i>GMPTE</i>	<i>August 2008</i>	<i>1,250</i>
VDS Co-ordinator	<i>GMPTE</i>	<i>August 2008</i>	<i>4,800</i>
Arts and Crafts	<i>Hollin Estate Management Board</i>	<i>December 2008</i>	<i>4,900</i>
Project Specific: VDS Vehicle	<i>GMPTE</i>	<i>January 2009</i>	<i>3,500</i>
Project Specific: Demesne IT Transport	<i>GMPTE</i>	<i>January 2009</i>	<i>3,744</i>
TOTAL SPENT			£71,411
BUDGET REMAINING			£24,586

It is also interesting to note that many of the activities have been delivered through commissioning GMPTE to provide necessary transport. As an example, Brookside Transport has involved GMPTE transporting a group of POPP members to Brookside Community Centre so that they could access a luncheon club. This activity has been taking place for a year, and without the transport element, POPP members would not have been able to access this service. Similarly, POPP members in Middleton were able to access exercise classes at Clough Court and D'Oliveira Court (via GMPTE transport), and IT classes at Demesne Community Centre.

The commissioning of the Podiatry Service is unique to the Middleton TOPP, and demonstrated the way in which transport services have been used to enhance the impact of commissioned services. Middleton TOPP was able to offer a subsidised nail clipping service with a qualified podiatrist to local people. Two afternoons per week at a local Podiatry clinic were set aside purely for the use of local POPP members, some of whom were collected from home by POPP transport, dropped off at a clinic where they have their toe nails clipped by a fully qualified chiropodist, and then returned home. The Middleton TOPP consider that, in addition to enhancing the ease with which older people can walk about, the subsidised Podiatry Service reduces social isolation, as well as reduce the likelihood of falls.

Commissioning from Rochdale TOPP

Rochdale TOPP had an indicative budget of £164,000 over the course of the POPP pilot, and directly commissioned services to the value of £79,483.

Rochdale TOPP have spent around half their allocated budget on transport-related activities. This is slightly more than both the Heywood TOPP and Middleton TOPP and further underlines the immense importance of the Transport element of the POPP project in enabling older people to access services and facilities. The remaining funds have been spent on a combination

of Information Technology (IT), Armchair Exercise, Gentle Exercise, Luncheon Clubs, Massage Therapy and Arts and Craft activities (Table 5.3).

Table 5.3: Rochdale commissioning activity

Service	Supplier	Date of Funding Approval	Funding (£)
Flexible Transport	<i>GMPTE</i>	<i>January 2008</i>	<i>2,000</i>
Luncheon Club	<i>Wardleworth Community Centre</i>	<i>January 2008</i>	<i>2,400</i>
Armchair Exercise	<i>Castlemere Community Centre</i>	<i>February 2008</i>	<i>3,353</i>
Armchair Exercise	<i>BACP</i>	<i>February 2008</i>	<i>3,900</i>
Volunteer Driver Scheme (VDS)	<i>GMPTE</i>	<i>March 2008</i>	<i>5,000</i>
Rochdale Borough Shopping Link	<i>GMPTE</i>	<i>March 2008</i>	<i>5,000</i>
Syke Gentle Exercise Luncheon Club	<i>Syke Community Base Khubsurat House (St Vincents Housing Association)</i>	<i>March 2008 April 2008</i>	<i>3,950 3,380</i>
Kirkholt Church Friendship	<i>GMPTE</i>	<i>April 2008</i>	<i>3,744</i>
Gentle Exercise	<i>Fieldway Gentle Exercise</i>	<i>April 2008</i>	<i>1,488</i>
Armchair Exercise	<i>Healthy Living Initiative</i>	<i>August 2008</i>	<i>6,650</i>
Arts and Crafts	<i>Alice Ingham Court</i>	<i>August 2008</i>	<i>3,130</i>
Rochdale Borough Shopping Link	<i>GMPTE</i>	<i>June 2008</i>	<i>2,500</i>
Meadowfields Friday Luncheon Club	<i>GMPTE</i>	<i>June 2008</i>	<i>1,560</i>
Meadowfields Tuesday Luncheon Club	<i>GMPTE</i>	<i>June 2008</i>	<i>1,560</i>
Flexible Transport Top-Up	<i>GMPTE</i>	<i>August 2008</i>	<i>1,250</i>
VDS Co-ordinator	<i>GMPTE</i>	<i>August 2008</i>	<i>8,200</i>
Meadowfields Tai Chi Transport	<i>GMPTE</i>	<i>September 2008</i>	<i>1,700</i>
IT Lessons in 3 Venues	<i>Step by Step IT</i>	<i>October 2008</i>	<i>8,400</i>
Massage Therapy	<i>Derek Walker Court</i>	<i>October 2008</i>	<i>3,468</i>
Required VDS Vehicle	<i>GMPTE</i>	<i>January 2009</i>	<i>4,500</i>
Armchair Exercise	<i>Healthy Living Initiative</i>	<i>January 2009</i>	<i>2,350</i>
TOTAL SPENT			£79,483
BUDGET REMAINING			£84,517

Commissioning by Rochdale TOPP: A discussion

A number of the commissioned activities have taken place in community centres in Castlemere (Armchair Exercise) and Wardleworth (Luncheon Club), which mainly serve the needs of local South Asian communities. Hence the commissioning of activities within these facilities is a valuable step in supporting the needs of local BME communities.

The Armchair Exercise provided at the Bangladeshi Association Community Project (BACP) is a particularly useful facility, as the venue (located in the Wardleworth/Hamer district) is staffed by workers fluent in Bangla. Given the tightly knit nature of the older Bangladeshi community, many of whom are not fluent in English, it is particularly valuable to have staff in place who can communicate freely with Bangladeshi elders. It has been reported by the TOPP Development Worker that participants have been able to do various physical exercises, as a consequence of taking part in Armchair Exercises, such as raised arm movements, which they were previously unable to carry out.

One of the innovative findings to emerge has been that the tutor who has led Rochdale TOPP-funded Armchair Exercises for Healthy Living Initiative has also carried out the same function for BACP. During the course of leading classes at BACP, a local volunteer from the Bangladeshi community has been taught how to deliver the classes. Hence BACP have gained an extremely valuable asset from Rochdale TOPP commissioning in the form of a bilingual tutor who can continue to deliver Armchair Exercise classes.

In addition, BACP provides a wealth of other non-POPP funded activities, such as ESOL classes, gym facilities, a luncheon club (providing halal food), crèche facilities and Arts and Crafts. Through accessing the POPP-commissioned Armchair Exercise, Bangladeshi elders have the opportunity to engage with a variety of other activities in an environment in which they are

comfortable. Furthermore there is also clear opportunities for making new social contacts and become more engaged with local activities.

Khubsurat House (run by St Vincent's Housing Association) is situated in the Milkstone/Deeplish area, and is the first sheltered accommodation in the North West of England to provide housing predominantly for people from BME communities moving out of their homes. It is home to people from diverse communities, including Pakistanis, Kenyans, Nigerians, Indians as well as White British communities. The provision of a Luncheon Club is an interesting development, in that the food is drawn from different ethnic groups as a means of bringing the whole community together.

TOPP-commissioned services are also delivered to three places of sheltered accommodation: Derek Walker Court (Massage Therapy); Alice Ingham Court (Arts and Crafts) and Fieldway (Gentle Exercise). In general terms, most of the POPP members using these activities live within or near to where they are offered. However, if a POPP member in another part of the Rochdale Township wished to attend and this was reported to the TOPP by the outreach worker, then the Transport Co-ordinator would arrange cost-effective transport through Community Transport, Ring and Ride or the VDS. Should a group of POPP members express such an interest, then this would be commissioned by the TOPP, who would draw upon the Transport Co-ordinator to look at cost-effective options drawn from Community Transport operators, Ring and Ride for a set number of weeks.

Commissioning from Pennines TOPP

Pennines TOPP had an indicative budget of £68,000 over the course of the POPP pilot, and directly commissioned services to the value of £54,148. The following table provides a breakdown of commissioned services and activities.

Table 5.4: Pennines commissioning activity

Service	Supplier	Date of Funding Approval	Funding (£)
Tai Chi	<i>Meadowfields Community Centre</i>	<i>February 2008</i>	<i>2,120</i>
Flexible Transport	<i>GMPTE</i>	<i>February 2008</i>	<i>1,000</i>
Meadowfields Transport for Tai Chi	<i>GMPTE</i>	<i>February 2008</i>	<i>1,500</i>
Armchair Exercise	<i>Healthy Living Initiative</i>	<i>March 2008</i>	<i>1,860</i>
Rochdale Borough Shopping Link	<i>GMPTE</i>	<i>March 2008</i>	<i>5,000</i>
Volunteer Driving Scheme	<i>GMPTE</i>	<i>March 2008</i>	<i>4,500</i>
Carers Support	<i>Carers Resource</i>	<i>March 2008</i>	<i>4,800</i>
Rochdale Borough Shopping Link	<i>GMPTE</i>	<i>June 2008</i>	<i>2,500</i>
Meadowfields Lunch Club (Tuesday)	<i>GMPTE</i>	<i>June 2008</i>	<i>1,560</i>
Meadowfields Lunch Club (Friday)	<i>GMPTE</i>	<i>June 2008</i>	<i>1,560</i>
St Andrews Church Friday Lunch Club	<i>GMPTE</i>	<i>June 2008</i>	<i>468</i>
Dearnley Friendship Club (Tuesday)	<i>GMPTE</i>	<i>June 2008</i>	<i>1,560</i>
St Andrews Church Wednesday Lunch Club	<i>GMPTE</i>	<i>June 2008</i>	<i>468</i>
IT Lessons	<i>Saxon House</i>	<i>July 2008</i>	<i>3,500</i>
Dancing	<i>Spiral Dancing</i>	<i>August 2008</i>	<i>1,955.50</i>
Meadowfields Tai Chi Transport (2)	<i>GMPTE</i>	<i>September 2008</i>	<i>1,700</i>
Volunteer Driving Scheme Co-ordinator	<i>GMPTE</i>	<i>September 2008</i>	<i>3,400</i>
Armchair Exercise: Wardle and Smallbridge Community Centre / Braddock Close	<i>Link 4 Life</i>	<i>November 2008</i>	<i>4,596.80</i>
IT Lessons: Transport for Hollingworth	<i>GMPTE</i>	<i>November 2008</i>	<i>2,400</i>
Flexible Transport: Top Up	<i>GMPTE</i>	<i>January 2009</i>	<i>1,250</i>
Arts and Crafts	<i>Step by Step</i>	<i>January 2009</i>	<i>6,400</i>
TOTAL SPENT			£54,148.30
BUDGET REMAINING			£13,851.70

Commissioning by Pennines TOPP: A discussion

It can be seen that the Pennines TOPP has placed considerable emphasis on providing Tai Chi at Meadowfields Community Centre, and this service has involved considerable commissioning from both the provider of Tai Chi classes, as well as from GMPTE in arranging transport provision to and from Meadowfields. An evaluation of Tai Chi provision is one of the case studies within this final POPP report, and it can be seen to have had a considerable impact upon improving the balance and general mobility of participants. These improvements are closely related to a reduced incidence of falls among older people.

An interesting feature of Pennines TOPP commissioning has been the development of services within Meadowfields Community Centre. Prior to the development of Rochdale POPP the Luncheon Club at Meadowfields was very much underutilised. Since funding from Pennines TOPP, the numbers of older people accessing the Luncheon Club has increased considerably, to the extent that an additional Club at the site has commenced, and is now running at full capacity. The success of the Luncheon Clubs has helped POPP members to develop social networks, and to access various other social, recreational and educational activities taking place in Meadowfields, as well as in other parts of Rochdale Borough. Indeed members of the Tai Chi group have also used the Luncheon Club on various occasions. Meadowfields Community Centre plays a key role in sign-posting to events and activities such as 'Recycled Teenagers' (where older people can gain advice on retirement issues around finance, pensions, luncheon clubs in different parts of the Borough), dance groups for older people (such as the Evergreen Dance Group at Sparth Community Centre in Central Rochdale), exercise groups for the over 50s and the Expert Patient Programme, whose representatives have visited Meadowfields as a means of recruiting older people. Within Meadowfields itself, other activities which may be taking place at various times include IT classes, film-making classes looking at Rochdale's

development over time, as well as film memorabilia and a Diet and Exercise Group ('Good Enough to Eat').

Further innovative services include Armchair Exercise at Wardle and Smallbridge Community Centre, which is largely attended by the local Pakistani and Kashmiri community. Through discussions with POPP members in these areas, it became clear that whilst there was an expressed wish to participate in Armchair Exercise, some would-be participants were uncomfortable attending regular classes held at sports facilities in the area and provided by Link 4 Life. These misgivings were partly based upon their perception of sports centres as being places for younger people to attend, as well as concerns about the timing of classes, which generally commence during the mornings. Consequently, in an effort to develop a service centred upon the wishes of the group, Pennines TOPP arranged for Link 4 Life to deliver these services within a setting that was convenient to the participants (i.e. Wardle and Smallbridge Community Centre) during the afternoon. The result has been that the Armchair Exercise classes are very well-attended, and have achieved greater levels of participation than standard Armchair Exercise classes delivered at sport centres.

Rochdale TOPP have spent just over half of their allocated budget on transport-related activities (as a proportion of their commissioning), which is slightly more than all of the other TOPPs. This further underlines the immense importance of the Transport element of the POPP project in enabling older people to access services and facilities. The remaining funds have been spent on a combination of Tai Chi, IT, Armchair Exercise, Luncheon Clubs, Carers' Support, Dancing and Arts and Craft activities.

In addition, Step by Step is one of the few private agencies delivering services commissioned by Pennines, Rochdale and Middleton TOPPs. The nature of the IT training provided is that it is extremely person-centred, and

participants are encouraged to develop their IT skills at their own pace. All of the IT learning is also delivered within the community at local venues.

The TOPP commissioning process

Having summarised the commissioning decisions of the TOPPs, it is useful to highlight some key reflections from this process.

Diversity of commissioning decisions

One of the most striking features has been the diversity of decision-making made by the TOPPs, and the powerful sense that the specific unmet needs of an older population within a relatively small area has produced tailored solutions to address those needs. This illustrates a sense of creativity on the part of the TOPPs in seeking to develop flexible solutions to meet challenging needs, and a commitment to put the needs of older people at the forefront of their planning decisions.

The development of Podiatry Services in Middleton, for example, reflected a high level of unmet need that was not identified in other Townships. Similarly the extensive work carried out in developing Wrigley Brook allotments in Heywood, so that older people could take part in gardening activities, was a highly creative response to a specific need that did not seem to be expressed elsewhere. Within Rochdale Township, the greater population of South Asian elders has produced tailored solutions to those needs in the form of Armchair Exercise and Luncheon Club within community centres. In Pennines Township, the development of activities at Meadowfields Community Centre has resulted in a marked increase in Luncheon Club participation, as well as imaginative use of floor space to accommodate and deliver Tai Chi exercise classes, which itself reflects a creative partnership with NHS services and the voluntary/community sector.

Effective use of transport to promote health and well-being

A common feature of each of the TOPPs has been a positive engagement with GMPTE over developing transport solutions to enhance accessibility to services and activities. The commissioning involved has been made by all of the TOPPs either on a Borough-wide basis, or else as a specific piece of commissioned transportation which operates solely within each Township.

For each of the TOPPs, the amount commissioned for Borough-wide transportation services is roughly just under half of the total spent on all commissioned project services within each Township.

Shopping Link

Each of the TOPPs has commissioned the Borough-wide Shopping Link Service via GMPTE at a total cost of £30,000 (each Township contributed a proportion of the total sum reflective of their population). The Shopping Link bus enables POPP members to be picked up from their home, taken to a local supermarket where they can shop, and then conveyed home. It is particularly helpful for older people with mobility difficulties, as the vehicles are designed to carry wheelchairs, and the fares are set at a concessionary rate. Although the Shopping Link scheme has not to date been as popular as originally anticipated, it is hoped that better marketing will help to develop increased participation in the future.

Volunteer Driver Scheme

Each of the TOPPs has also commissioned the Borough-wide VDS at varying costs in relation to both the Co-ordinator and VDS costs. Contribution across Townships was based according to the number of older people aged 60 and above in each. Rochdale TOPP, which is easily the largest of the TOPPs, has spent the highest amount (£8,200 on Co-ordinator, and £5,000 on VDS). Heywood TOPP spent slightly less on both Co-ordinator and VDS (£3,600 and £4,550 respectively). Middleton TOPP spent slightly more than Heywood

TOPP on Co-ordinator and the same on VDS (£4,800 and £4,550 respectively), Pennines TOPP spent less than the others on the Co-ordinator, and the same amount as Middleton TOPP and Heywood TOPP on the VDS (i.e. £3,400 and £4,550 respectively). In addition, two of the TOPPs (Rochdale and Middleton) have together funded the purchase of a VDS vehicle, with a collective contribution of £8,000. This was a less costly option than hiring a vehicle on a long lease.

The total VDS funding comes to £46,650, which has enabled GMPTE (in collaboration with Heywood New Heart for Community Transport) to deliver a highly successful scheme which has enabled people with mobility difficulties, and for who home public transport is not appropriate, to take part in a range of health, social and community activities, and many of these journeys would not otherwise have been feasible (see Chapter Seven on Volunteer Driver Scheme).

Flexible Transport

'Flexible Transport' is a general term for a pot of commissioned transport, whereby the POPP Transport Co-ordinator can arrange transport for POPP members accessing services or activities. Each of the TOPPs have commissioned £2,250 (£10,000 in total) over the course of the POPP pilot. Depending on the relevant circumstances, the transport solution that is delivered by the POPP Transport Co-ordinator can vary. It has been an essential source of funding which has enabled creative transport solutions to be devised. As an example, where an individual wishes to travel to a particular location to access services or activity, the Transport Co-ordinator might arrange for the person to travel using the VDS, or Ring and Ride, or Local Link. It could also mean paying for a private hire taxi to take the individual to and from their destination. However, if there are a group of people living in a particular location who wish to access a service, perhaps on a regular basis, then this might involve hiring a 16 seat vehicle as a separate

piece of commissioned work (see section below, *Commissioning of Township-wide Transportation Services*).

Commissioning of Township-wide transportation services

These types of commissioning have been vital in enabling POPP members to access services and activities in different parts of the Townships in which they live. Within Rochdale TOPP, for example, POPP members have been able to access Tai Chi and Luncheon Clubs at Meadowfields Community Centre through commissioned funding. Within Middleton TOPP, commissioned transport from GMPTE has enabled POPP members to take part in IT classes and Gentle Exercise. Within Pennines TOPP, commissioned transport from GMPTE has enabled POPP members to attend Luncheon Clubs (at Meadowfields and St Andrews Church), a Friendship Club at Dearnley, and IT lessons at Hollingworth. Without these commissioned services, POPP members would not have been able to participate in these activities, and so would not have benefited from the social, health and well-being opportunities afforded by them.

Using TOPP underspend to develop Borough-wide befriending scheme

Because it became evident that there was a risk of underspending on the TOPPs commissioning budgets by end of project, all TOPPs agreed that their remaining budget would be pooled to centrally commission one large scale borough-wide service which addressed needs identified through the outreach visits.

This was finally agreed to be a borough-wide volunteer befriending scheme aimed at socially isolated older people who may have difficulties in engaging in social situations due to the impact of a traumatic event, such as bereavement. The purpose of the befriending scheme is to work towards re-engaging older people with wider social and community activities in their neighbourhoods, and encourage them to develop new interests.

Although the scheme is borough-wide, TOPPs have sought assurances that each Township would benefit proportionately, and that they would continue to have a watching brief on progress. The commissioning of the service was agreed to be managed through the POPP project board, however the TOPPs would continue to receive monitoring reports about the service.

The role and functioning of the TOPPs

TOPPs assessment of diverse proposals for commissioning

The TOPPs were made responsible for assessing proposals from a diverse range of service providers, and making decisions with regard to whether proposals represent good value for older people within their communities. As representatives of older people's organisations, they have demonstrated an ability to articulate the needs of older people within their communities. This process of assessment on behalf of older residents has represented a challenging responsibility, particularly given that the commissioning process itself had only received formal approval from the POPP Board in November 2007. Nonetheless it has been clear that the TOPPs have adapted well to this difficult and challenging role over the course of the POPP project. As their confidence has grown over time, TOPPs members became increasingly confident in discussing the strengths and weaknesses of different commissioning proposals and questioning different aspects of their make-up.

The onerous nature of carrying out these responsibilities, and the difficulties inherent in engineering a process which few TOPP members could previously have been involved with, should not be underestimated. Yet lively discussions have taken place in TOPP meetings with regard to the costs of publicity and promotion, staffing, management and room bookings. The manner in which TOPP members have familiarised themselves with these processes, and the wholehearted diligence with which they have sought to

deliver value for money from commissioned projects, has been highly impressive.

Other discussions have concerned the location of proposed activities, and whether certain parts of Townships are receiving the level of attention that they ought to receive. Some of the TOPPs have seemed to enjoy closer interaction with their outreach worker, and this has enabled them to suggest to the outreach worker that they might contact older people from other districts within their Townships. It would seem that all of the TOPPs have keenly appreciated the work of the outreach workers in proactively engaging with older people and identifying their needs.

Training in how to commission

The TOPPs benefited from a careful process of training, whereby the devolved nature of POPP decision-making has been explained to them. Furthermore, the role of the outreach worker in gathering evidence of unmet need, and the TOPPs' need to focus attention on whether proposed activities fits in with the health and well-being objectives of Rochdale POPP, has been extremely important.

Equally the critical role of the TOPP Development Officer in putting together proposal specifications to potential providers of services has been vital in offering essential support and guidance to the TOPPs. Over the course of the POPP pilot, the system for commissioning services and activities altered in ways that made the tendering process more explicit, with a greater emphasis on scrutinising a variety of tenders. Such developments in the commissioning process had, whilst resulting in greater complexity, demonstrated the skilful manner in which the TOPP Development Worker has been able to encourage and guide TOPPs members through the process of developing services appropriate to the needs of older people.

In relation to training in how to commission, the mock exercises in commissioning training involved TOPP members being able to gain an understanding of the commissioning process. They proved to be a very useful experience in discussing proposals, considering value for money issues and the wider expectations of TOPP committees in enabling members to critique fabricated proposals. These mock training activities allowed TOPP members to be well-placed when examining various criteria relating to actual service proposals.

The challenges of developing TOPPs

Creating and managing the TOPPs

The members of the TOPPs are drawn from Pensioners' Associations and other older people's organisations. They are supported by Rochdale CVS, who have been funded to provide dedicated capacity-building and training to the TOPPs, so that they can be constituted as an independent organisation.

Rochdale CVS brought older people's organisations together within each Township to establish the TOPPs, and were responsible for working with the TOPPs to develop representative membership, inclusivity and terms of reference. Links into the Township structures through the local councillors, and also through membership of the Township Area Partnerships, were established. These Township Area Partnerships are concerned with a wide range of interests and sub-structures, which in turn feed into the Health, Environment and Safer Communities agenda. It would seem that TOPPs have succeeded in giving older people a stronger profile and voice within Townships, and helped them to directly influence service development within the community.

Communication between TOPPs and POPP

The key point of contact between the TOPPs and POPP has been the TOPP Development Worker, whose role has been to support their development,

particularly in relation to commissioning. However, some of the TOPP members have felt at various times that they received insufficient information on wider POPP activities, and would have welcomed a wider dialogue with other members of the Rochdale POPP team.

The TOPPs in year two had outreach workers attending their monthly meetings and reports were submitted every month which went out with the meeting papers in advance. In addition, some TOPPs welcomed the opportunity to find out about the commissioning activities of each other, so that they could have gained greater knowledge of how their work fitted in with activities elsewhere across Rochdale Borough. Because the TOPPs asked for this to be made available, regular monthly meetings with the Chairs were set up in year two and joint quarterly meetings for TOPPs Chairs and Vice Chairs. In addition two full TOPP meetings were set aside for all members to share information about progress in each of the Townships. Furthermore all four TOPPs were represented on the POPP Project Board to improve communication.

The challenges of the commissioning process

The commissioning process

There were delays in preparation for the commissioning process, which meant that it has taken longer for the TOPPs to commission service providers than had been originally hoped for. The outreach workers were appointed in July 2007, and following a period of induction and training commenced outreach activities in August 2007, at which time other POPP staff came into post. The process for TOPPs commissioning was not agreed upon by the POPP Board until November 2007. Had this been agreed earlier, TOPPs members believed they would have been better placed to get to grips with the commissioning process earlier in the life of the POPP project. This might have meant that they would have been able to oversee the delivery of more services

to older people in their communities, and use up all of their allocated budget locally.

Targets for TOPPs spending

The process for commissioning was agreed in November 2007, and the outreach workers have been able to identify unmet need within Townships since December 2007. It became evident early into the Rochdale POPP that the equally apportioned spending targets across the life of the project were not appropriate and the budget was revised in January 2008, in agreement with the Department of Health (£120,000 in year one and £280,000 in year two).

Commissioning of activities and perceptions of 'unmet need'

Each of the TOPPs has commissioned services in a relatively short space of time. This has meant that outreach workers had been required, during the initial months of the POPP project, to urgently locate areas of unmet need, so that this information could be provided to the TOPPs in order to facilitate the commissioning process. However, during this early period and in an effort to meet this requirement, outreach workers focused attention on visiting community centres/sheltered accommodation and outlined their perception of the needs of this particular group of people. Hence significant weight had been placed upon the perceptions of unmet need of a single outreach worker within each Township, rather than on a more objective evidence/information base. This issue is discussed further below.

Training issues: Outreach workers

Outreach workers would have benefitted from some formal training with regard to what constitutes 'social exclusion' and how this might be objectively defined. They have had to make arbitrary decisions on identifying and establishing the cause of 'social exclusion' based on their own perspective, and place a tick mark on the outreach questionnaire in order to illustrate this. Different kinds of social exclusion are identified as follows: 'housebound',

'socially isolated', 'ill health', 'unable to access transport' and 'older carers'. It is suggested that these are broad terms open to various kinds of interpretation, and that some formal training in this regard would have helped to standardise the outreach workers' collective understanding of 'social exclusion'.

Support for outreach workers: Database and website

A consumer-led website was to have been developed through the outreach project at the outset of the Rochdale POPP that would have provided information to outreach workers about the existing range of practical and personal services which older people could access in their homes, and which organisations provided them. The specified role of outreach workers had originally involved providing direct access via laptops to the website so that older people could identify and choose relevant services. Furthermore, they were to identify gaps in low-level practical services (e.g. accompanied shopping) and help to create opportunities for older people to take part in such activities. At an early stage it was agreed to abandon the use of laptops, because the outreach team felt it was not the best way of communicating information to older people. However the development of the central web based resource to support information giving has been much more complex and labour intensive than envisaged. During the early period of the POPP project, this has meant that outreach workers were not as well informed as they would otherwise have been had they had access to such a website. As the project developed over time and the outreach workers became more familiar with local facilities, they were better able to direct POPP members to relevant services as necessary.

Initially outreach workers were expected to contribute to the collection of information about local activities, and some of their initial period of employment was to involve building up this local knowledge and develop a database accordingly. The significant delays in developing the database in a

manner which would have enabled needs in different Townships to be identified hampered the ability of both outreach workers and the TOPPs Development Worker to engage in discussions with the TOPPs regarding evidence of need, particularly during the early months of the Rochdale POPP. The absence of an information resource on service providers to older people has meant that the process of identifying potential service providers was not always straightforward, and some potential service providers may, by definition, not been invited to tender for service provision as a consequence.

Outreach worker input into decision-making and commissioning

The Rochdale POPP was initially based solely upon using the evidence of unmet need derived from outreach worker reports, so that services could only be commissioned if this need had been evidenced by the findings of outreach workers. This process was put in place to avoid TOPP members funding 'pet' projects that were of particular interest to them. However, this is arguably a very narrow source of evidence upon which to base commissioning decisions.

A broader evidence base might have included Local Strategic Plans for Rochdale Borough, the Adult Social Care Strategy and the Township Action Plans, together with the outreach worker reports. These wider strategic plans had themselves been put together on the basis of wide consultation with older people, hence their potential utility in this regard. This is of particular concern as it may have meant that identified needs from these wider sources of information would not be considered as an identified 'need' if outreach workers did not come across such needs during the course of their work in the community. This may have meant that the TOPPs may not have been fully informed of prevailing circumstances when making decisions with regard to commissioning. There would seem to have been real value in broadening the evidence base upon which commissioning decisions were made.

Equally, however, it could be argued that introducing additional sources of strategic information (such as Local Strategic Plans) upon which commissioning decisions were made would have added a level of complexity to the work of the TOPPs, particularly if the views articulated by the outreach workers on unmet need were in conflict with the strategic ambitions outlined by these kinds of policy frameworks. It could be argued that such an approach might have taken power away from the TOPPs, in that they may have felt compelled to endorse the approach outlined in strategic policy documents when making commissioning decisions, rather than the needs articulated by the outreach workers. For some this could have created a conflict of loyalties that would have been difficult to resolve.

It could also be argued that the clarity of the information pathway regarding 'unmet need' being relayed from POPP member to outreach worker to TOPPs has particular strengths in being inherently democratic, particularly given that TOPPs were able to question the findings of outreach workers and to suggest that they focus their outreach work in different areas of each Township, to ensure that as many older people as possible were able to participate. It could be further argued that the relatively small size of the population of older people within each Township meant that the approach undertaken by the outreach workers acting as a conduit for unmet need was entirely feasible, in the sense that larger geographical areas involving high numbers of older people would have made the approach both unrealistic and unfeasible.

Variation in community facilities across TOPPs

There are considerable differences in the availability of community facilities across Rochdale Borough, which has meant that it has been challenging to orientate activities in some areas. A mature community centre can often act as the fulcrum around which an activity can be developed. The absence of community centres, particularly in certain pockets of Rochdale Borough, has

presented greater challenges in setting up activities than in other areas where such facilities were more readily available.

Key Findings

- Over the POPP pilot period the TOPPs directly commissioned over £250,000 of services
- The services commissioned differed by location, tailored to unmet needs and illustrated a sense of creativity in developing flexible solutions
- Commissioned services covered a wide range including allotments, IT lessons, Tai Chi, arm chair exercise, luncheon clubs and massage therapy
- A common feature of commissioning across TOPPs was transport services representing around half of the monies spent. This is in part explained by the need for transport to facilitate attendance at commissioned activities such as exercise classes and luncheon clubs
- In addition to each TOPP commissioning services autonomously, the TOPPs have also jointly contributed to facilitate particular initiatives – specifically focused upon transport. These included the VDS, Shopping Link and flexible transport
- Of the services commissioned, the service providers were predominately from the public sector
- The services commissioned were delivered across a range of locations including community centres and within sheltered accommodation facilities
- Over the study period the TOPPs’ confidence in the decision-making and commissioning process increased, so demonstrating the ability of older volunteers to articulate the needs of older people within their communities, as well as to thoroughly interrogate proposals aimed at meeting those needs

- Key to the process has been the training and the support the TOPPs have received from the TOPP Development Worker
- Establishment of the TOPPs was hampered by project start up time in appointing POPP staff which in turn led to delays in agreeing the process for commissioning
- Delays in establishing the TOPPs led to pressure to commission services over a relatively short period. This meant significant weight was given to the perceptions of unmet need of a single outreach worker in each location
- Outreach workers were hampered in the early days of POPP by lack of a dedicated resource providing information about existing services. This meant that identifying services and service providers was not always straightforward as it might otherwise have been. It also meant that during the early months of POPP, outreach workers were spending some of their time carrying out these activities when they might have been engaging with older residents in their Townships

CHAPTER SIX

COSTS AND EFFECTIVENESS: TAI CHI CLASSES

Introduction

This chapter presents a case study that assesses the costs and effectiveness of one of the Rochdale POPP commissioned activities; a Tai Chi class.

Background

Falls are a major cause of disability and the leading cause of mortality in older people aged over 75 in the UK⁵ and can severely impact on an individual's quality of life. The consequences of falls include loss of confidence, loss of mobility leading to social isolation and depression, and an increase in dependency and disability.

A recent review of the use of exercise programmes to reduce falls amongst older people found evidence to suggest that exercise can be effective in reducing the risk of falls⁶. A further study in 2007, a systematic review of 34 studies, reported statistically significant improvements in balance for exercise interventions compared to usual activities⁷.

Research in 2003⁸ involving UK data from 1999 reported over 640,000 fall-related Accident and Emergency Department attendances for those aged 60 years or over. It was estimated that the total costs of these falls was £981 million; 66% (£647million) of this cost was attributed to those aged 75 years or over. For this latter group the highest cost component was in-patient admissions and long term care.

⁵ Department of Health. 2001. National Service Framework for Older People

⁶ Bunn F, Windle K, Dickinson A. 2004. *Interventions for Preventing Falls and Fall Related Injuries in Older People*. Centre for Research in Primary and Community Care, University of Hertfordshire

⁷ Howe TE, Rochester L, Jackson A, Banks PMH, Blaire VA. 2007. Exercise for Improving Balance in Older People. *Cochrane Database of Systematic Reviews*. Issue 4. Art No: CD004963. DOI: 10.1002/14651858.CD004963.pub2

⁸ Scuffham P, Chaplin S, Legood R. 2003. Incidence and Costs of Unintentional Falls in Older People in the United Kingdom. *Journal of Epidemiology and Community Health*. 57; 740-744

This case study aims to evaluate the cost and effectiveness of a Tai Chi programme, funded by Rochdale POPP and provided as part of the Primary Care Trust (PCT) Falls Service in Rochdale using a before and after study design employing a mixed methods approach.

Evidence on falls prevention

Roughly a third of people aged over 65 years of age and living in the community fall each year. Even though less than a tenth of these falls results in a fracture, a fifth of all falls require medical attention. Furthermore, studies have shown that between 30% and 60% of community-dwelling older adults fall each year, with roughly half of them experiencing multiple falls⁹. Between 5% and 10% of older adults living in the community who fall each year sustain a serious injury, such as a fracture, head injury or serious laceration (see Rubenstein and Josephson 2002).

There has been much attention placed on reducing falls in recent years. Many preventative intervention programmes have been established and evaluated, and these have included exercise programmes to improve strength or balance; environmental modifications in homes or institutions; and nutritional or hormonal supplementation. These interventions have been offered to older people at varying risks of suffering a fall either as a 'standard package' or else as an individually tailored programme to target risk factors. A few studies have extended to the whole elderly population of a town or region.

Some of the exercise interventions have been shown to have significant impact. Three trials from New Zealand (Campbell et al 1997¹⁰, Campbell et al 1999¹¹, Robertson 2001¹²) used an individually tailored exercise programme of

⁹ Rubenstein, LZ & Josephson, KR. 2002. The epidemiology of falls and syncope. *Clinical Geriatric Medicine*; 18: 141-158

¹⁰ Campbell AJ et al. 1997. Randomised controlled trial of a general practice programme of home-based exercise to prevent falls in elderly women. *BMJ*; 315: 1065-1069

¹¹ Campbell AJ et al. 1999. *Psychotropic medication withdrawal and a home-based exercise program to prevent falls: a randomised controlled trial. Journal of the American Geriatrics Society*; 47 (7): 850-853

progressive muscle strengthening, balance retraining and a walking plan, and reported a reduction in falls, number of participants falling and fall-related injuries. Both the interventions which were effective in reducing falls included balance retraining, indicating that these exercises may be an important component of successful falls prevention.

Tai Chi

Tai Chi is an ancient Chinese exercise involving non-vigorous, slow, gentle, rhythmic movements that has its origins in martial arts^{13,14,15}. Studies of the effectiveness of Tai Chi to reduce falls in older people have shown improvements in fall-related outcomes¹⁶ associated with improved balance¹⁷. Evidence indicates that Tai Chi as a group exercise can prevent falls amongst older people living in the community¹⁸.

In addition to falls prevention, Tai Chi offers potential for health promotion, particularly in maintenance or improvement in mental health and physical condition in older people¹⁹. Studies have shown positive effects on self-reported health^{20,21} and psychosocial status²². Benefits reported by

¹² Robertson MC et al. 2001. Effectiveness and economic evaluation of a nurse delivered home exercise programme to prevent falls. 1: Randomised controlled trial. *BMJ* ; 322 (7288): 697-701

¹³ Xu, D.Q., Li J.X., Hong, Y. 2006. Effects of long term Tai Chi practice and jogging exercise on muscle strength and endurance in older people. *British Journal of Sports Medicine*. 40: 50-54

¹⁴ Greenspan, A.I., Wolf, S.L., Kelley, M.E., O'Grady, M. 2007. Tai Chi and perceived health status in older adults who are transitionally frail: A randomized controlled trial. *Physical Therapy*. 87(5): 525-535

¹⁵ Xu, D.Q., Li J.X., Hong, Y. 2006. Effects of long term Tai Chi practice and jogging exercise on muscle strength and endurance in older people. *British Journal of Sports Medicine*. 40: 50-54

¹⁶ Harmer, P. Li, F. 2008. Tai Chi and falls prevention in older people. *Medicine and Sports Science*. 52:124-134

¹⁷ Howe TE, Rochester L, Jackson A, Banks PMH, Blaire VA. 2007. Exercise for Improving Balance in Older People. *Cochrane Database of Systematic Reviews*. Issue 4. Art No: CD004963. DOI: 10.1002/14651858.CD004963.pub2

¹⁸ Sherrington, C., Lord, S.R., Finch, C.F. 2004. Physical activity interventions to prevent falls among older people: update of the evidence. *Journal of Science and Medicine in Sport* Apr;7(1 Supp):43-51.

¹⁹ Choi, J.H., Moon, J., Song, R. 2005. Effects of Sun-style Tai Chi exercise on physical fitness and fall prevention in fall prone older adults. 2005. *Journal of Advanced Nursing*. 51(2), 150-157

²⁰ Frye, B., Scheinthal, S., Kemarskaya, T., Prunchno, R. 2007. Tai Chi and low impact exercise: effects on the physical functioning and psychological well-being of older people. *Journal of Applied Gerontology*. 26:433-453

²¹ Li, F., Harmer, P., Glasgow, R., Mack, K.A., Sleet, D., Fisher, J., Kohn, M.A., Millet, L.M., Mead, J., Xu, J., Lin, M., Yang, T., Sutton, B., Tompkins, Y. 2008. Translation of an effective Tai Chi intervention into a community based falls prevention program. *Research and Practice*. 98(7) 1195-1198

participants themselves include improved circulation, breathing and concentration, together with the benefits that participants in group Tai Chi classes enjoy through being part of that social group²³.

Rochdale Falls Prevention Service

Rochdale's Falls Prevention Service is centred upon general rehabilitation, as well as falls prevention. Referrals are received from a variety of sources, including GPs, Social Services, occupational therapists, Equipment Access Service, district nurses, community matrons, hospital consultants and physiotherapists. Upon being referred, an assessment of the client is carried out to explore whether the fall was the result of environmental factors (e.g. loose fitting carpets) or musculoskeletal causes (e.g. poor balance and coordination) and then remedial action is taken.

In line with NICE clinical guidelines²⁴ each client undergoes a comprehensive multi-factorial falls assessment aimed at identifying a range of possible falls risk factors. If a problem with strength or balance is identified and it is felt that the client would benefit from participating in one of the Falls Prevention Exercise groups (and the client is willing to attend one of the classes) then a physiological profile assessment is undertaken. This assessment indicates the client's sense of balance, as well as their muscle strength. As a result of this assessment, clients are ascribed to one of the following three groups. Each group meets once weekly for approximately 12 weeks in total:

1. ***Otago Group*** (Falls Prevention Programme devised by the University of Otago in New Zealand). This involves gentle exercise to improve balance

²² Taylor-Piliae, R.E., Haskell, W.L., Waters, C.M., Froelicher, E.S. 2006. Change in perceived psychosocial status following a 12 week Tai Chi exercise programme. *Journal of Advanced Nursing*. 54(3) 313-329

²³ Docker, S.M. 2006. Tai Chi and older people in the community: a preliminary study. *Complementary Therapies in Clinical Practice*. 12, 111-118

²⁴ National Institute of Health and Clinical Excellence. 2004. *Falls: the assessment and prevention of falls in older people*. Clinical Guideline 21 November 2005: London

and strength. There are roughly six participants in this group, which meets at Callaghan House in Heywood.

2. *Postural Stability Group* (includes elements from the Otago group, but has additional floor and endurance exercises, enabling clients to be able to safely get on and off the floor). There are approximately twelve participants in this group, which meets at Callaghan House in Heywood.

3. *Tai Chi Group* (involves more complex dynamic balance exercises). This sun-style Tai Chi is one of five family styles of Tai Chi. It is a specifically adapted form more suited to older adults with limited mobility and/or balance difficulties, and is much less rigorous than general Tai Chi classes, which may be run in community settings. Sun-style Tai Chi involves smooth, flowing movements, and its gentle postures make it highly suitable for geriatric exercise, in comparison with more physically demanding forms of Tai Chi. It has been specifically designed to support clients who are unfamiliar with Tai Chi, and so there is less emphasis on clients adopting the ideal posture for a specific routine. Hence the participants in this exercise group may have mobility difficulties, or have a fear of falling, or have low confidence in accessing leisure services. Clients within this group are also encouraged to exercise at home. The classes take up to 15 participants and meet at the Meadowfields Centre in Littleborough.

Ideally, clients who have completed the Otago Group sessions then move into the Postural Stability Group, and then into the Tai Chi Group. The ultimate aim is for the Tai Chi group to become part of a more formal community group that has already been established under the auspices of leisure services.

Client Assessment

Falls Risk Calculator / physiological profile assessment (PPA)

The assessment, aimed at identifying a range of possible falls risk factors, uses a physiological profile assessment (PPA) tool (sometimes referred to as a 'Fallscreen')²⁵. The assessment is comprised of five simple elements that are readily accepted by older subjects. All have high external validity and test-retest reliability. They are summarised as follows:

A. *Vision*

This test presents four rows of circular coloured patches on a piece of paper (twenty in total). Each circle is divided in two (horizontally, vertically, 45 degrees left and 45 degrees right). Within each row of circles, each semicircle is shaded darker than the other. The top row of circles has greater levels of contrast and the bottom row has the least level of contrast. The subject is provided with a card containing the four possible edge angles (i.e. horizontally, vertically, 45 degrees left and 45 degrees right) and asked to correctly identify each circle up to the point at which this becomes impossible. Correct identification of the orientation of the edges on the patches provides a measure of contrast sensitivity in decibel units.

B. *Proprioception*

Proprioception (or position sense) is assessed for the PPA using an established and validated lower-limb matching task. Subjects are seated with their eyes closed and asked to align their lower limbs simultaneously on either side of a vertical clear acrylic sheet. Any difference in aligning the lower limbs (indicated by disparities in matching the great toes on either side of the acrylic sheet) is measured in degrees.

C. *Lower limb strength*

Knee extension strength is measured while subjects are seated, as this muscle group is important when performing daily tasks, such as rising from a chair and walking. There are three trials and the greatest level of strength used by the subject (measured in grams) is recorded.

²⁵ Lord, SR Hylton, B & Tiedmann, A . 2003 A Physiological Profile Approach to Falls Risk Assessment and Prevention. *Physical Therapy*. Vol 83, No 3 (2003) pp237-252

D. Reaction time

Reaction time is recorded using a light as a stimulus, and depression of a switch (by finger) as the response. Reaction time is measured in milliseconds.

E. Postural sway

Sway is measured using a swaymeter that measures displacements of the body at waist level. The device consists of a 40cm long rod with a vertically mounted pen at one end. The rod is attached to the subject by a firm belt and extends posteriorly. As the subject tries to stand as still as possible, the pen records the sway of subjects on a sheet of millimetre graph paper, which has been fastened to the top of a table. The test is carried out with eyes open on a medium-density foam rubber mat. Total sway (number of square millimetre squares traversed by the pen) during the thirty second periods is recorded for the test.

A web-based computer software programme has been developed to assess an individual's performance in relation to a normative database compiled from large studies. The programme provides a falls risk assessment report for each individual which includes the following components:

- A graph indicating the person's overall falls risk score (an average across all of the five tests). The graph indicates the person's overall falls risk score in relation to persons of the same age and in relation to falls risk criteria (ranging from low to extreme)
- A profile of individual test performance results. This profile presents the subject's scores in each of the tests in standard (z score) format. As the scores have been standardised, the test results can be compared with each other
- A table indicating individual test performances in relation to age-matched norms; and
- A written report that explains the results and makes recommendations for improving performances and reducing falls risk. It provides a sound basis

for targeting interventions to improve or compensate for impairments in the following areas: strength, balance, speed and co-ordination, vision and peripheral sensation, and so reduces the risk of falling in older people

Application of the PPA

The PPA has two versions: a long version and a screening (or short) version, although both provide the same overall falls risk score. It is suggested that the comprehensive version is suitable for clinical settings that can provide 45 minutes per person for a falls risk assessment. The screening version takes roughly 15 minutes to perform, and it is this version which has been utilised by Rochdale Falls Prevention Service.

An overall falls risk score between '0' and '1' indicates mild falls risk. Hence the closer the overall falls risk score is to 0, the better the overall outcome.

- An overall falls risk score between '1' and '2' indicates moderate falls risk
- An overall falls risk score between '2' and '3' indicates marked falls risk
- An overall falls risk score between '3' and '4' indicates very marked falls risk

A reduction in falls risk can be indicated by:

- A lower level of proprioception (recorded in degrees) measured through simultaneous alignment of lower limbs
- A higher level of strength (recorded in grams) measured through knee extension strength
- A lower level of postural sway (recorded in millimetres) measured through displacement of the body at waist level

The other two elements of the PPA testing process (i.e. vision and speed/control) are not in any way affected by Tai Chi exercises, and are likely

to deteriorate as a natural result of the ageing process. The overall PPA scores can, therefore, be heavily influenced by worsening vision and speed/control.

Performance Oriented Assessment of Mobility (POAM) Tinetti Scores

A further method of exploring the impact of Tai Chi exercise classes upon older participants is through assessing their combined balance and gait capabilities. This method of scoring is usually referred to as Tinetti Performance Oriented Assessment of Mobility (POAM)²⁶. The Tinetti assessment tool is an easily-administered task-oriented test which involves both balance and gait being observed and rated in accordance with set criteria.

It is a performance-based measure which examines physical function at the activity level (as defined by the World Health Organisation's International Classification of Impairments²⁷). In this way, regular activities (such as getting up from a chair, walking and turning round) are used to determine an individual's risk of falling. The scores for balance and gait are then aggregated to provide a final score.

The tool is made up of a nominal scale containing sixteen sections in total. Within each section there are separate ordinal scales, ranging from '0' to '2'. A rating of '0' represents the highest level of impairment and a rating of '2' indicates the highest level of capability.

Theoretical basis of POAM

Proponents of POAM have argued that physical examinations which focus entirely upon identifying impairments cannot accurately predict an individual's future risk of falling. It is felt that observing and quantitatively

²⁶ Tinetti, M. 1986. Performance-oriented assessment of mobility problems in elderly patients. *Journal of American Geriatric Society*; 34 (pp 119-126)

²⁷ WHO. 1997. *ICIDH-2: The International Classification of Impairments, Functioning, Disability and Health*; Geneva (WHO)

describing an individual's ability to perform activities critical to function (such as standing up, maintaining stance and walking) is a much more useful method of assessment. Such observations enable the assessors to see the quality of interaction between the individual and their immediate environment. Consequently it is argued that it is a much more accurate way of establishing future falls risk, given that it reproduces critical circumstances when falls are likely to occur.

Tinetti POAM tests have been explored in various studies involving older patients with various kinds of disability. Kegelmayer et al²⁸ concluded that the Tinetti POAM tests are a reliable and valid tool for assessing the mobility status and falls risk of individuals with Parkinson Disease.

Raiche et al²⁹ tested the validity of the Tinetti balance scale to predict individuals who will fall at least once during the following year. Their study comprised 225 older people aged 75 and above living in a residential setting. A score of 36 or less identified 7 of 10 fallers with 70% sensitivity and 52% specificity. In total, 54% of the individuals who took part were screened positive and presented two-fold risk of falling. These characteristics were felt to support the use of this test to screen older people at risk of falling in order to include them in a preventive intervention.

²⁸ Kegelmayer, DA; Kloos, AD; Thomas, KM & Kostyk, SK. 2007. Reliability and Validity of the Tinetti Mobility Test for Individuals with Parkinson Disease *Physical Therapy* ; 87; 1369

²⁹ Raiche, M; Hebert, R; Prince, F & Corriveau, H. 2000. Screening older adults at risk of falling with the Tinetti balance score. *The Lancet*. Vol 356, Issue 9234, pp1001-1002

Figure 6.1: Tinetti POAM balance assessment

Physical Activity	Method of Rating	Rating
1. <i>Sitting balance</i>	Leans or slides in the chair =	0
	Steady, safe =	1
2. <i>Arise</i>	Unable without help =	0
	Able but uses arms to help =	1
	Able without use of arms =	2
3. <i>Attempts to arise</i>	Unable without help =	0
	Able, but needs more than one attempt =	1
	Able to arise with one attempt =	2
4. <i>Immediate standing balance (first 5 seconds)</i>	Unsteady (staggers, moves feet) sways =	0
	Steady but uses frame or stick or grabs for support =	1
	Steady without frame, stick or other support =	2
5. <i>Standing balance</i>	Unsteady =	0
	Steady but heels > 4" apart or uses frame/stick =	1
	Narrow stance without support =	2
6. <i>Nudge (person stands with feet close together as possible, push lightly on sternum with palm of hand)</i>	Begins to fall =	0
	Staggers, grabs, but catches self =	1
	Steady =	2
7. <i>Eyes closed (same position as 6 above)</i>	Unsteady =	0
	Steady =	1
8. <i>Turn 360 degrees</i>	Discontinuous (irregular) steps =	0
	Continuous (regular) steps =	1
	PLUS	
	Unsteady (grabs, staggers) =	0
	Steady =	1
9. <i>Sit down</i>	Unsafe, misjudged distance, falls into chair =	0
	Uses arms or not a smooth motion =	1
	Safe, smooth motion =	2
Balance Score:		/ 16

Tinetti POAM balance assessment

Within the balance assessment, there are nine activities for rating an individual's physical capabilities (see Figure 1). Each activity is observed and then scored. The activities usually take place whilst the person being observed is initially seated in a hard, armless chair. The following table indicates the nine balance-related activities that are observed, and the ratings that are

applied. Through adding up all of the ratings, a total balance rating score is produced out of a possible sixteen points.

Tinetti POAM gait assessment

Within the gait assessment, there are seven activities for rating an individual's physical capabilities. Each activity is observed and then scored. The activities usually take place whilst the person stands with the therapist, walks down the hallway or a room first at usual pace, and then back at a more rapid pace. The following table indicates the seven gait-related activities that are observed, and the ratings that are applied. Through adding up all of the ratings, it is possible to produce a total gait rating score out of a possible twelve points.

Tinetti Tool Score is calculated by aggregating the gait and balance assessment scores.

- A Tinetti Tool Score of 18 or less corresponds with a high level risk of falling
- A Tinetti Tool Score of between 19 and 23 equates with a moderate level risk of falling
- A Tinetti Tool Score of 24 or more equates with a low level risk of falling

Figure 6.2: Tinetti POAM gait assessment

Physical Activity	Method of Rating	Rating	
10. Initiation of gait (straight after being told to go)	Any hesitancy or multiple attempts to start =	0	
	No hesitancy =	1	
11. Step length and height	<u>Right swing foot</u>	Doesn't pass L stance foot with step =	0
		Passes L stance foot =	1
		R foot does not clear the floor completely =	0
		R foot clears floor completely =	1
	<u>Left swing foot</u>	Doesn't pass R stance foot with step =	0
		Passes R stance foot =	1
		L foot does not clear the floor completely =	0
		L foot clears floor completely =	1
12. Step symmetry	R and L step lengths not equal =	0	
	R and L step lengths appear equal =	1	
13. Step continuity	Stopping or discontinuity between steps =	0	
	Steps seem continuous =	1	
14. Path	Marked deviation =	0	
	Mild/moderate deviation or uses walking aid =	1	
	Straight without walking aid =	2	
15. Trunk	Marked sway or uses walking aid =	0	
	No sway but flexion of knees or back or spreads arms out =	1	
	No sway, flexion, abnormal arm speed or walking aid =	2	
16. Walk stance	Heels apart =	0	
	Heels almost touching while walking =	1	
Gait score:		/12	
Total Score:		/28	

The Tai Chi Programme

Tai Chi classes have been running in the Rochdale area for some time prior to Rochdale POPP, but it is anticipated that funding will be secured for their continuation by the local TOPPs. These classes are planned as an extension to the falls care pathway, and seek to move people on from intensive short-term NHS funded programmes into sustainable community-based provision.

A new sequence of Tai Chi classes commenced in January 2008 at the Meadowfields Centre in Littleborough and it is this cohort that forms the case study.

Case study

As highlighted earlier, the case study aims to evaluate the cost and effectiveness of the POPP commissioned Tai Chi programme provided as part of the PCT Falls Service in Rochdale using a before and after study design employing a mixed methods approach.

The focus of the single centre case study is the Littleborough Tai Chi class; the study participants are drawn from the cohort commencing January 2008. All members of the cohort were invited to participate in the study at the first class (an introductory session).

Design

Within the case study both cost and effectiveness data are derived from a Quality of Life Questionnaire (produced by the POPPs National Evaluation Team at the University of Hertfordshire) completed at two points in time by participants in the Tai Chi classes; the first point being at the beginning of the twelve weeks classes and the second approximately 12 weeks later. Thus the data collection period was chosen to coincide with the 12 week period over which the classes are run.

Effectiveness data was collected by way of the health related quality of life measure included in the Questionnaire, namely the EQ-5D. The EQ-5D was developed as a standardised non-disease specific instrument for describing and valuing health-related quality of life³⁰ and has been used extensively to

³⁰ Brooks, R., the EuroQol Group. 1996. EuroQol: the current state of play. *Health Policy*. 37: 53-72

assess quality of life in older people^{31 32}. The EQ-5D consists of five domains relating to mobility, self-care, usual activities, pain and anxiety/depression, and provides participants with a choice of three statements for each domain. A preference-based scoring system, which considers participant responses within each domain, allows for a single score of between 1 (full health) and -0.4 (unconscious) to be calculated for each respondent. The scores from each time point have been compared to identify changes in health-related quality of life over the course of the Tai Chi classes. In addition participants were asked to rate their quality of life and their health.

The Questionnaire also asks participants about their use of health and social care services together with use of community services (such as transport) and the help they receive from family and friends. It is this part of the Questionnaire that provides data for the cost analysis. The primary cost analysis has been undertaken from the perspective of the health and social care sector, and compares use of services three months prior to the Tai Chi classes and three months later. In addition secondary analysis considers the wider, societal perspective with the inclusion of assistance provided by family and friends.

All the Questionnaires were interview administered and contemporaneously qualitative (interview) data was gathered on participants' perceptions of the classes and their outcomes; and the effect that attending the classes had had on them. Interviews followed a semi structured interview schedule and all were tape recorded and transcribed verbatim. At the first class (an introductory session), the Tai Chi evaluation process was explained to the group, and information sheets were provided in order to concur with approved ethical protocols. Written consent from all participants was

³¹ Hulme, C., Long A.F., Kneafsey, K., Reid, G. 2004. Using the EQ-5D to assess health-related quality of life in older people. *Age and Ageing*. 33(5): 504-507

³² Coast, J., Peters, T.J., Richards, S.H., Gunnell, D.J. 1998. Use of the EuroQol among elderly acute patients. *Quality of Life Research*. 7:1-10

obtained prior to carrying out the interviews. The digitally recorded interviews were transcribed and analysed thematically.

Data analysis

Costs were identified and measured using the Questionnaire. Resource costs have been estimated using Unit Costs of Health and Social Care 2008³³ (see Table 6.1). Visits to accident and emergency (A&E) were assumed to include an ambulance with paramedic unit.

Costs and effectiveness data are reported separately. The quantitative data were analysed using Statistical Package for Social Scientists (SPSS) version 14. Both descriptive and inferential statistics are reported with significance levels for the latter set at $p=0.05$. However, inferential statistics should be treated with caution given small sample numbers.

The qualitative analysis uses a thematic approach³⁴ (see Miles and Huberman). A series of open-ended questions are used to explore the impact of the Tai Chi classes upon the health and well-being of participants. Key themes have emerged from these interviews, and these are illustrated with direct quotations from participants.

PPA and Tinetti POAM scores

In addition to the data collected by the Local Evaluation Team, the PPA and Tinetti POAM scores (as described earlier) collected routinely by the Falls Prevention Service are also reported. These are presented at the end of this section together with a vignette of each of the six class members who completed assessment and follow up and have been combined with

³³ Curtis, L. 2008. *Unit Costs of Health and Social Care 2008*. Personal Social Sciences Research Unit, University of Kent : Canterbury

³⁴ Miles, MB and Huberman, AM.1994. *An Expanded Sourcebook. Qualitative Data Analysis*. Second Edition. Sage Publications. London

additional data from the Local Evaluation Team's interview with the class members.

Table 6.1: Valuation of Resources

	Unit Cost	Source
Physiotherapy session	£17	Community physiotherapist based on salary of £22,900 pa, per clinic visit including qualification costs. Unit Cost of Health and Social Care 2008
Accident and emergency visit	£111	National average of A&E treatments. Unit Cost of Health and Social Care 2008
Ambulance with paramedic unit	£344	Average cost per patient journey. Unit Cost of Health and Social Care 2008
Overnight stay in hospital	£249	Weighted average of all patient rehabilitation episodes. Unit Cost of Health and Social Care 2008
Hospital out-patient appointment	£71	National average (weighted average) of all follow up attendances (adults) Unit Cost of Health and Social Care 2008
GP surgery visit	£36	Per surgery consultation lasting 11.7 minutes including direct care staff costs, with qualification costs. Unit Cost of Health and Social Care 2008
GP home visit	£58	Per home visit lasting 23.4 minutes (includes travel time) including direct care staff costs, with qualification costs. Unit Cost of Health and Social Care 2008
Phone call to GP surgery for advice	£22	Per telephone consultation lasting 7.1 minutes, including direct care staff costs, with qualification costs. Unit Cost of Health and Social Care 2008
Visit to GP practice nurse	£11	Nurse (GP practice) based on salary £22,900 pa, per consultation including with qualification costs. Unit Cost of Health and Social Care 2008
Chiropodist	£10	Community chiropodist based on salary £19,700 pa, per clinic visit. Unit Cost of Health and Social Care 2008
District Nurse	£26	Community nurse (includes district nursing sister, district nurse) based on salary £29,500 pa, per home visit with qualification costs. Unit Cost of Health and Social Care 2008
Social worker/care manager*	£37	Average per hour of client related work based on social worker (adult) with salary £28,494. Unit Cost of Health and Social Care 2008.
Meals on wheels	£5.20 (each meal)	Average cost per local authority 'meal on wheels' Unit Cost of Health and Social Care 2008
Home care*	£19.30	One hour of local authority organised home care. Unit Cost of Health and Social Care 2008

* Calculations made in line with National Evaluation of POPPs

Findings

The findings are presented in four sub-sections. The first provides details of the participants in the case study. The following three report firstly the quantitative results from the Quality of Life Questionnaire (including costs); secondly the data from the qualitative interviews; and thirdly the results from the routinely-collected assessment carried out by the service providers supplemented with text taken from the interview data to provide vignettes of six of the participants.

Participants within the Tai Chi Case Study

The original cohort for the Tai Chi class numbered fifteen. Two class members did not wish to participate in the research study and a further two did not attend the Tai Chi class after the introductory session. All the remaining class members (eleven in total) consented to participate in the study.

The class members had been referred to the classes through different avenues:

- Four of the group had been directly referred from the POPP
- Four had been referred to the Falls Prevention Service, and had had the PPA tests. However, they had not been deemed appropriate to take part in the Otago or Posterior Stability groups, and so were referred to the POPP service as potential transport users
- The remaining three participants had graduated from the Otago falls prevention classes

Six of the eleven class members had had initial PPA tests carried out by the Falls Prevention Service in June 2007, and these had been followed up in October 2008.

The eleven members of the Tai Chi class were interviewed at the beginning of the set of twelve weekly sessions (beginning February 2008) and three months later. For some (n=5) this was their first experience of Tai Chi whilst others

had attended Tai Chi previously. Participants ranged in age from 63 years to 93 years with a mean age of 78 years (SD 8.037). Nine were female, and two were male.

All lived in their own home rather than in a residential or nursing home; for one participant this was within a sheltered accommodation complex. The majority of participants lived alone; six had been widowed (four for five years or more), two were single and one divorced. Of the remaining two, both lived with their partner/spouse; for one couple their son also lived with them. None of these details changed between the first and second interview.

None of the participants smoked (five were ex-smokers and six had never smoked). The majority (n=8) had not continued formal education after the minimum school leaving age. All were retired and all described their ethnicity as white. The majority of participants were either unwilling to disclose their income or receipt of benefits or were unsure of the details although three participants reported receiving attendance allowance.

Quantitative Results from the Quality of Life Questionnaire

Baseline health and quality of life

All participants had been referred to the Tai Chi class as a result of various health problems, which had adversely affected their balance and mobility, and so increased their likelihood of falling. The severity and complexity of the health difficulties affecting the Tai Chi participants varied considerably, resulting in very diverse levels of pain, discomfort and disability. To summarise the range of health problems, they included limb loss, arthritis in the neck and shoulders, broken shoulders as a consequence of falling incidents, fractured hip as a result of a sport-induced fall, Baker's cyst behind the knee joint, various foot problems, minor arthritis, stroke and breathing difficulties.

At the initial interview when asked how their health today compared with their health over the last twelve months, three reported it was *worse*, six that it was *much the same* and two that it was *better*.

In order to quantitatively assess health-related quality of life, participants completed the EQ-5D instrument (as described earlier). The majority of participants reported difficulties associated with mobility (n=9, 82%), pain (n=9, 82%) and performing their usual activities (n=7, 64%). A smaller proportion also reported feeling moderately anxious or depressed (n=3, 27%) and having some problems with washing and dressing (n=3, 27%). Full details are shown in Table 2. When compared with a representative sample of the UK population aged 60 years and over³⁵ the study participants had lower self-reported health status in all domains with the exception of anxiety/depression, where the figures were comparable. In the UK sample 37.2% reported problems with mobility, 52.1% with pain or discomfort, 28% with usual activities, 26.6% with anxiety or depression and 7.8% with self care.

The EQ-5D single scores for participants ranged between 0.088 – 1.00 giving a mean score of 0.6206 (SD 0.2587). In addition participants were asked to rate how good or bad their own health is *today*. On a scale of 0 (worst imaginable health state) to 10 (best imaginable health state) scores ranged between 3.5 and 9.0 (mean 6.091, SD 1.6096). The EQ-5D scores and the participants own ratings were not significantly correlated (Pearson 0.476 p=0.139).

³⁵ EuroQol EQ-5D User Guide, Version B (1/98)

Table 6.2: Baseline health related quality of life

	I have no problems in walking about	I have some problems in walking about	I am confined to bed
Mobility	n=2	n=9	n=0
	I have no problems with self-care	I have some problems washing or dressing myself	I am unable to wash or dress myself
Self-care	n=8	n=3	n=0
	I have no problems with performing my usual activities	I have some problems with performing my usual activities	I am unable to perform my usual activities
Usual activities (e.g. work, study, housework, family or leisure activities)	n=4	n=6	n=1
	I have no pain or discomfort	I have moderate pain or discomfort	I have extreme pain or discomfort
Pain/discomfort	n=2	n=8	n=1
	I am not anxious or depressed	I am moderately anxious or depressed	I am extremely anxious or depressed
Anxiety/depression	n=8	n=3	n=0

Finally, participants were asked to choose a statement that best described their overall quality of life (*so good, it could not be better; very good; good; alright; bad; very bad; so bad, it could not be worse*). None picked the first two descriptors (*could not be better* or *very good*) but there was a cluster around *good* (n=5) and *alright* (n=4) with one participant reporting *bad* and one *very bad*.

Changes in health and quality of life

Overall at the 12 week follow-up interview, the data showed that participants had maintained their health related quality of life. As at baseline, participants were asked how their health today compared with their health 12 months ago. Their perceptions appeared to remain much the same as they reported at baseline with eight reporting *much the same*, one reporting *better* and two *worse* (Table 6.3).

Table 6.3: Change in health today compared to 12 months ago

	12 weeks <i>worse</i>	12 weeks <i>much the same</i>	12 weeks <i>better</i>
Baseline <i>worse</i>	n=1	n=1	
Baseline <i>much the same</i>		n=6	n=1
Baseline <i>better</i>		n=1	n=1

Similarly the domains in the EQ-5D (mobility, self-care, usual activities, pain and anxiety/depression) appear to have remained relatively constant over the three month period (Table 6.4) but closer examination of the answers reveals individual changes not apparent from the cumulative results. Whilst the domains chosen by five participants did not change over the twelve week period; four participants reported improvements in at least one domain and two reported deterioration in two domains.

None of the participants reported changes in their mobility over the period. Whilst self-care appears unchanged since baseline, one participant reported an improvement from *some problems* to *no problems* and another moved in the opposite direction. Improvements in performing usual activities were apparent for two of the participants who moved from *some problems* to *no problems*.

The cumulative results appear to show no changes in pain or discomfort but one participant moved from *some pain or discomfort* to *extreme pain or discomfort* and another participant in the opposite direction. Two participants reported a movement from *not feeling anxious or depressed* to feeling *moderately anxious or depressed* and one moved in the opposite direction.

Table 6.4: Three month health related quality of life

	I have no problems in walking about	I have some problems in walking about	I am confined to bed
Mobility	n=2	n=9	n=0
	I have no problems with self-care	I have some problems washing or dressing myself	I am unable to wash or dress myself
Self-care	n=8	n=3	n=0
	I have no problems with performing my usual activities	I have some problems with performing my usual activities	I am unable to perform my usual activities
Usual activities (e.g. work, study, housework, family or leisure activities)	n=6	n=4	n=1
	I have no pain or discomfort	I have moderate pain or discomfort	I have extreme pain or discomfort
Pain/discomfort	n=2	n=8	n=1
	I am not anxious or depressed	I am moderately anxious or depressed	I am extremely anxious or depressed
Anxiety/depression	n=7	n=4	n=0

The single cumulative scores from the EQ-5D are indicative of a small overall improvement in health-related quality of life increasing from a mean score of 0.6206 to 0.6451 (SD 0.2728) but the increase was not statistically significant ($p=0.774$). Participants' self-rating of their own health showed little change over the period (mean 6.0182, SD 1.222, range 4.5 – 8.0). Again the difference between scores at baseline and twelve weeks was not significant ($p=0.926$).

Participants were asked to choose a statement that best described their overall quality of life (*so good, it could not be better; very good; good; alright; bad; very bad; so bad, it could not be worse*). At baseline none of the participants picked the first two descriptors (*could not be better* or *very good*) but rather clustered around *good* ($n=5$) and *alright* ($n=4$) with one participant reporting *bad* and one *very bad*. At the second interview participants again chose a statement and this time all but one participant reported the same or better descriptors than their original choice indicative of improved overall quality of life (Table 6.5).

Table 6.5: Change in overall quality of life

	12 weeks <i>very good</i>	12 weeks <i>good</i>	12 weeks <i>alright</i>
Baseline <i>good</i>	n=1	n=3	n=1
Baseline <i>alright</i>			n=4
Baseline <i>bad</i>			n=1
Baseline <i>very bad</i>	n=1		

Use of services in health, social care and resources in the community

Participants were asked to recall the health and social care services they had used over the last three months. The majority of these related to visits to the GP (17 visits in total) and to the practice nurse within the GP surgery (14 visits in total). Whilst there were 13 physiotherapy sessions, 12 of these related to one participant. The total cost of services used was £4029.20 equating to an average cost of £366.29 per person. The cost of the services used by each participant ranged from £36.00 to £1307.80 (median £332.33, SD 390.80). Interestingly, the use of social care was minimal in as much as none of the participants had seen a social worker or care manager over the three month period, nor had any received statutory home care services. However, three participants had used the meal delivery service. Full details are shown in Table 6.6.

Whilst there was a negative relationship between the EQ-5D scores and the cost of health and social care used (i.e. as the EQ-5D score moved towards 1 or full health the total cost of services used fell) the correlation was not statistically significant (Pearson -0.030, $p=0.931$). Conversely a positive relationship existed between the ratings participants gave of their own health and the cost of health and social care, although similarly it was not statistically significant (Pearson 0.052, $p=0.879$).

Participants used a variety of community based services (Table 6.7). The most frequently used was the community/leisure centre where the Tai Chi classes were held. Transport services were also relatively well used. Six participants reported making journeys on public transport using their bus pass; two participants made use of POPP transport to take them to and from Tai Chi

classes whilst another two participants used Ring and Ride to make journeys on a regular basis. Three participants attended lunch clubs and two regularly used the library. In addition to these services one participant used a private gym twice a week whilst another attended regular group meetings within a variety of organisations, including a church based lunch club.

Table 6.6: Health and social care service use in three months prior to first interview

	Number	Unit Cost	Total Cost (£)
Physiotherapy session	13	£17 per clinic visit	221
Accident and emergency visit	2	£111 per investigation	222
Ambulance with paramedic unit	2	£344 per patient journey	688
Overnight stay in hospital	1	£249 per bed day	249
Hospital out-patient appointment	8	£71 per follow up attendance	568
GP surgery visit	17	£36 per surgery consultation	612
GP home visit	0	£58 per home visit	0
Phone call to GP surgery for advice	2	£22 per telephone consultation	44
Visit to GP practice nurse	14	£11 per consultation	154
Chiropodist	7	£10 per clinic visit	70
District Nurse	3	£26 per home visit	78
Social worker	0	£37 per hour of client related work	0
Meals on wheels	216	£5.20 per meal	1123.20
Home care	0	£19.30 per hour	0
TOTAL			4029.20

Table 6.7: Community based non-NHS services

Community service	Number	Number of participants using each
Meals on wheels/frozen meals	216 (meals)	3
Bus journey using pass	92 (journeys)	6
Library	8 (visits)	2
Day/drop-in/resource centre Community/leisure centre	106 (visits)	11
POPP transport / Ring and Ride	44 (journeys)	4
Lunch club	36 (visits)	3

Whilst none of the participants used statutory home care services in the three months prior to completing the questionnaire, seven of the 11 relied to a lesser or greater extent on friends and family for help (Table 6.8). Six participants received help with shopping (this typically involved being taken to do their

shopping and the time taken ranged from 1 to 4 hours per week). Five had help with housework (range 1 - 21 hours per week); two had help with preparing meals and two with helping them bathe. Friends and family also provided transport when needed (n=3). Four participants said that keeping up their garden was also a problem; three reported having a paid gardener one hour per week and one having unpaid help with the garden for a couple of hours a week. Unpaid help from family and friends totalled 69 hours per week giving a mean of 6.27 hours per person for the whole sample; however it should be noted that one participant accounted for 42 hours per week. The correlation between the number of hours of unpaid help received and the health related quality of life score (EQ-5D) and unpaid help and the participant's own rating of their health were not statistically significant (Pearson -0.441, p=0.175 and Pearson -0.50, p=0.883 respectively).

Despite the extent and range of help received from family and friends none said that relatives/friends had needed to stay off work to help them in the last three months.

Table 6.8: Unpaid help from family/friends (hours per weeks)

Type of help	Total hours per week
Personal care (bathing, dressing)	2
Housework	29
Preparing meals	16
Shopping	12
Looking after pets	2
Providing transport, taking you out	6
Gardening	2

Changes in use of services in health, social care and resources in the community

At the second interview (12 week follow-up) all participants again were asked to recall the health and social care services they had used over the last three months thus taking into account their service use since attending the Tai Chi classes (Table 6.9).

The total cost of health and social care services used by the group had reduced by £1535.60 between the two time periods from a total cost of £4029.20 to a total cost of £2493.60 (mean cost per person of £226.69, SD 206.65). The bulk of this difference is accounted for by A&E visits (including calling an emergency ambulance with paramedic unit). Physiotherapy sessions have remained relatively constant as have visits to the GP. Whilst an increase in hospital out-patient visits was apparent this was offset by a reduction in the number of meals on wheels. Overall the difference in total costs between the first and second interview was not significant (p=0.299).

Table 6.9: Health and social care service use in three months prior to second interview

	Number	Unit Cost	Total Cost (£)
Physiotherapy session	14	£17 per clinic visit	238
Accident and emergency visit	0	£111 per investigation	0
Ambulance with paramedic unit	0	£334 per patient journey	0
Overnight stay in hospital	0	£249 per bed day	0
Hospital out-patient appointment	12	£71 per follow up attendance	852
GP surgery visit	17	£36 per surgery consultation	612
GP home visit	1	£58 per home visit	58
Phone call to GP surgery for advice	7	£22 per telephone consultation	154
Visit to GP practice nurse	10	£11 per consultation	110
Chiropodist	12	£10 per clinic visit	120
District Nurse	1	£26 per home visit	26
Social worker	2	£37 per hour of client related work	74
Meals on wheels	48	£5.20 per meal	249.60
Home care	0	£19.30 per hour	0
TOTAL			2493.60

The range of cost of service use over the period was wide (£46.00 to £721.60). Once again twelve of the physiotherapy sessions related to one person. Given the small sample size it was not possible to test for differences based on for example, gender, age, receipt of attendance allowance or whether participants lived alone but participants with the highest costs at baseline did not have the highest costs at the second interview.

In respect of community based services, the use of the community/leisure centre has increased; but this was anticipated as this is where the Tai Chi classes are held. As indicated in Table 9, the number of meals has decreased with now only one participant receiving delivered meals. The figures also reveal a movement away from transport services such as Ring and Ride and towards bus journeys. Both of these changes are indicative of increased confidence in performing everyday activities, and this is certainly evidenced from a qualitative analysis of participant perceptions of the impact of the Tai Chi classes (see later). Full details are shown in Table 6.10.

Table 6.10: Community based non-NHS services

Community service	Number	Number of participants using each
Meals on wheels/frozen meals	48 (meals)	1
Bus journey using pass	242 (journeys)	5
Library	6 (visits)	1
Day/drop-in/resource centre Community/leisure centre	155 (visits)	11
POPP transport / Ring and Ride	18 (journeys)	4
Lunch club	22 (visits)	2

The unpaid help from friends and family participants received over the twelve week period is shown in Table 11 and totals 100 hours per week or approximately 9 hours per person. There was a significant negative correlation between the amount of help received from family and friends and health related quality of life measured using the EQ-5D (Pearson -0.685, $p=0.02$).

The total hours of unpaid help from family and friends represented an increase from 69 hours reported at the first interview to 99 hours at the second interview. The increase was not statistically significant ($p=0.247$). For one participant the help received amounted to 26 hours per week; this person was a low user of other community services (using only the community centre for Tai Chi) and of health and social care suggesting that formal services are being replaced or substituted by informal care. Four participants reported

receiving no help from family or friends with everyday tasks over the twelve weeks; these were the same participants who reported this at baseline.

The bulk of help received concerned housework (five participants, hours help per week ranged from 1-14) and shopping (six participants, hours help per week ranged from 1-6). In fact one participant had hired a cleaner to help with housework. The number of hours of unpaid gardening (three participants, range 3-6 hours) had increased since the first interview but this may be attributable to the onset of spring. Similarly, more people reported help with transport (*taking you out*). This is five rather than the three who had previously reported this, and for a longer period of time (19 hours rather than 6 as previously reported).

Table 6.11: Unpaid help from family/friends (hours per weeks)

Type of help	Total hours per week
Personal care (bathing, dressing)	8
Housework	28.5
Preparing meals	10
Shopping	18.5
Looking after pets	1
Providing transport, taking you out	19
Gardening	15

None of the participants' family or friends had taken time away from work to provide help.

Cost of Tai Chi provision

The TOPPs Board agreed to funding of £2120 for the hire of the premises (Meadowfield Centre) for 36 Tai Chi Classes (three programmes of 12 sessions) which equates to £58.89 per two hours session. The classes were led by a community physiotherapist. The cost of the physiotherapist's time has been calculated at £80 per class based on £40 per hour of client contact (Curtis, 2007). Thus the cost per session equates to £138.89. Each session accommodates up to 15 people. Within the set of classes that formed the basis of this case study whilst there were originally 15 people in the class, two

people dropped out after the introductory class. Thus cost per person estimates are based on 13 people giving an estimate of £10.68 per person per class.

Cost and effectiveness

For this cohort the data showed maintenance of health related quality of life and health status. Both the health related quality of life score and participants own health rating were consistent over the two time periods (showing no statistically significant difference).

The table below (Table 6.12) summarises the details of the net saving to health and social care providers. The results show the reduction in use of health and social care services to be greater than the cost of the Tai Chi class representing a net saving of £125.84.

Table 6.12: Costs to health and social care providers

	At baseline	At 12 weeks	Net
Use of health and social care services in previous 12 weeks	£4029.20	£2493.60	£1535.60
Cost of 12 Tai Chi classes assuming @ £10.68 per person	N/A	£1409.76	-1409.76
Net saving			125.84

These figures are based on the health and social care costs of eleven class members. If the analysis assumes either thirteen or fifteen members (the actual number of people who attended the classes and the original number in the class respectively) are included with equivalent health and social cost savings this would then show a net saving to health and social care providers of £953.41 and (1059.78 respectively). Details are shown in Table 6.13.

Table 6.13: Costs to health and social care providers – changed parameters

	At baseline	At 12 weeks	Net
13 class members			
<i>Use of health and social care services in previous 12 weeks</i>	£5310.15	£2946.98	£2363.17
<i>Cost of 12 Tai Chi classes assuming @ £10.68 per person</i>	N/A	£1409.76	-1409.76
<i>Net saving</i>			£953.41
15 class members			
<i>Use of health and social care services in previous 12 weeks</i>	£6126.82	£3400.36	£2726.46
<i>Cost of 12 Tai Chi classes assuming @ £9.26 per person</i>	N/A	£1666.68	£1666.68
<i>Net saving</i>			£1059.78

Summary

For the majority of Tai Chi class members who participated in this case study, their health problems were associated with mobility and pain and/or discomfort. Taken together the evidence presented shows the potential benefits and cost savings emanating from the provision of Tai Chi classes for this group. Indeed cost savings could be maximised if the class is delivered by appropriately trained non-professionals as intended through the POPP model. The results are, however, presented with caveats; the most important being the limitations associated with the absence of a control group, small sample size and relatively short follow up period. Whilst the study points to benefits there is the need for further research in this area.

Qualitative results from interviews with participants

The following analysis is based upon an examination of interview data obtained through tape-recorded, one-to-one interviews with participants. The views of the participants are presented under the key themes identified from the analysis: physical health benefits, mental health benefits and social benefits. The following seeks to illustrate and comment upon these themes through highlighting direct textual material from both initial and follow-up

interview data collectively for each of the two cohorts (i.e. pre January 2008 and post January 2008).

Physical health benefits

Participants commencing Tai Chi in January 2008

Some of the participants who commenced Tai Chi in January highlighted physical benefits during their preliminary interview, at a point when they would have experienced very few classes. This is particularly striking, given that performance of the exercises for a beginner can be challenging. One participant affected by arthritis in the neck and shoulders commented:

Interviewer:

"Are you able to feel any benefits at the moment?"

Respondent:

"Actually yes with my neck... when I was turning my head in the car, I had to turn my body as well and now I can... and it doesn't make that noise... and that is just three weeks and a bit of practicing at home."

In a similar vein, a participant who also commenced classes in January 2008 did not initially report any improvements in mobility or stability during the first interview, although on reflection felt that her stability had improved. This participant has significant foot problems which had required surgery, and had suffered falls in the past:

Interviewer:

"...I wonder if you'd felt... that the classes had been beneficial to you in terms of your mobility or stability?"

Respondent:

"It's too early and at the beginning I came home and thought 'No, can't do it' but I'm trying... very hard now and actually I didn't hold onto the chair as much last week, I noticed that and so it is probably coming."

One participant who had begun Tai Chi in January 2008 experienced considerable pain in her shoulders. However she did report improved breathing by the time of the first interview.

For other beginners who had commenced Tai Chi in January 2008, however, early benefits had not manifested by the time of the initial interview. One participant who had experienced an injured hip through a sports-related fall, and had previously undergone physiotherapy reported no early benefits:

Interviewer:

"Do you feel any improvements in your mobility?"

Respondent:

"Well I think I am working towards that but I still haven't got the mobility I thought I would have with this right leg."

Similarly another participant, who was experiencing mild arthritis, felt that they had not experienced physical health benefits at this initial stage:

Interviewer:

"I know its early days but... have you felt any benefits from the Tai Chi classes that you've attended?"

Respondent:

"I suppose physically no because I'm fit to start off with."

In a similar vein, a participant who also commenced classes in January 2008, and had experienced very painful shoulder problems, did not report any improvements in mobility or stability during the first interview.

However, by the time of the follow-up interviews, all but one of the participants reported positive physical health benefits from the exercise classes.

The participant experiencing arthritis in the neck and shoulders reported improvements to her sense of balance, and how this had improved her mobility at home:

“ It (Tai Chi) helps with your balance and I find I am more flexible because it is specific Tai Chi for arthritis... like going upstairs and things like that and freer movements... not as stiff... when you are more flexible you can do more bending and stretching.”

The same participant who had experienced significant foot problems which had required surgery, and had suffered falls in the past, had been hampered in taking part in the classes (at various times) due to her condition. This meant that on certain occasions she was only able to take part in a seated position. Nonetheless she reported improved balance and mobility, and highlighted ways in which her improved balance was utilised at home:

Interviewer:

“Do you feel the Tai Chi has helped you with your mobility or your balance?”

Respondent:

“Yes I think it has... I found that I’m not hanging onto the chair as much as I did. I sometimes walk in a drunken fashion but I have benefited... at one time I couldn’t step on that stool there, now I find I can step onto it as long as I am holding onto something... I couldn’t go up any steps at all, same as the step ladder... I find I can balance on it now.”

It is interesting to note that the participant who had suffered an injured hip through a sports-related fall, and had previously undergone physiotherapy, highlighted an improved sense of balance and mobility. In addition, a range of household activities were reported that the respondent considered easier to perform:

Interviewer:

"Through doing... Tai Chi (has) the pain, the discomfort around the hip area eased itself would you say?"

Respondent:

"It is not as awkward or uncomfortable as it was... some of the exercises I do help me in that way and they certainly help me in keeping my balance."

Interviewer:

"Does that mean you are able to do things that you weren't able to do... before starting the Tai Chi class or does it mean that certain things are easier?"

Respondent:

"Well... walking is a lot more comfortable than it used to be. I still have problems in walking... as far as Littleborough village but I can manage that... now. I think that is because of the various exercises I do in Tai Chi."

Interviewer:

"Can you give... some examples of the kinds of things around the house that are easier to do?"

Respondent: *"Walking about, cooking my meals and washing the pots and the crockery. Operating my computer. I find it reasonably easy to do now"*

The participant who had had significant shoulder problems and had not reported any improvements in relation to balance or mobility during the preliminary interview, emphasised very marked improvements over the course of the follow-up interview with regard to balance:

Interviewer:

"Can you tell me what benefits you have had from Tai Chi?"

Respondent:

"Well I have always had problems with... co-ordination... I am not steady on my feet but going to Tai Chi is helping... I could not lift my right arm as high as my shoulder... now I can raise it a little bit higher and I think... I will be able to do it more. That's the benefit I received from it."

The same participant's mobility had also improved very considerably:

"I know I still have to walk with a stick, but at one time I was walking with a stick and holding onto something as well. I don't have to do that now, I can walk with my stick. Can't go up hills very well, but I use the local bus for that... I can walk a little bit quicker now than I could and that is a big benefit... I gave it (line dancing) up... but I think... in another two or three weeks... I am going to go back to keep it up."

Even the participant who was experiencing mild arthritis and reported that she had not felt any physical health benefits at her initial interview recognised, by the time of the follow-up interview, that attendance at Tai Chi classes had maintained her sense of well-being:

Interviewer:

"And through the Tai Chi classes do you feel that it's had an effect on your health and well-being?"

Respondent:

"Well I wouldn't say it's improved it but I'm maintaining that and that is what I hoped to do."

Participants Commencing Tai Chi before January 2008

All of the participants who had been taking Tai Chi classes prior to January 2008 felt that they had gained physical benefits from it. One participant had suffered a stroke and various falls in the past. She reported improvements to both her walking and sense of balance:

"When I'm walking about I can't walk far without having to sit down... I can walk a little bit farther... I think it (Tai Chi) has helped my balance a little."

Another participant who had had a knee operation, and had suffered various falls, reported improved movements in her knee and had high hopes for greater mobility to help access local services:

"I can move a lot easier with this knee. In fact I can lift it up more than I used to be able to do at first... its as though the muscles are now just beginning to take over... I've only ordered two books of travel vouchers (for a taxi) for this coming year as I'm wondering if I can get on a bus... I shall go on Ring and Ride and ask them about the low buses."

A further participant who had suffered two broken shoulders through falls highlighted the benefits of improved balance and co-ordination.

At the follow-up interview, one participant who had become disabled through the loss of a limb highlighted considerable physical benefits gained from Tai Chi in relation to enhanced mobility, and the subsequent benefits of this in relation to household activities:

"...when you start your Tai Chi there is a lot of creaking and groanings and crackings as joints and muscles are brought into play... but head, shoulder, waist downwards I am much more supple than I was. It has been of tremendous benefit. I can move my shoulders and my arms to do the washing up. Likewise I can do my ironing, shirts, which was rather problematical in the past, but those two tasks are very much easier to perform... I have only been doing it (Tai Chi) for just over six months but... there has been a progressive improvement in that I don't slouch in the chair as much as I used to. "

Mental health benefits

One participant, who had suffered a variety of falls and sustained two broken shoulders, emphasised that her greater sense of stability had enhanced her sense of confidence, and enabled her to carry out activities that she would

previously have been unable to do, so providing her with a greater sense of independence:

"...definitely it (Tai Chi) is doing me good because I am more confident now to go out. I will go to town on my own. I was a bit frightened of falling before, so I have got a bit more confidence back... (my partner) and I go to the shopping on a Wednesday and quite often on a Friday and Saturday."

A further participant also highlighted the benefits of increased confidence gained through Tai Chi. This participant had suffered broken wrists through falling, and yet had gained the confidence to take part in various household activities:

"...It (Tai Chi) has helped me with my arthritis... and I have been more steady on my feet... it has taken away that feeling that I was going to fall... I have done a bit more gardening... and swimming and more confident to go out a bit."

Participants who had joined since January 2008 had not highlighted their sense of the mental health benefits of taking part in Tai Chi during their initial interview. However, during the follow-up interview, two participants did emphasise the benefits of relaxation:

"It is relaxing, I don't know about the meditation part... but it is very nice to do. If you do it properly it is quite relaxing... On the whole they are lovely movements, you do relax."

"It (Tai Chi) is a very calming thing too. It makes you feel not all at odds with the world as it were because you do breathing exercises as well."

The pre-January 2008 Tai Chi intake were more aware of these mental health benefits of Tai Chi. The following highlights segments of dialogue with two different participants:

Interviewer:

"Can you tell me in what ways it has helped you?"

Respondent:

"Psychologically, particularly when you look around and see people that are worse than yourself... it makes me feel stronger and makes me feel as though I want to help them more, which gives me strength in myself."

Interviewer:

"Do you find Tai Chi relaxing?"

Respondent:

"Yes it is because you can't think. All you are thinking of is you are doing your steps so you are relaxed... you are not thinking about 'I forgot to do this, I've got to go home and do that'. You're just there and enjoying it."

Social benefits

All of the participants commented on the high value they placed on the sociability of the group, and the opportunity provided to meet with different people. For some participants, including one who had become disabled through the loss of a limb, the opportunity to take part in physical activity with other people, and so become less socially isolated, was a key motivation for taking up Tai Chi:

Interviewer:

"Can I ask you what motivated you to do the Tai Chi class?"

Respondent:

"I wasn't getting the physical experience I needed. I have a cycling machine but... you need involvement (with) people... I wanted more contact with people which I get... We start pulling each other's legs... They send me birthday cards, there is a building up here..."

It is interesting to note that during the follow-up interview with the same participant, the ties of companionship and mutual support had become considerably strengthened over the course of the Tai Chi classes. Clearly attending the Tai Chi classes had become a powerful source of social cohesion through a shared interest:

"One lady had her 90th birthday... she baked a nice cake for us all to join in. So there is that social aspect. If we hear anybody is ill, we tend to send them get well cards or ring them up. So there is a feeling of not being isolated from humanity... I go to the local music society... but it is a matter of go, listen to the tunes and walk out... it doesn't broaden your social base at all, whereas at Tai Chi we do have a break for coffee and biscuits... and you get to know more and more people and hear about their problems... coming to terms with things... and you realise that you are not alone."

The practical and emotional support gained from fellow participants was keenly appreciated by this same participant:

"You can empathise with them and... they can empathise with you. When it comes to tea break, I try to struggle to my feet and balance a cup of tea... without the aid of a walking stick. Some say, 'You sit down... we'll get it for you'. There is a team spirit building up which I think is a good thing."

Three participants who had not used Tai Chi prior to January 2008 had already picked up on the sociability of the group as a key component for addressing social isolation during the first interview:

"I like the social part, they're all nice friendly people."

"It is just nice to sit and chat... which is a great help when you are confined to the house as some of these people."

"... everybody's friends... It's not just like going for exercise... everybody is friends with one another... you're helping everybody else and they're helping you."

However, during the follow-up interview, two of them were much more expansive regarding the social support networks and structures within the group:

"You've got the friendliness and that helps an awful lot. People don't feel on their own, it's like one big happy family."

"It's good company, there's a nice crowd to be with... which goes a long way to anything doesn't it if you're in with a good crowd."

"I have met more people... (although) I only see them once a week... it is nice to have somebody else to talk to, somebody different."

Some participants who had been involved with Tai Chi prior to January 2008 were perhaps more cognisant of the group's impact in tackling social isolation through the longevity of their association with the group:

Interviewer:

"Do you feel you have made some new friends through the Tai Chi?"

Respondent:

"Yes I have. That's all of them. I can't say that there is any of them that's not good. We get on great."

Summary

The 11 participants interviewed all spoke positively about the Tai Chi classes. The benefits were perceived to be manifold. Participants indicated physical improvements in balance and mobility that allowed them to carry out activities of daily living such as washing and ironing more easily. These physical improvements in turn led to increased confidence to pursue more leisure activities such as swimming and gardening. Several participants highlighted being able to travel more easily or having the confidence to begin to travel, for example, on public transport. In addition the classes were enjoyed not just for their subsequent benefits but for the immediate benefits derived from attendance. Participants found the classes relaxing and enjoyable. Despite only two of the participants knowing each other prior to attending the class, there was a perception of the class being a social occasion; of friends meeting up. It provided contact with others broadening participants' social base with fellow class members providing both practical and emotional support.

None of the Tai Chi class members interviewed spoke of any disbenefits associated with the class. This is perhaps unsurprising given that those interviewed were all regular attendees. Those who left the class after the introductory session did not consent to be part of the study.

Analysis of routinely collected assessment data from Rochdale Falls Prevention Service

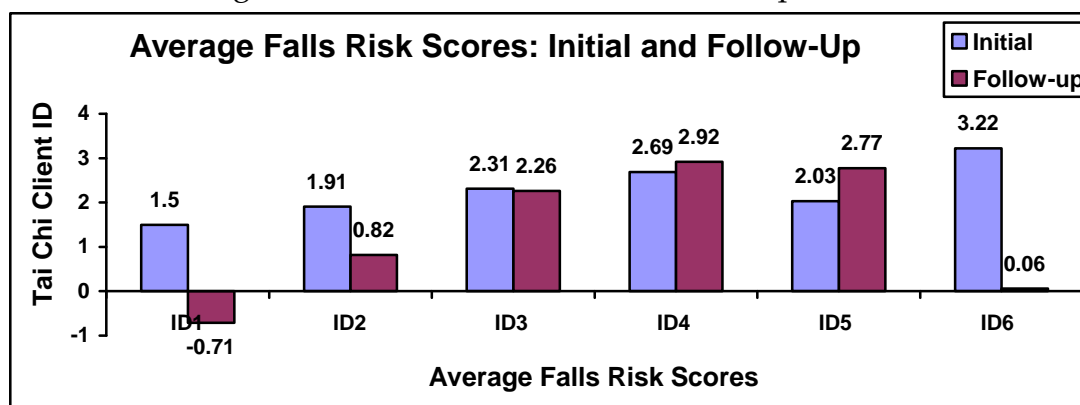
PPA and Tinetti POAM scores

As outlined earlier, in addition to the data collected by the Local Evaluation Team the PPA and Tinetti POAM scores collected routinely by the Rochdale Falls Prevention Service are reported below. These are presented together with a vignette of each of the six class members who completed the assessments at initial and follow-up stage using additional data from the participant interview data.

PPA scores

To précis, the PPA scores indicate performance in each of the five tests in relation to the norms for persons aged 60 years and over. Scores above zero indicate above average performances and scores below zero indicate below average performances. Scores below -1 indicate significant impairments.

Chart 6.1: Average falls risk scores: initial and follow-up



The above chart suggests that of the six Tai Chi participants, only three of them (ID2, ID3 and ID6) had shown improvements, whilst the remainder had worsened between initial and follow-up tests. However, it must be emphasised that the Tai Chi exercise classes have a particular impact upon only three of the elements comprising the PPA tests: proprioception, lower limb strength and postural sway.

- *ID1: Impact of Tai Chi classes*

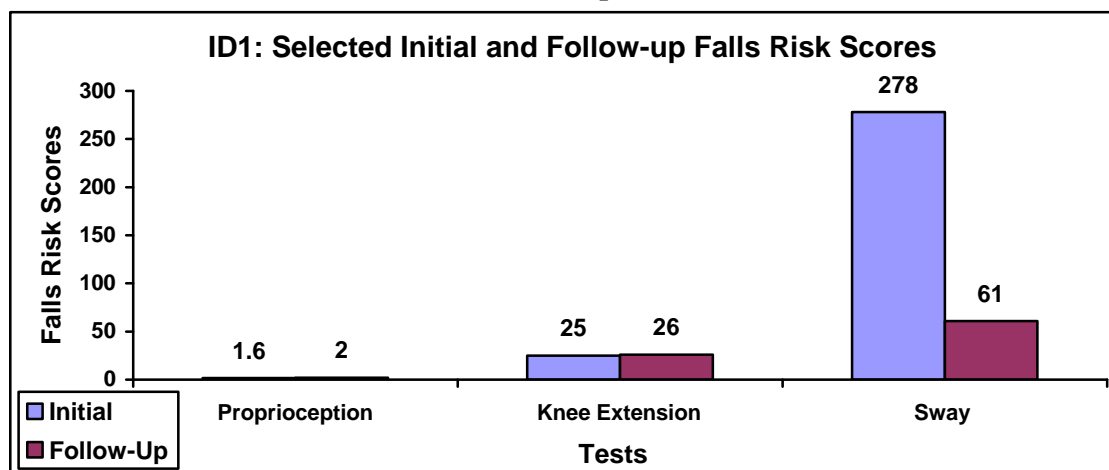
ID1 is an 81 year old male. He sustained a fractured hip through suffering a fall whilst playing sport. Following surgery and a period of rehabilitation in a nursing home, he took physiotherapy and was then invited to take part in the Tai Chi classes, which he commenced in January 2008. During the follow-up interview, he intimated that his mobility had increased since taking part in Tai Chi and that the discomfort around the hip area was “*not as awkward or uncomfortable as it was*”. He also felt that walking had become “*a lot more*

comfortable than it used to be”, and that household activities such as preparing meals, washing dishes and using a computer had become easier to undertake.

ID1’s initial Falls Risk Score came to 1.5, which constitutes being at ‘moderate’ risk of falling. This level of falls risk is in accordance with what would be expected for a man of 81 years of age, and so can be considered to be within the normal range. The follow-up Falls Risk Score of -0.71 indicates a ‘low’ risk of falling, which demonstrates clear improvement in the overall risk of falling from the time when ID1 commenced Tai Chi.

If we discount the two elements of the PPA testing process (i.e. vision and speed/control) that are not affected by Tai Chi exercises, and are likely to deteriorate as a natural result of the ageing process, we can see more clearly the impact of Tai Chi. The following chart indicates these initial and follow-up scores for ID1.

Chart 6.2: ID1 selected initial and follow-up falls risk scores



The above chart indicates that there has been a very considerable reduction in the amount of sway between initial and follow-up tests (i.e. 117 millimetres). This huge improvement illustrates that ID1 has achieved a far better sense of balance, which has markedly reduced the likelihood of suffering a fall. However, the initial and follow-up scores for proprioception show a slight

increase, which suggests that positional sense has slightly worsened. The knee extension strength, however, has slightly increased from initial to follow-up testing.

- *ID2: Impact of Tai Chi classes*

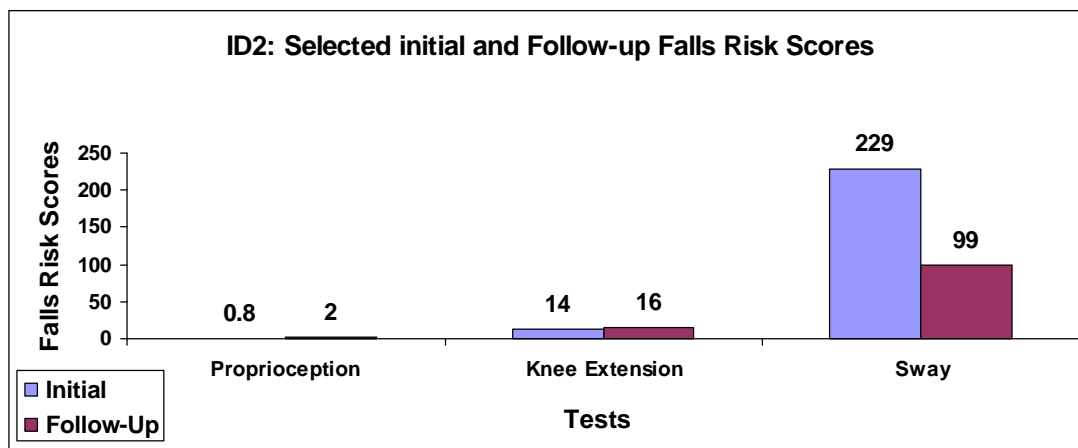
ID2 is an 85 year old female. She had previously suffered a fall and broken a bone in her foot and, following physiotherapy, it was suggested that she take up Tai Chi. She commenced Tai Chi in June 2007. During the follow-up interview, she felt that she was able to walk more easily and with greater confidence, and at home felt able to walk without the aid of a stick. She also felt that her balance had improved.

ID2's initial Falls Risk Score came to 1.9, which constituted being at '*moderate*' risk of falling. This level of falls risk is in accordance with what would be expected for a woman of 85 years of age, and so can be considered to be normal. The follow-up Falls Risk Score of 0.82 indicates a '*mild*' risk of falling, which demonstrates clear improvement in the overall risk of falling from the time when ID2 commenced Tai Chi.

Two of the elements of the PPA testing process (i.e. vision and speed/control) are not at all affected by Tai Chi exercises. If these elements are discounted, the impact of Tai Chi classes becomes more apparent. Chart 6.3 indicates these initial and follow-up scores for ID2.

As with ID1, we can see from the above chart that there has been a very considerable reduction in the amount of sway between initial and follow-up tests (i.e. 130 millimetres). This demonstrates a clear improvement in balance, which produces a very marked reduction in the likelihood of suffering a fall. In addition, knee extension strength has slightly increased whereas positional sense has slightly lowered from initial to follow-up test.

Chart 6.3: ID2 selected initial and follow up risk scores



- *ID3: Impact of Tai Chi classes*

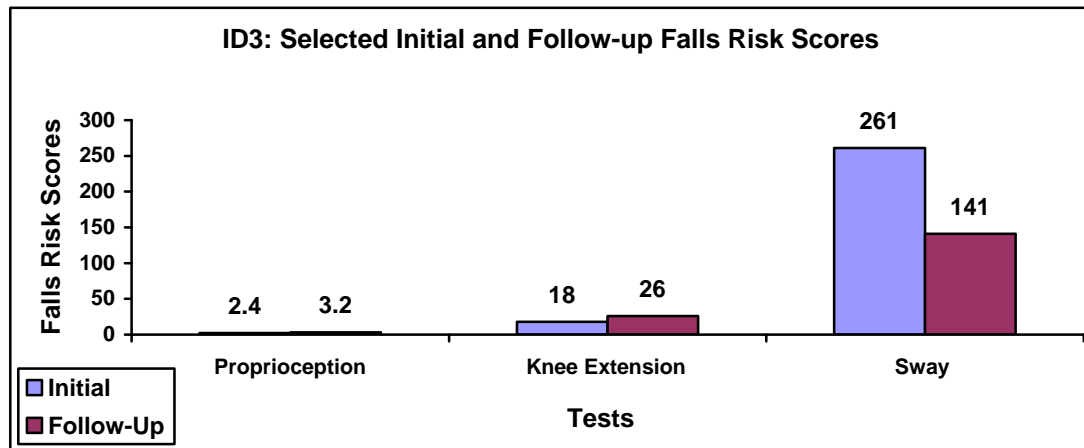
ID3 is a 75 year old female. Prior to taking part in Tai Chi classes in June 2007, she had suffered a few falls which had resulted in both of her shoulders being broken. Following physiotherapy tests in her home, she was invited to take part in Tai Chi, and she hoped that it would help to improve her balance. During the interviews, she felt that her balance had improved, and that her sense of confidence in walking had strengthened. She had commented “*I will go to town on my own now. I was a bit frightened before, so I have got a bit more confidence back now*”. She perceived there to be clear tangible benefits from Tai Chi in reduced falls risk as “*I’m aware of how I walk now... before I used to trip up a lot... I don’t tend to do that now*”.

ID3’s initial Falls Risk Score was 2.31, which meant that she was at ‘*marked*’ risk of falling. This level of risk is greater than expected for a woman of her age, and can be considered beyond the normal range. The follow-up Falls Risk Score of 2.26 represents a very marginal improvement in the overall risk of falling from the time when ID3 commenced Tai Chi, yet she remained at ‘*marked*’ risk of falling.

If we again discount the two elements of the PPA testing process (i.e. vision and speed/control) that are not in any way affected by Tai Chi exercises, and

deteriorate as a natural result of the ageing process, we can see more clearly the impact of Tai Chi. The following chart indicates the initial and follow-up scores for ID3.

Chart 6.4: ID3 selected initial and follow up risk scores



As with ID1 and ID2, we can see from the above chart that there has been a very considerable reduction in the amount of sway between initial and follow-up tests (i.e. 120 millimetres). This demonstrates a clear improvement in balance, which produces a very marked reduction in the likelihood of suffering a fall. Equally the knee extension strength has increased by 8 grams, which further suggests a reduced falls risk. However, positional sense appears to have slightly worsened through an enhanced difference in aligning lower limbs from initial to follow-up tests.

- *ID4: Impact of Tai Chi classes*

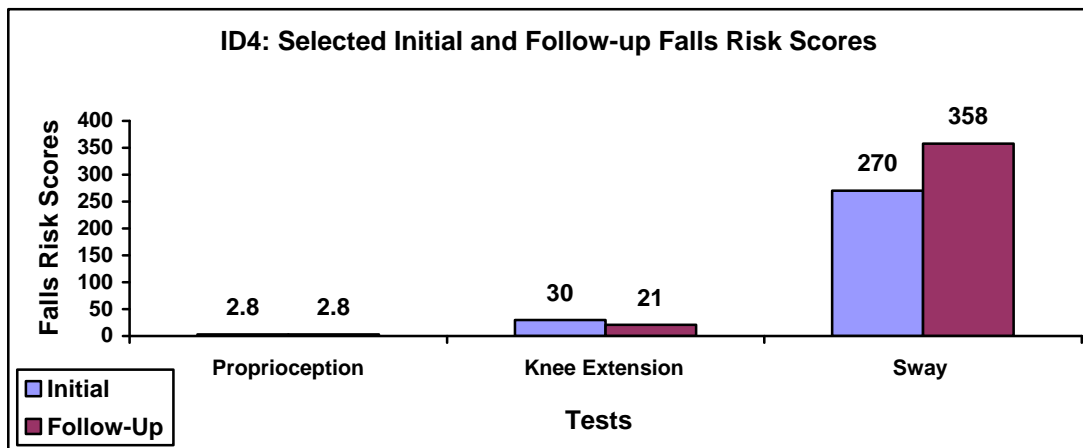
ID4 is a 77 year old male who has become disabled through the loss of a lower limb. Consequently he had experienced a great deal of social isolation, particularly through the loss of his driving licence and a reduced sense of independence. He was invited to take part in Tai Chi, and commenced attendance in January 2008. ID4 had felt much less isolated since taking up Tai Chi, and commented, *“I have now broadened my social base... So there is that social aspect... if we hear anybody is ill, we tend to send them get well cards or ring*

them up... so there is a feeling of not being isolated from humanity". ID4 also reported a strong sense of improved well-being through undertaking Tai Chi and was able to carry out far more household activities, and explained "... (from) head, shoulder, waist downwards I am much more supple than I was. It has been of tremendous benefit... I get much more freedom and movement in my shoulders... It is easier washing up now... I can do my ironing... which was rather problematical... but those two tasks are very much easier to perform".

ID4's initial Falls Risk Score was 2.69, which meant that he was at 'marked' risk of falling. This level of risk is greater than expected for a man of his age and could be considered beyond the normal range, although given ID4's level of disability, is probably less pronounced than it would be for a non-disabled person. The follow-up Falls Risk Score of 2.92 represents a marginal worsening in the overall risk of falling from the time when ID4 commenced Tai Chi, yet overall he remained at 'marked' risk of falling.

If we discount the two elements of the PPA testing process (i.e. vision and speed/control) that are not in any way affected by Tai Chi exercises, and deteriorate as a natural result of the ageing process, we can see more clearly the impact of Tai Chi. The following chart indicates the initial and follow-up scores for ID4.

Chart 6.5: ID4 selected initial and follow up falls risk scores



We can see from the above chart that there has been a very considerable increase in the amount of sway between initial and follow-up tests (i.e. 88 millimetres). This demonstrates a clear worsening in balance, which produces a very marked increase in the likelihood of suffering a fall. Equally the knee extension strength has fallen by 9 grams, which further suggests an enhanced falls risk. However, positional sense has remained the same as there is no difference in aligning lower limbs from initial to follow-up tests.

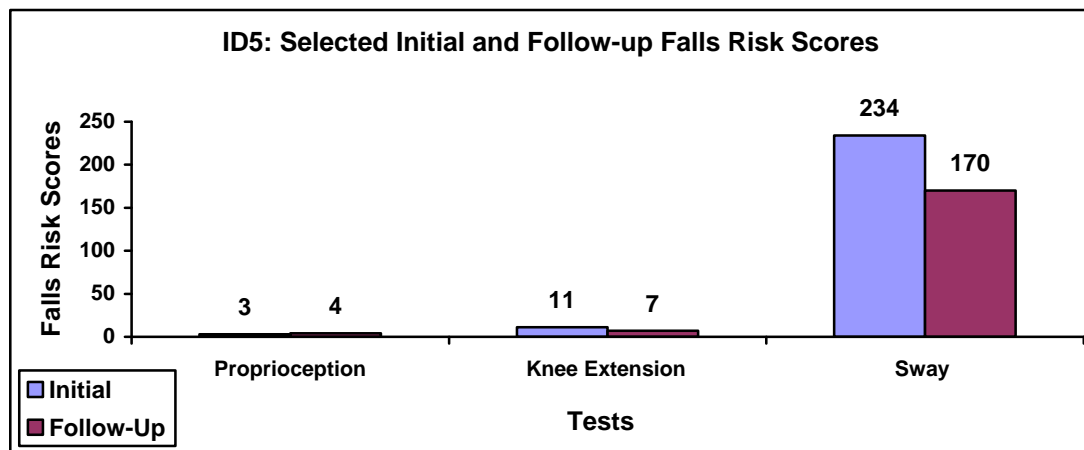
- *ID5: Impact of Tai Chi classes*

ID5 is a 94 year old female. She commenced Tai Chi in June 2007, and had experienced two or three falls prior to doing so. During the interviews, ID5 reported that she had enjoyed taking part in the classes, and that the company of the group encouraged her to carry out the physical tasks involved. She has felt that her mobility has improved, as well as her mental well-being, through doing Tai Chi exercises.

ID5's initial Falls Risk Score was 2.03, which meant that she was on the border of being at '*marked/moderate*' risk of falling. This level of risk is what would be expected for a woman of her age and lies within the normal range. The follow-up Falls Risk Score of 2.77 represents a marginal worsening in the overall risk of falling from the time when ID5 commenced Tai Chi, so she had moved from being at '*moderate*'/'*marked*' risk of falling to being firmly within the '*marked*' category. On the basis of her age, she remains within the normal level of risk that would be expected.

If we discount the two elements of the PPA testing process (i.e. vision and speed/control) that are not in any way affected by Tai Chi exercises, and deteriorate as a natural result of the ageing process, we can see more clearly the impact of Tai Chi. The following chart indicates the initial and follow-up scores for ID5.

Chart 6.6: ID5 selected initial and follow up falls risk scores



We can see from the above chart that there has been a very large reduction in the amount of sway between initial and follow-up tests (i.e. 64 millimetres). This demonstrates a clear improvement in balance, which reduces the likelihood of suffering a fall. However, the knee extension strength has fallen by 4 grams, which suggests an enhanced falls risk. However, positional sense has remained virtually the same as there is no difference in aligning lower limbs from initial to follow-up tests.

ID6: Impact of Tai Chi classes

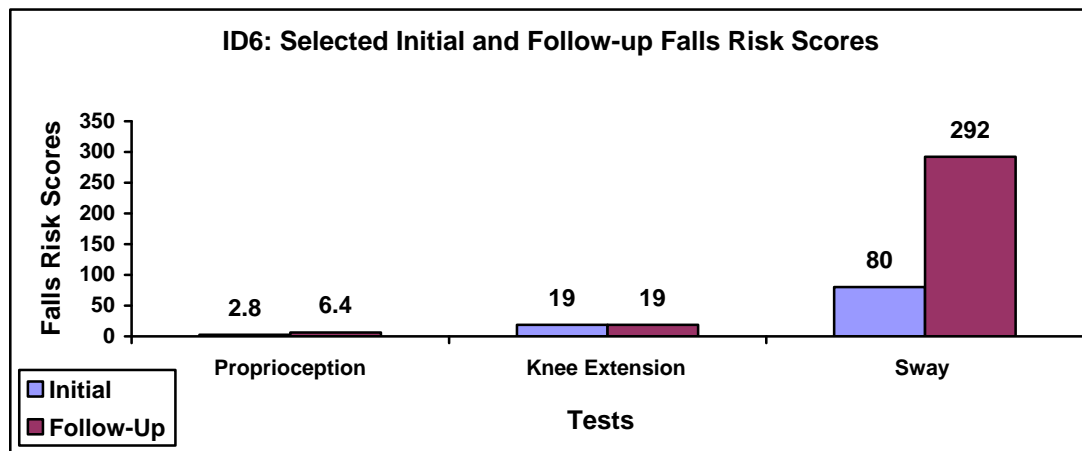
ID6 is a 77 year old female. She had experienced a stroke, and as a consequence of this had had a few falls which had resulted in a broken wrist and various hand injuries. During a period of physiotherapy, she was invited to take part in Tai Chi classes, which she commenced in June 2007. During the interviews, ID6 indicated that she had felt that her balance and mobility had improved through doing Tai Chi, and she felt that she was less likely to fall over. She highlighted some household activities that she was now able to do more easily, and commented, *“I have done a bit more gardening... than what I did... and swimming... and I’m more confident to go out a bit”*.

ID6’s initial Falls Risk Score was 0.06, which meant that she was at ‘mild’ risk of falling. This level of risk is what would be expected for a woman of her age

and lies within the normal range. The follow-up Falls Risk Score of 3.22 represents a very considerable worsening in the overall risk of falling from the time when ID6 commenced Tai Chi, so she had moved from being at 'mild' risk of falling to being firmly within the 'very marked' category. On the basis of her age, her risk of falling is much worse than what we would expect and so is much worse than the normal level of risk that would be expected. However, it is difficult to take account of the impact of her stroke-induced disability.

If we discount the two elements of the PPA testing process (i.e. vision and speed/control) that are not in any way affected by Tai Chi exercises, and deteriorate as a natural result of the ageing process, we can see more clearly the impact of Tai Chi. The following chart indicates the initial and follow-up scores for ID6.

Chart 6.7: ID6 selected initial and follow up falls risk scores



We can see from the above chart that there has been a very large increase in the amount of sway between initial and follow-up tests (i.e. 211 millimetres). This demonstrates a clear worsening of balance, which suggests a considerable increase in the likelihood of suffering a fall. The knee extension strength has remained the same. However, positional sense has worsened as the difference in aligning lower limbs from initial to follow-up tests has increased by 3.6 degrees.

Tinetti scores

The Tai Chi Exercise Group of six individuals were subjected to the Tinetti Tool Score tests at the initial stage (i.e. prior to taking part in Tai Chi), and again at review stage (by which time they had all gained considerable experience of Tai Chi). The following chart illustrates the Tinetti Tool Scores for this group, both at initial and review stages.

Chart 6.8: Tinetti scores: initial and review scores for Tai Chi group

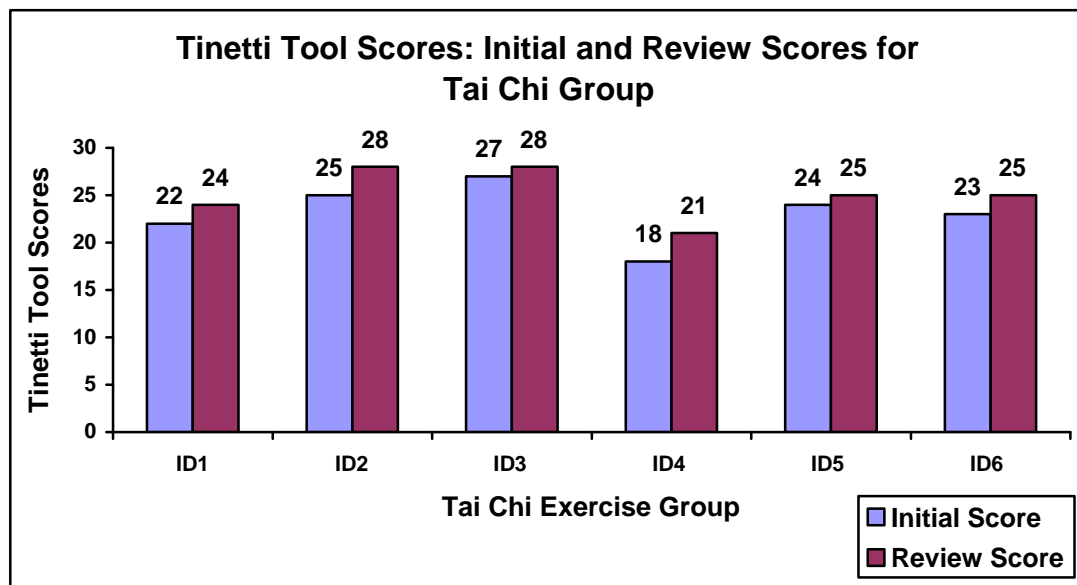


Chart 6.8 illustrates that all of the six Tai Chi participants have shown improvement since undertaking the exercise classes. One of the participants (ID4) has moved from the 'high risk' to the 'moderate risk' category. Two of the participants (ID1 and ID6) have moved from the 'moderate risk' to the 'low risk' category. The remaining three participants have remained within the 'low risk' category.

Summary

The overall findings from the PPA Falls Screen testing are mixed. Two of the participants (ID1 and ID2) showed very marked reduction in falls risk overall, moving from 'moderate' to 'low' risk and 'moderate' to 'mild' risk respectively. Two of the participants (ID3 and ID4) showed no change in their falls risk, as

both remained at '*marked*' risk of falling. The remaining two participants (ID5 and ID6) showed an increase in falls risk, moving from '*moderate/marked*' to '*marked*' risk, and from '*mild*' to '*very marked*' risk respectively. Four of the six participants showed marked reduction in the levels of sway at follow-up stage, which is a key indicator of reduced falls risk.

The Tinetti scores are very clearly positive outcomes are in marked contrast to more mixed conclusions provided by the PPA assessments. On the basis of the Tinetti scores, the participants would seem to have benefited very considerably from undertaking the Tai Chi exercise programme.

Discussion

This case study has sought to examine the impact of Tai Chi exercise classes upon a small cohort of older people in Rochdale. Previous studies have focused attention upon the role of Tai Chi in reducing the incidence of falls, promoting health and wellbeing and enhancing social engagement through group activity within a community setting. However, this study has sought to consider each of these disparate elements, together with an exploration of health and social care costs, in order to obtain a more holistic, comprehensive understanding of the potential benefits of Tai Chi. This discussion considers the main case study findings with regard to potential health and well-being enhancements, increased socialisation and cost and effectiveness analysis in relation to the Tai Chi classes.

It must be emphasised that the sample of participants (n=11) is extremely small, which severely limits the generalisability of the findings. However, the quantitative analysis of cost and effectiveness, gained through an exploration of health and social care costs, suggests that health-related quality of life had been maintained. Indeed the single cumulative scores from the EQ-5D measure (consisting of five domains: mobility, self-care, usual activities, pain and anxiety/depression) indicate a small overall improvement in health-

related quality of life. Furthermore, analysis of the use of health and social care services from initial to follow-up interview indicates that the total costs had fallen considerably from £4029.20 to £2493.60, which constitutes a reduction of £1535.60. This is particularly striking given that at both initial and follow-up stages of data collection, social care costs were very small given the extremely limited social worker or care manager intervention. Equally striking is the comparison of health and social care net savings (i.e. £1535.60) with the cost of 12 Tai Chi classes (i.e. £1,409.76), which produces a net saving of £125.84. Hence it has been clearly demonstrated that reduced use of health and social care services by participants more than offset the cost of providing the Tai Chi class. Taken together the results are indicative of cost effectiveness of Tai Chi classes for this group of older people.

The key health and social care savings at the follow-up stage are indicated by fewer Accident Emergency Department visits, overnight stays in hospital, ambulance call out, chiropody service and reduced meals on wheels. It might be surmised that this reduced service use is associated with the prevention of falls given none of the participants experienced a fall during the period they attended the Tai Chi classes. Similarly, the health and social care cost reductions would collectively seem to indicate a greater level of independence and self-support achieved by the Tai Chi group.

The potential for greater independence, self-reliance and self-support as a consequence of undertaking Tai Chi view is supported by a consideration of the use of community-based non-NHS services at both initial and follow-up stages. This demonstrates a markedly different use of community-based services. Bus journeys involving the use of a pass had more than doubled over this period (from 92 to 242 journeys), which may suggest that the Tai Chi participants perceived their balance and mobility to have improved to the extent that they felt more confident in travelling independently, and this is certainly reflected in the qualitative evidence gathered from participants. This

is particularly notable given that during this same period, the group's use of POPP transport/Ring and Ride had actually fallen (from 44 to 18 journeys). Similarly the increased number of visits to day/drop-in centres (from 106 to 155 visits) further suggests that the group has become less isolated and more willing to engage with social activities in community settings. Some of the changes described above may be attributed to the onset of spring, improved weather conditions and increased light hours that give rise to increased travel or social activities. Nonetheless the qualitative analysis clearly illustrates the group's enjoyment of the Tai Chi classes within a social environment, and the high value placed upon the powerful sense of companionship, mutual support and togetherness that has developed. This finding expands on those of Docker³⁶ who found older people "enjoyed being part of a group. It seemed making new friends and being part of a social group in the local area was important."(p113)

The qualitative analysis provided valuable insight into the group's perceptions of improved physical, mental and social well-being, and it is interesting to note that these improvements were sensed by the entire group, irrespective of the length of time that they had taken part in Tai Chi classes. Participants strongly attributed these improvements to their participation in the classes. This strongly accords with Wang et al's systematic review³⁷ of the physical and psychological effects of Tai Chi on chronic medical conditions. The review concluded that Tai Chi '*appears to have physiologic and psychosocial benefits*'. However, most of the studies under evaluation in this systematic review were undertaken in China or the US. The socio-cultural context of older people's experience of Tai Chi in the UK may be very different to that of

³⁶ Docker SM. 2006. Tai Chi and Older People in the Community: A Preliminary Study. *Complementary Therapies in Clinical Practice*. 12; 111-118

³⁷ Wang C., Collet JP., Lau J. T2004. The Effect of Tai Chi on Health Outcomes in Patients with Chronic Conditions: A Systematic Review. *Arch Intern Med*. 164:493-501.

older people in China and the US, and so due caution must be observed when interpreting these review findings.

Physical improvement was captured using both quantitative measures and qualitative interview data. The Tinetti scores which were recorded at both initial and follow-up stages powerfully support participants' sense of physical improvement through Tai Chi, as each of the six individuals had substantially improved their balance and gait measurements. However, the evidence from the PPA Falls Screen testing is much more mixed, with no clear pattern emerging. The EQ-5D data, a measure of health related quality of life collected for all participants, showed little change over the duration of the classes suggesting maintenance rather than improvement in outcome. The mixed results obtained from the quantitative measures create a degree of uncertainty and highlights the need for a core set of standardised outcome measures³⁸. Overall the participants' perceptions of the effects of Tai Chi classes proved illuminating.

Physical improvements were reported by some participants during their initial interview, resulting in greater stability and ease of movement. A participant suffering from arthritis, for example, commented on her perception of having greater flexibility, and her increased capacity for bending and stretching. During the follow-up interviews, all participants expressed a strong sense of improved physical well-being through greater mobility and balance, which directly influenced the ease with which regular activities could be undertaken. Hence walking, cooking, washing up and general household activities were reported to be easier.

Improved mental well-being was variously perceived by some participants through experiencing a greater sense of calmness, relaxation and an increased

³⁸ Howe TE., Rochester L., Jackson A., Banks PMH., Blaire VA. 2007. Exercise for Improving Balance in Older People. *Cochrane Database of Systematic Reviews*. Issue 4. Art No:CD004963. DOI: 10 1002/14651858.CDC004963.pub2

sense of confidence. However, the social benefits produced by a reduced perception of isolation have had a considerable positive impact upon the group, producing an enhanced sense of community, companionship and mutual support. The opportunity provided by the Tai Chi classes to learn a challenging new activity in a socially cohesive and friendly environment was frequently highlighted by all of the participants, as well as the sense of enjoyment and satisfaction that this produced. The learning element of developing new skills through attending Tai Chi as a 'stimulating part of the club experience' was also highlighted by Docker³⁹. The majority of the group lived alone: six of them had been widowed, two were single and one divorced. This might suggest that the participants experienced relatively few social contacts during their usual routine, and hence the impact of this increased social activity upon the group appeared particularly striking.

All of the participants, irrespective of age, level of disability or gender indicated a clear willingness to continue attending the classes, and a strong sense of pleasure in enjoying the company of the wider group. The opportunity to empathise with each other's personal circumstances in an informal, friendly environment is widely appreciated, and participants often commented on how much they looked forward to attending classes. It would seem that the renewed sense of confidence gained through the process of Tai Chi has played an important part in encouraging greater independence and self-support through increased physical activity, and the increased access to non-NHS community services (such as bus services) would seem to be indicative of this process of renewal. It would seem that increased engagement with wider social activities through attending Tai Chi classes has helped to diminish social isolation within the group. Some of the qualitative data would certainly support the perception of reduced social isolation through greater community involvement represented by Tai Chi. The

³⁹ Docker SM. 2006. Tai Chi and Older People in the Community: A Preliminary Study. *Complementary Therapies in Clinical Practice*. 12; 111-118

important health benefits of reduced social isolation has been highlighted by Kharicha et al's⁴⁰ UK study of the clinical significance of older people living alone, and the epidemiology of lone status as an at-risk category. The study concluded that '*clinicians working with independently-living older people living alone should anticipate higher levels of disease and disability in these patients, and higher health and social risks*'. The study further concluded that living alone seems to be associated with greater risks of falling.

In summary, the case study has shed light on the interrelationships between benefits obtained through physical activity (supported by improved balance and gait recorded through Tinetti scores), heightened confidence levels which encourage the group to become more independent (suggested by increased use of public transport) and the more psychosocial enhancements produced by engaging with others in a cooperative, mutually supportive environment. It would seem that each of these three elements is mutually supportive in enhancing the overall health and well-being of participants in Tai Chi classes. However, a longitudinal study incorporating a larger study group would be needed to examine these issues in greater depth.

Key findings

Questionnaire data

- For the sample within the case study, the data showed an overall maintenance (i.e. no deterioration) of health related quality of life and health status over the study period
- The cost of health and social care services used by participants was higher in the three months prior to the Tai Chi class than over the following three months (representing a reduction of £1535.60)
- While some health service use remained constant (for example GP surgery visits and visits to the GP Practice Nurse) none of the

⁴⁰ Kharicha K., Iliffe S., Harari D., Swift C., Gilman G., Stuck AE. 2007. Health Risk Appraisal in Older People 1: Are Older People Living Alone an 'At Risk' Group? *British Journal of General Practice*. April 57(537); 271-6

participants visited A&E over the period they attended Tai Chi classes, which contributed to lower costs for health and social care providers

- None of the sample used statutory home help services; but the majority of participants relied on help from family and friends with tasks such as housework, preparing meals and shopping which highlights the possibility that formal care is being substituted by informal care. However, a minority (n=4) did not receive either formal or informal care/help
- None of the participants friends or family had taken time away from work to care for them
- Over the period of the study the number of meals delivered decreased and there was a movement away from transport services such as Ring and Ride towards an increased use of buses (indicative of increased confidence)
- The net savings taken from the difference between the reduction in use of health and social care and the cost of providing the Tai Chi class was £125.84 for the 11 study participants. If the parameters of the analysis are changed to allow for slightly larger class numbers, then cost savings are even greater
- Cost savings could be maximised if the class is delivered by appropriately trained non-professionals as intended through the Rochdale POPP model
- The study is limited by small sample numbers, lack of control group and relatively short follow up period. Any statistical inference or differences must be treated with caution; it is not possible to say whether any changes are due to time rather than the Tai Chi class; or whether changes are sustained over a longer time period
- Given these limitations, together with the heterogeneity of the physical ailments of the sample the analysis points to potential benefits but further research is required

Interview data

- Tai Chi classes provided physical health benefits; mental health benefits and social benefits
- None of the group had experienced a fall since taking up Tai Chi
- Improvements in mobility and balance meant fewer difficulties in performing everyday activities such as walking, climbing stairs, cooking, washing and ironing
- Improvements in balance and mobility gave some participants a sense of increased confidence to go out (travel) more and to undertake leisure activities such as gardening and swimming; which in turn gave a greater sense of independence
- Tai Chi was perceived to be a relaxing and calming experience
- Interaction with others was perceived to offer psychological improvements
- The class provided a forum which, for some, reduced social isolation by providing contact with others and broadening participants' social base
- Class members provided each other with practical and emotional support
- No disbenefits were identified but all those interviewed were regular attendees. Those who did not attend after the introductory session did not consent to participate in the study

Routine assessment data

- Overall PPA scores for six participants showed improvements for only three; but the scores include two domains which are likely to be unaffected by the Tai Chi class (vision and speed/control)
- Four participants showed marked reduction in the levels of sway measured by the PPA at follow-up stage, which is a key indicator of reduced falls risk

- The Tinetti scores showed positive outcomes and on the basis of these participants would seem to have benefited very considerably from undertaking the Tai Chi exercise programme

CHAPTER SEVEN

CHALLENGES AND OPPORTUNITIES; COSTS AND EFFECTIVENESS: VOLUNTEER DRIVER SCHEME

Introduction

This chapter presents a case study that explores the challenges and opportunities in setting up the VDS from the perspective of the service providers and the volunteers. It goes on to assess the impact (costs and effectiveness) of the service.

Background

The relationship between transport provision and social exclusion has been well documented with inadequacies in transport provision (and the role accessibility plays) linked to participation in activities⁴¹. In the UK in 2000 the Department for Transport (DfT) published a report exploring social exclusion and the provision of public transport⁴². The report concluded that people may be excluded from activities that they wish to undertake (i) spatially (cannot get there at all); (ii) temporally (cannot get there at an appropriate time); (iii) financially (cannot afford to get there); and (iv) personally (lack the mental or physical equipment to handle the available means of mobility).

A DfT report the following year focussed on the transport needs of older people⁴³. The report described meeting older people's transport requirements as vital for sustainable mobility and the ability to retain a high quality of life as income, health and mobility changes. The report goes on to say that appropriate transport provision provides independence whilst inadequate or inappropriate transport can prevent participation in social activities leading to

⁴¹ MacDonald M. 2006. *Social Inclusion: Transport Aspects*. Imperial College of Science Technology and Medicine

⁴² Department for Transport. 2000. *Social Exclusion and the Provision of Public Transport*

⁴³ Department for Transport. 2001. *Older People: Their Transport Needs and Requirements*

depression and loneliness the impact of which can also fall on informal carers and social and health care agencies.

Impact of appropriate transport provision

Implicit, and explicit, in the DfT recommendations is the notion that appropriate and adequate transport provision impacts on older people's quality of life. For older people poor public transport makes it difficult to get out, uncomfortable or even painful to travel on for those with joint problems⁴⁴.

Metz⁴⁵ relates quality of life to mobility describing the needs of older people in terms of '*relatively short distance and high frequency movements..., for instance shopping, health and leisure needs*' (p150). The paper outlines five elements of the concept of mobility (rather than travel behaviour) which whilst common to people of all ages have resonance for older people:

- Travel to achieve access to desired people and places
- Psychological benefits of movement – of getting out and about
- Exercise benefits
- Involvement in the local community
- Potential travel

(taken from Metz, 2000)

Metz argues that whilst there are psychological benefits to movement, for older people these might be offset by feelings of vulnerability. Similarly, involvement in the local community increases support networks and can reduce mortality in older people; and that the potential to travel may have a benefit in itself even if a trip is not taken.

⁴⁴ Gabriel Z., Bowling A. 2004. Quality of Life from the Perspectives of Older People. *Ageing & Society*. 24; 675-691

⁴⁵ Metz DH. 2000. Mobility of Older People and their Quality of Life. *Transport Policy*. 7; 149-152

However, whilst the importance of transport and older people's quality of life is often linked there appears to be little research examining the relationship⁴⁶. An exploratory study looking at this relationship carried out in Renfrewshire and London using focus groups, street surveys and postal questionnaires found car ownership, access and travel associated with quality of life. Giving up driving had a negative influence on quality of life; greater access to public transport had a positive influence; whilst asking for lifts from family and friends was often problematic for older people. The study also identified barriers to the use of public transport that included: concerns over personal safety, difficulty in carrying heavy loads, the possibility of cancellations, having to wait and difficulties in travelling to destinations⁴⁷. Barriers to travel for older people identified by the DfT⁴⁸ are more health orientated in their focus including: functional impairment, vision, hearing and language and speech. They do however also identify cost and concern over personal safety as difficulties in using public transport.

Many of the barriers or concerns identified might be assuaged by door to door transport systems. A document drawn up by the European Older People's Platform based on a consultation with older people's organisations from the EU25, US and Japan⁴⁹ found support for a system that gives choice between both accessible public transport services and specialised services. The barriers to using public transport mirrored those identified by the DfT and ESRC reports. Door to door transport services were thought to serve the needs of older disabled people but even within these services a gap between needs and service provision was identified in respect to lack of training for staff, limits to use and cost.

⁴⁶ www.esrc.ac.uk/ESRCInfoCentre/ accessed 30.6.09

⁴⁷ www.esrc.ac.uk/ESRCInfoCentre/ accessed 30.6.09

⁴⁸ Department for Transport. 2001. *Older People: Their Transport Needs and Requirements*

⁴⁹ http://www.age-platform.org/EN/IMG/transport_services_and_older_people.pdf accessed 30.6.09

The recommendations in the DfT report⁵⁰ mainly address bus service provision with an overall aim to increase mainstream public transport and thereby reduce the demand for door to door services such as Dial-a-Ride whilst freeing up these type of service for those with greatest need. This focus on mainstream public transport was also identified by MacDonald who explores techniques to model transport and social exclusion. He identified focus upon public transport rather than complete door to door movement as one of four main weaknesses in techniques used by British local authorities. However the DfT report did identify community and voluntary transport programmes as one solution to the barriers that make it difficult to use public transport. In addition these services can be fragmented, poorly publicised and over subscription can mean that journeys must be booked in advanced⁵¹.

This case study aims to evaluate one such door to door service, the VDS. It explores the challenges of setting up a volunteer, multi-agency transport service and explores the impact that the VDS has on its users using a mixed method approach.

The Volunteer Driver Scheme (VDS)

As highlighted in Chapter Three, Rochdale POPP recognised the importance of improving travel access for older people. GMPTA has been equally supportive of this approach, and has co-funded a dedicated Transport Co-ordinator to the project. The POPP Transport Co-ordinator's role has been to work in partnership with flexible transport providers and GMPTA, and to build upon existing skills and the experience within the transport sector in Rochdale to provide bespoke travel arrangements. In this way, it was hoped that older people would be able to access services and activities as they required. Some of the key tasks required of the Transport Co-ordinator included:

⁵⁰ Department for Transport. 2001. *Older People: Their Transport Needs and Requirements*

⁵¹ Department for Transport. 2001. *Older People: Their Transport Needs and Requirements*

- Aligning transport requirements to the delivery of Rochdale POPP objectives
- ‘Skilling up’ the voluntary sector in areas such as MIDAS to improve the quality of bus service delivery in the community transport sector for older people to build local capacity
- Identifying and co-ordinating all potential flexible transport operations in Rochdale (including local authority fleets, community transport and vehicles owned and operated by other agencies as appropriate)
- Providing ‘Travel Training’ for people aged 60 and above to remove some of the barriers faced by older people in accessing mainstream bus services

The VDS was integral to the suite of initiatives aimed at improving travel access for older people. The initiative was set up by Rochdale POPP in collaboration with Greater Manchester Passenger Transport (GMPTE) with the aim of enabling isolated, excluded or disabled older people to access transport to local facilities through the use of volunteer drivers. The volunteer drivers do not merely convey older people to and from their chosen destination, but will also wait with them on those occasions when this would be necessary (e.g. hospital appointments). The key features of the VDS scheme are given below⁵²:

- The VDS is managed and operated by HNHCT, who organise and schedule transport in response to individual needs identified by the POPP team
- Transport solutions are offered to individuals who need to access services and activities that will support independent living and greater choice
- Volunteer drivers are recruited, with the support of Rochdale CVS, who will use their own vehicles or an accessible vehicle owned and operated by HNHCT. Volunteers are Criminal Records Bureau checked and Midas

⁵² taken from Report to Rochdale POPP by GMPTE, 11th December 2007

trained to ensure that they are familiar with the needs of vulnerable passengers

- POPP members are eligible to use the service if they have mobility difficulties that prevent them using conventional public transport or are isolated or excluded from services they need to access
- Fares are set at a rate of 40p per mile, which is equivalent to the maximum reimbursement allowed by the Inland Revenue for volunteer schemes. Fare income will accrue to volunteers who use their own vehicle and to HNHCT where their vehicle is used
- Volunteers receive expenses and any associated reasonable costs, in line with agreed rates of reimbursement

It was agreed that initially, the POPP Transport Co-ordinator was to be based at HNHCT for up to two days per week to help launch the VDS and that HNHCT would deploy an existing vehicle to operate the VDS and provide administrative support during the initial three month period of operation. In addition monitoring and evaluation will be undertaken to ensure that cost and activity information informs the wider POPP requirements for feedback and reporting.

Case Study

The case study aims to evaluate the VDS using a mixed methods approach. It explores the challenges and opportunities presented by setting up the VDS (the organisational and the community benefits); and goes on to explore the financial implications associated with providing the VDS and the impact of the VDS on quality of life for service users.

Design

The case study again uses data derived from a Quality of Life Questionnaire (produced by the POPPs National Evaluation Team at the University of Hertfordshire). The Questionnaire was completed at two points in time by

users of the VDS. Completion was prior to using the VDS and again approximately 12 weeks later. The Questionnaire contains details of both health related quality of life and health and social care use⁵³.

All the Questionnaires were interview administered and contemporaneously qualitative (interview) data was gathered on participants' perceptions of the VDS and impact the VDS had had on their lives. Interviews followed a semi structured interview schedule and all were digitally recorded and transcribed verbatim. Service users, when telephoning the VDS were asked if they would participate in the study. If they responded positively they were contacted by the researcher to explain the research process and an information sheet sent to them in order to concur with approved ethical protocols. Written consent from all participants was obtained prior to carrying out the interviews.

In addition to the interviews with those people using the service, the case study draws on interviews conducted with the service providers; this included both paid staff and volunteers. Interviews took place in the setting up period and/or the early operation of the VDS and again followed a semi structured interview schedule with open questions and all were tape recorded and transcribed verbatim. Written consent was obtained prior to carrying out the interviews.

The focus of the cost analysis is the potential cost savings with respect of alternative transport choices (transport displaced in favour of the VDS) and thus where savings lie (health service, other community transport schemes or the service user themselves). The analysis uses a counterfactual to identify potential cost savings. During the interviews service users were asked how they would have made the journey in the absence of the VDS. This provides a societal perspective in as much as the evaluation identifies to whom cost

⁵³ For further details of the Questionnaire please see Chapter Six

savings accrue and whether indeed the journey would or would not have been made in the absence of the VDS.

In evaluating the effectiveness of the service, focus lies on improvement in service users' quality of life using data from the interviews with service users.

Data analysis

Data analysis mirrors that of the previous case study⁵⁴. Costs were identified and measured using the Questionnaire. Resource costs have been estimated using Unit Costs of Health and Social Care 2008⁵⁵ (see Chapter Six). Additional estimates for the cost analysis are shown in the table below.

Table 7.1: Valuation of resources

	Unit Cost	Source
Patient transport service	£54	Average cost per patient journey. An average of five patients per vehicle journey was assumed for PTS. Unit Costs of Health and Social Care 2008

The quantitative data were analysed using Statistical Package for Social Scientists (SPSS) version 14. Descriptive statistics are reported.

The qualitative (interview) analysis uses a thematic approach⁵⁶. A series of open-ended questions are used to explore the impact of the VDS upon the health and well-being of participants. Key themes have emerged from these interviews, and these are illustrated with direct quotations from participants.

⁵⁴ See Chapter Six

⁵⁵ Curtis, L. 2008. *Unit Costs of Health and Social Care 2008*. Personal Social Sciences Research Unit, University of Kent : Canterbury

⁵⁶ Miles, MB and Huberman, AM (1994) *An Expanded Sourcebook. Qualitative Data Analysis*. Second Edition. Sage Publications. London

Findings

The findings from the case study are reported in the following order. Firstly the challenges and opportunities identified by the service providers; secondly the experiences of the volunteers; finally a profile is given of those people using the service who were interviewed together with their perceptions of the effectiveness of the service and the financial implications of provision of the VDS.

Challenges and opportunities: Setting up the VDS

The service providers were clear in their perceptions of the key drivers for developing the VDS.

Developing transport solutions for people with mobility difficulties

One participant highlighted the importance of recognising transport difficulties presented by disability issues for some older residents living in Rochdale Borough. It marked recognition both of the obstacles these transport difficulties created for accessing vital services, and the shortcomings of public transport in meeting the needs of all users:

"I think the idea of the volunteer drivers' scheme allows you to look at tailored solutions for individuals who have got particular mobility issues that they need to overcome and it allows you to provide a sort of... practical transport solution in terms of accessing health or other activities which might be more difficult to achieve with conventional transport."

Furthermore, during another stage of the interview, the service provider commented:

"I can't quantify but I know that... there always seems to be qualitative feedback from services users or potential services users about transport being a barrier to them being able to do a whole range of different things. It's very rarely the first question but if you set up a new activity, one of the first questions that people ask is how they're going to get there."

One of the service providers favourably compared the accessibility of community transport vehicles with those of local private taxi firms:

"...(in) my opinion we're more reliable and more friendly... anybody can actually use us. A lot of taxis... in Heywood do not have wheelchair access which is restrictive. A lot of old people cannot get down into a normal car so with us having a ramp or the lift at least they can get onto the (mini) bus without having to struggle to bend down into the car... all our drivers are trained with the use of how to change seats and to use the lifts and ramps but they're also MIDAS trained which is a minibus driver awareness scheme. We do not let a driver (take) a passenger unless they've actually passed the MIDAS."

Prior to the commencement of the service, another service provider spoke of the considerable need for such a door-to-door service, and expressed considerable confidence in the impact that the VDS would have for older people in Rochdale. This impact was forecast to be greater than that of other transport service provisions:

"I think that we will certainly be looking at over 1,000 users in one year quite easily and... one of my concerns ... is that we may actually be turning people away. At POPPS in general we never turned anybody away but I just think that we will outstrip demand quite rapidly because what (we) are offering is an essential service to people and as much as we build up other things... we have the shopping service, we have got the dedicated services going to luncheon clubs... we have got various other things that we are doing, but the main thing that I think people will remember this (i.e. POPPs) for is the... Volunteer Driver Scheme and I honestly do think that 1,000 members in the first year is quite easily achievable."

Enhancing transport accessibility for disabled people: wider local and national policy agenda

The same participant also drew reference to the wider policy agenda in relation to enhancing transport accessibility, so that people with mobility difficulties are better able to access social amenities:

"We are required to produce (an) accessibility strategy and the accessibility criteria relates to access to health, access to employment, access to education, access to fresh food, shopping so where the conventional public transport network doesn't deliver the access solutions that communities or individuals need then we're really charged with looking at alternative provision."

Also highlighted was HNHCT's ability to meet the needs of disabled people, and that a significant number of the community transport scheme's membership was comprised of people with some kinds of physical/sensory disability. Although conveying people to and from workplaces formed the bulk of HNHCT's activities, being able to transport people with disabilities from place to place was a vital proportion of the scheme's activities. It was hoped that the development of the VDS could further increase support for HNHCT's disabled membership:

“ If we were just for work transport we’d be busy before 9 o’clock in the morning and then from 2.30 in an afternoon but with us, anybody can use it... if we weren’t accessible to people in wheelchairs or people with any disabilities, our membership would be restricted, you wouldn’t get the correct amount of people to keep it sustainable... thinking of the amount of people that we counted in the groups that we carry with mobility problems I’d say it would be something like 30% of our passengers. People with hip replacements who can’t get into a normal car but can use the ramps or the lift to get into the bus...”

In addition, the participant drew attention to the varied transportational landscape of Rochdale Borough as well as national policy initiatives in relation to reducing inequalities in access transport. Clearly the VDS was felt to have a potential role in addressing those inequalities:

“You’ve got the... the inequity of provision I suppose in terms of Pennines which are much harder to serve because of the sort of rural dimension although I’d also argue that the conventional social inclusion agenda in a place like Middleton... that throws up transport problems, transport difficulties for people and you’ve got policy documents like the stuff that’s come out from the Social Exclusion unit, ‘Making Connections’, which is about transport and social exclusion 2003 so it’s been around for a while.”

Reducing transport costs for GMPTE

One participant highlighted the potential cost savings for GMPTE in supporting the VDS, and thereby reducing the level of subsidised transport that it might otherwise have to provide. It was suggested that funding the staff costs of a VDS project manager (given that the volunteers are unpaid) would be substantially cheaper than supporting a variety of travel options to increase transportation for a number of vulnerable older residents:

"I think we have two roles... one is that we provide... public transport and we sustain it by subsidies at times when there aren't sufficient people on the bus. What is sufficient? One person?... I think if we move ten people on a 20 mile route, that is sufficient. So there is... the PTE... being if you like the guardian of the public transport infrastructure. There is another role that says that we need specific specialist solutions for specific specialist things and that they change from area to area. Greater Manchester is a massive conurbation in terms of its needs in various parts. So it is right that you fund (Co-ordinator post for specialist children's transport activity)... because there is a need where sick children are concerned. It is probably right that we look at funding the Transport Co-ordinator job as something like the POPP project or any other Volunteer Driver Scheme because it is taking away the reliance on central funding and that can be a lot more than the cost of the post. If we didn't spend that £XXX, if they weren't co-ordinating the actions of all these volunteers, if they didn't have these vehicles to call upon, what would be the net cost to the system as it runs now? And I suspect it would be massively more than we are talking about now."

Developing strategic regional transport solutions to enhance accessibility

One of the participants felt that the VDS was one part of a strategic approach to encourage all sections of the community to engage with different kinds of public transportation, and that the relationship with Rochdale POPP was an important element in encouraging this process:

"You've got an opportunity here over this two years... to sort our transport solutions by using a range of different (methods) for people, groups and individuals. You've got the volunteer driver scheme that may provide an alternative, particularly to individual access of particular services, you've got initiatives like the travel training type work which might bring people into more contact with the conventional public transport network... You've got the other associated things that are being developed by the PTE ... like the extension of free travel to all older people as a national programme roll out which should make travel by public transport (easier)..."

Linked to that you've also got the improvements that commercial operators are making in terms of the quality of the buses that are used, accessibility of the buses, improvements of stations and improvements of the rail network, so there's a range of different transport initiatives and opportunities which I think connect to the POPP agenda in different ways."

Recognising current gaps in services and supporting statutory providers

A further potential benefit was felt to be the opportunity for supporting the local NHS in meeting the needs of the communities that it serves, in order that local policy-making can become more effective:

"We really need to look at holes in systems that we ignore at the moment... if repeatedly we get asked to take people (NHS facilities) then obviously there is an issue there for the PCT. Have they addressed how people get to Baillie Street (health centre)? If... every day Mr and Mrs Smith have to go to the chemist and it is only... in that one small area because we then get Mr and Mrs Jones and Mr and Mrs Bloggs who also need to do that journey, is there an issue round the chemist situation in that area? So it is an 'identifier... for shortfalls in (the) system. What does the system provide and are we filling a gap that would not normally be filled?"

The same participant also recognised the ways in which Adult Care Services could potentially benefit from the VDS in terms of cost savings for transporting vulnerable adults to particular activities, as well as the social benefits gained by the person transported in being more familiar with the volunteer driver:

"...adult services have got two clients now who need to travel... 30 miles a day to access a day centre... adult services don't have one vehicle, they don't have cars, they do minibuses. So you take a minibus off the road, you take it down there and you bring it back and (it) probably costs you £90/£100..."

...You might even tender it out and... at the end of the year if it is £100 that is £500 a week and they go in for 40 weeks of the year on average. Add it up yourself... it is a massive piece of money and you are talking about £20,000. It is therefore a role that the Volunteer Driver Scheme can fit in where you are actually not only saving that money, you are giving this vulnerable person a 'real' person that they can connect to. Not a driver that might change every day so you might say 'this term XXX can be your driver' (and the vulnerable person says) 'XXX' is my driver, my good bloke, I like XXX, he is an alright geezer'. These are things that we know to be fact. They are not things we are guessing about. We know that this benefits people."

Using skills of outreach workers for multi-agency partnership working

Another participant highlighted the potential value of using the skills and knowledge of the outreach workers to support multi-agency partnership working. In this way, it was possible for all parties to benefit: the service users, drivers and the POPP itself:

"We have outreach workers out there who will come across... a situation where there is no obvious (transport) answer. How to get a 16 seater minibus to take to the orthopaedic ward... is a 'solution' we use at the moment and it (is expensive). Now the outreach worker found that person... found a solution for (him) and he has come to us to(resolve) that situation and we have provided a volunteer (and) given that volunteer something to do and... used the (volunteer) administrator to set the job up... and the volunteer doesn't get a great deal 40p a mile, but... it helps them to pay for the MOT (and) to defer the cost of the insurance. So all round (for) everybody it's a kind of win, win, win with this. There are very few losers."

Another participant also emphasised the value of multi-agency working in tapping into GMPTE's research evidence in order that the VDS can seek better ways to support its members through promoting the service:

"In terms of the best way to reach people, I would like to see a concerted campaign maybe tap into... GMPTE's publicity department. They have got the expertise, they know about marketing... So let's really tap into their knowledge base, who do we approach? How do we approach them? What works for that market and how can we expand on that? I think it would be great to get the doctor's surgeries and the PCTs⁵⁷ on board as well so that they are carrying our literature and displaying the posters and also making the staff aware of it. So that when they are making appointments for individuals they are actually asking the question, 'Are you okay to get here?' 'How will you be travelling here?' If they say I don't know, well 'Have you thought about the Volunteer Driver Scheme?'... If they are very heavily dependent on someone helping them through the door and getting them to a seat etc recommend Volunteer Driver Scheme. I think that is probably going to be the best way to get quick results, target the people who come into contact with the individuals that we will deal with rather than try and reach every single individual."

Tackling social isolation and promoting inclusivity

One of the participants highlighted the wider element of GMPTE's success in enabling isolated older residents in Rochdale Borough to access various kinds of POPP activities through obtaining essential transport services, and the sense that the VDS is an extension of ongoing work with older people:

"Well I think... if you look at some of the stuff like the luncheon club type work that's been done, there are definitely people who have accessed some of those services and without transport wouldn't have got there, it just wouldn't have happened... I think that demonstrates for those individuals the importance of transport and being able to access the programme more widely."

Another participant highlighted the potential importance of the VDS in terms of reducing social isolation amongst older people, particularly those who

⁵⁷ Primary Care Trusts

have become bereaved, and in engaging them with various activities through the POPP programme:

"Now we had a woman who was 93 years old, her husband died, hadn't got a clue how to survive without her husband because he arranged everything. Shopping trips on a Saturday..., he would wash (car) on a Sunday, and they would take XXXX out on a Wednesday because that was when she went to bingo. He would do this and XXXX now is left in the house, can't move. She doesn't know what to do. She is absolutely bloody terrified... she wouldn't even know which end to get on a bus let alone how to pay for it. And when this wonderful bus pass comes through she doesn't really know what to do with that. So those people benefit directly from our service because not only are they now able to access something that gets them to where they need to be, they are able to access it with a person. Not a taxi driver...The outside world has been four years away and XXXX is terrified of coming into it. But you walk her down the path, you put her in a vehicle, and it is like a sight you wouldn't behold... She has seen things that she hasn't seen in four or five years she didn't know existed. She is finally seeing YYYY (a friend) who she last saw just before her husband (died) or at the funeral. She is in the chemist or she is in the doctors and once she is there she sees half a dozen other people. Now... she is accessing at least four other things because we (VDS) took her out in the first place"

An important aspect of the VDS was in encouraging and supporting transport users to become more independent in their travel options over time, so that they become less restricted in the distances that they can travel, and hence less socially isolated:

"There are people... on the vehicles who haven't travelled for ages... get anxious About travelling in the first instance... whether it be with us or public transport, and they need extra support at the outset and the Volunteer Driver Scheme will fit that perfectly... We have drivers... tasked really from getting from A to B and sometimes back again reasonably quickly..."

...Those constraints won't be put on the Volunteer Driver Scheme... the focus will be more on the individual... I see the VDS being the first step in helping people getting confidence again in some cases where they have not been out for a long time. The VDS might be the first step. Once they get used to going out again with VDS maybe they start becoming more independent and using community transport to access further services and... maybe then looking further afield and combining community transport with mainstream transport and maybe even rail travel to go further afield."

The participant felt that a lack of confidence amongst VDS members inhibited their ability to engage with various activities, and that the VDS could play an important part in reversing this pattern so that more people could become more socially engaged and develop new friendships through accessing various activities:

"I would like to see people "progressing" so that we are opening up avenues for them to explore and we (earlier) talked about the tai chi class and people regaining mobility and balance and then using that as a stepping stone to move on to greater self confidence and go and do other things. That is where I see the bulk of the Volunteer Driver Scheme work... people who start using the VDS will become confident enough to join other social groups, maybe groups that they get involved with who eventually use Community Transport and... we do have quite a successful history... of friendships being created on the vehicles. The way services operate you tend to get the same people travelling at the same times even if they are not going to the same destinations so they end up talking and swapping social stories and it is almost as if the trip itself is an outing for them ... And if that opens up different avenues for people to explore then both services are doing their job."

The participant provided the following example of intense social isolation as a means of explaining the impact of personalised transportation on the lives of isolated, vulnerable individuals:

"We touched on an example earlier where we had someone with a daughter in tears as we drove away, so much so that as mum is in the back of the vehicle strapped in a wheelchair the driver saw what was going on and pulled over and went back and asked ' What was wrong?' And the lady in question said she was actually quite happy, it is the first time mum has travelled on her own in about four years. I think the Volunteer Driver Scheme can give people more confidence in that because they know that individuals won't be left somewhere but have the driver with them at all times until they are actually returned back (home)."

Providing reassurance to wider family networks on vital transportation

One participant highlighted the benefit to the families of VDS members in reassuring them that, should they be unable to provide vital transportation, the VDS would be able to provide necessary support in this regard:

"I think the security and the reassurance that they (VDS members) have got somebody with them is going to be one of the key features. We have people again who their family have booked them on to use the service purely as a fail safe for when they can't be there, so son or daughter might book mum or dad onto the service purely and simply because they will take them to hospital nine times out of ten, but the one time that they need to go there as a matter of urgency maybe, and son or daughter can't make it for whatever reason, then they will have an alternative. I think that will be quite key."

Using volunteers to drive vehicles suitable to the needs of disabled people, and so deliver appropriate transport solutions

One participant highlighted the use of volunteers driving suitable vehicles (either owned by volunteers themselves or GMPTE) within the Rochdale scheme, as an unusual element which is in marked contrast to other schemes operating within the UK. In addition, better regulation of vehicles used enabled better synergy with the requirements of the Disability Discrimination

Act. In the long term, it is hoped that this approach would be beneficial to the scheme:

“So the one thing that strikes us out above everybody else is our desire to bring in our own vehicles and for volunteers to actually drive those vehicles... that gives us two major things. One, we (have) a quality assurance... that we know these vehicles, they are ours, we maintain them, we look after them, therefore we know they are roadworthy... the other thing it gives us is that we can specify the type of vehicle so we can say especially with DDA on the horizon, Disabled Disability Access, that we would like a Peugeot Berlingo or a Citroen whatever because it has got sliding doors... the doors open outwards, the doors open inwards and we have a guy here... who specialises in ‘doing’ vehicles... our procurement specialist.”

Another participant also commented on the high quality of vehicles available for the VDS and the considerable benefits which will accrue to members as a consequence, particularly those with mobility difficulties:

“Every single vehicle in our fleet is fully accessible... (they) are far more expensive than a standard mini bus, ... but we will always have the capacity to send a specialised vehicle out for people who need it. So all the vehicles at the moment either have ramps to enable access or they have vehicle lifts to enable us to get wheelchairs on there. They have kick out steps and electric steps so that instead of clambering into the back of the van, it is a more natural progression from curb side to middle step to the back of the vehicle to ease access for both in and out of the vehicle for individuals.”

Furthermore, the benefits of MIDAS training for all drivers was also highlighted, as well as additional checks to make sure that volunteers were properly vetted:

"All the drivers go through a fully accessible MIDAS training... (it) stands for Minibus Driver Awareness Scheme (and it) works on two levels. The basic course teaches you about the rules specific to minibuses, reduced speed limits, awareness of how to drive smoothly and safely so that passengers aren't thrown around as they might be in your own car if you are driving in a hurry. And then we move on to the wheelchair accessible type things and dealing with people with infirmities and with transport needs. So they are taught how to strap wheelchairs in securely, how to help people onto and off the vehicle physically and to do it properly rather than just try and pick Mrs Smith up by the armpits and carry her into the vehicle which wouldn't be acceptable... Every one of our drivers goes through that. There is a refresher course every four years. So we keep... a check on driver's licences to make sure they are up to date and all the drivers all CRB checked as well with an enhanced check so that because we are dealing with vulnerable people..., we have got a degree of assurance there that everything is 'above board'."

In a similar vein, the participant also commented on the value of using older, more experienced drivers who are likely to drive more carefully and less likely to be involved in road traffic accidents, and so safer for passengers:

"If we get a complaint you have to come off the road. There are no second chances. It is not like a bus company where people say 'I'll investigate this matter'. The investigation is you just came to me and said Fred isn't safe on the road and I have to listen to you. You are the end user."

Promoting potential paid employment opportunities for volunteers

It was also felt that some volunteers may have been out of the workplace for some time, and that the opportunity to volunteer might eventually lead to paid employment for some:

"Now it may be that Volunteer Driver Scheme volunteers... come back from six months, they get a bit further up... they want to earn some money. The dole isn't very good and... New Heart Co-ordinator thinks that they are good enough... to make that step to go to XXX (bus company) and to drive a bus and we said 'well here is a career for you, are you interested?' Oh yeah. Well now they have got a bit of experience, they have driven our bus, they have driven local minibuses, they have been MIDAS trained, they are aware of what it is like to be working with people. So there is then a sustainability to them, their progress."

In a similar vein, another participant also highlighted this as a significant benefit for the volunteers. Furthermore, the participant felt that the keen sense of personal satisfaction felt by volunteers in helping vulnerable members of the community was extremely important:

"Depending on the individuals concerned it (volunteer driving) can be a stepping stone back into employment if they have been out of work for (some) time. We have got one or two people... who we have helped out in the past with a view to offering them a position in the longer term... or they have gained experience with ourselves, they have been unemployed for a while, have proved to us that they can be reliable with coming on time, have done the job that they were asked to do. So when they have gone for employment they have used us as a reference and we have been happy to confirm that they have been satisfactory... which has helped them into employment.... I think what people will take out of the scheme is far more than they anticipate. There is the old saying, 'you don't get anything for nothing nowadays' and volunteers... will make friendships. XXX (volunteer driver) has done some volunteer driving and... become quite friendly already with the people that she has helped to the extent (of being invited)... in for tea and coffee when you are being dropped of ... 'Do you want a biscuit or slice of cake?' and it builds from there really."

Another participant commented on the role of volunteering in helping volunteers to obtain experience and an employment reference, and enhancing their confidence, which can play such a crucial role in maximising their chances of securing paid employment:

"... most of the volunteer drivers that I'm aware of have got time on their hands to get involved so it's not... all sociable and reassurance for the passenger, it's giving the driver that... so he's... or she's not sat at home, they're getting out and about and they've got the social aspect of it as well and it's making them feel useful. A lot of people sit there and think what can I do? There's lots they can do whether it is driving or whether it's working in the office... or it's just accompanying somebody they just need a bit of help and it helps give them experience... a lot of people are struggling to get into the work because they haven't had that experience, they haven't got a recent reference but if you don't do something voluntarily they're never going to get that experience... that reference. I think it will give them that and... the confidence, I didn't think I could do that but I can. I enjoyed that and I want to do a bit more. I do think it could lead to permanent employment."

Developing cost effective solutions to essential transport needs

One of the participants highlighted the cost-effectiveness of VDS in comparison with the cost of using private hire taxis through the example of a person needing to access health care services in Leeds:

"When we started it off we needed a starting point and so we phoned the taxi firm across the road... if you were to take... a person... to Leeds, that taxi driver will indeed take you to Leeds... the main premise was this taxi driver has just charged them £128 return to do St James'. The Volunteer Driver Scheme are going to charge I think £32.50 to do St James'."

Developing rapport and trusting relationship between user and driver

One participant also highlighted the idea of a personalised service which enabled warm and trusting relationships to develop, which would be of immense benefit to the service user, particularly for those accessing hospital services:

“Well it’s a personalised service... the way in which it will work will encourage individual relationships to build up... there’ll be some that just want to go (to hospital) once but there’ll be some who have got a course of treatment or something and they need to go three or four times but if you can build up a bit of a rapport between the driver and the particular person who needs that support...”

A further participant highlighted the way in which the VDS could engage with statutory/emergency service providers in order to ensure the safety and well-being of older people, and the way in which the ethos of community service was particularly valuable for older, isolated people:

“We have instances where drivers through picking up passengers on a regular basis will go out of their way to make sure they are okay, (and) will notice if things aren’t right. We have a lady called XXX who is 96, goes swimming every day... and when a driver went round to pick her up one day knocked on the door, there was no answer there and if that had been a typical taxi, he would have just got in his vehicle (and gone)... Our driver phoned back to the office, said ‘can’t raise XXX, I’ve been here five minutes I’ve knocked several times, what do I do?’... we phoned from the office and it turned out that XXX was upstairs doing something hadn’t heard the vehicle pull up, so she was just away and occupied with something else. As it was, she could have been... stuck behind the door somewhere. The next day we would have been calling out Social Services or the police.... It is... like the milkman being the eyes and ears of the community early in the morning and spotting milk that has been left on the doorstep for a couple of days.”

Another participant highlighted the role of the POPP outreach worker in developing the relationship between volunteer driver and service user through making the introduction to the VDS. In this sense, trust in the VDS driver is earned through the trust and respect gained in the outreach worker, based on the benefits which the POPP member has already obtained. A vital aspect of the service concerns the additional support which it is envisaged the driver being able to offer to the service users, particularly as they become better acquainted over time:

Interviewer:

“Do you think it matters that the link is established with the outreach worker initially?”

Participant:

“Yes because that is the friend... in this case Y (outreach worker) has just introduced you to (X) who is going to be your driver and you like Y (outreach worker) because he has not only done that, he has got you your bus pass... your taxi pass... meals on wheels... various other things and now he has got you the most essential thing and you are getting to the hospital where you need to be. But not only... that, X is also going to sit in with you in the appointment. So when this fear is building up... ‘What is this doctor going to tell me?’ Well X is there to take the strain... Whatever it is, we can cope with it. If you need to go to Christies, the car is outside. If you need to go here, the car is outside. It is a constant stream of reassurance.”

The value of an older person being able to be driven home from their hospital appointment, as well as being supported in a hospital setting, also highlighted by another participant:

"I would imagine that the first call for a lot of the services would be around access to health. Because it's not always... about getting people to things, its about getting people home as well and that requires someone hanging about for two or three hours. You can't really do that with a mini bus resource as easily as you can (with VDS), I think the volunteer element of it, that's supporting the individual that lends itself to... asking people... 'will you make sure they're okay throughout the course that's taken, wait for them and bring them home again?' If you can do that, I think that's fine."

Supporting the development of Heywood New Heart for Community Transport (HNNHCT) in providing transport solutions

The VDS is housed within HNNHCT. One of the participants emphasised the role of HNNHCT in helping disadvantaged people access services and facilities that they would otherwise be unable to reach. In this sense, community transport was reported as providing transport services during anti-social periods when mainstream bus services were not available, and to cover bus routes that were no longer viable as they had become unused. However, the Heywood model of community transport was considered to be different from more usual models in that it is centred more upon meeting a demand for individual transport, as opposed to meeting the demand for group transportation. Nonetheless there is a recognition that a balance needs to be struck between both types of transport demand, and that the VDS can support HNNHCT in achieving a better balance, so that it can more effectively serve the needs of older members of the local community who wish to attend group activities, particularly after the rush hour periods when HNNHCT is focused upon transporting people to and from places of employment:

“Heywood is fairly unique in that we do a lot of individual transport work... The majority of community transport organisations work for the benefit of groups... That doesn't address individual needs though sometimes where... Mrs Smith needs to go out to Tescos or attend a hospital appointment, so from the outset Heywood Community Transport was set up slightly differently in that there was a demand there for individual transport to be a focus point of what we do... (but) we need to strike a better balance as we have focused on individual transport to the exclusion of some of the group work and we are now trying to bring that back a little and... encourage more groups to use us but at the same time try and influence the times that those groups want us which is where POPP came in and was quite useful to us because we were asked... what time we had capacity to carry people... when we are taking people to and from work up until 9am if a group was starting at 9am then we would struggle to get people to it because we would be picking people up in the rush hour... so to have an influence and say 'well don't start work before 10am, we should be able to provide transport', was really useful to us. It is now filling a gap in our schedule that hopefully will benefit us and the groups involved.”

The participant also indicated that the VDS would further the existing work of HNHCT with regard to the role of the volunteer drivers in supporting transport users beyond the usual confines of HNHCT:

“The VDS is going to almost take that (door-to-door service) to the next level because where our drivers at the moment will pick up at the front door, drop off at the hospital doors or drop off at Tesco front door... the drivers literally only have the time to help people on and off the vehicle and then they have to move on to drop off the next person or pick the next person up. The Volunteer Driver's Scheme is aimed more at providing additional support so we walk the individual into their appointment at the hospital if you need that extra help. They will help them with the shopping if they need it.”

Attention was drawn to the potential role of the VDS in providing transportation to local hospitals, which would take some of the strain from HNHCT and enable it to support additional shorter non-hospital transportation, particularly within the Heywood area:

“When we (HNHCT) book the hospital visits we are aware that because the hospitals are located on the very edges of our main operational areas then we are always sending vehicles to the extremes in order to drop people off and pick people up. It would be... easier if the hospital was right in the centre of our patch because then... we would have more vehicles going past on a fairly regular basis... With the Volunteer Driver Scheme we will be able to almost step back a little bit from those longer journeys and carry out more short hops within Heywood so whether it would be people accessing food shopping... or whether they are just using us for social trips, we should be able to get more people in thereby taking one person out of the hospital loop. So the amount of time it takes to go to say Fairfield we could probably carry three or four people locally within Heywood and get them to maybe a different social group. The impact could be quite substantial really.”

For one of the participants, the greatest benefit of the VDS would concern supporting older vulnerable people within a hospital environment, and so provide emotional support, as well as free up the capacity of HNHCT to provide additional transportation. In this way, the quality of life of older people could be improved:

“For me the biggest benefit will be the fact that we’ve (HNHCT) got a lot of people going to hospital but we haven’t got the time and the resources... to go to hospital and sit and wait with them for a couple of hours and to bring them back... To me with the volunteer driver’s scheme they’ll be able to pick the passenger up, actually sit and wait with that patient and then bring them back instead of them having to wait after their appointment, they’re there with them but not always providing the transport but support whilst they’re waiting and going to that appointment...”

...I don't like going to a hospital appointment and sat by myself I get more nervous but if they've got... somebody just to sit there and talk to them or share a cup of tea or coffee with them while they're waiting... knowing that that person's going to be the same person taking them home as well I think... it alleviates the problem of getting somebody up to the hospital, it will free up our buses so we can use them elsewhere but I think it's also supporting that person... I think it's going to be more of a quality of life thing than just getting them from one place to another."

Subsidising essential transport through community fundraising

One participant drew upon the experience of another VDS scheme in recognising the long-term potential for community fundraising activities as a means of further offsetting the cost of cheaper travel for the most economically vulnerable members of the community. It was particularly important to recognise the relative costs of transport, and to appreciate that subsidised transport had a differential impact within the population:

"A pensioner (Alice) stuck on £119 a week... and they have to pay everything out of that £119 a week. So £32.50 (for subsidised travel to hospital) is the end of the world... in (name of town)... what they have is the ladies who lunch actually go out and do coffee mornings, bring and buy sales, anything to raise money. The... money is then put aside and is given as bursaries. So if Alice... really can't afford to go to St James' (hospital) and won't go... because she doesn't know how to get there, she can't access the train... what they would say is say 'look Alice you pay the £2.50 we will pay the £30'... it means that people are then feeding back into the VDS so there is a volunteer sector to it that people won't see as volunteering. They are actually seeing it as doing a good turn... that pays for Alice to go to hospital... at the end of the year they have something like £15,000 and that... goes to support probably the 20 to 25 people in the village that need to use that service."

Potential factors which may limit VDS effectiveness

The following summarises some of the key factors which were felt to potentially limit the effectiveness of the VDS:

Obtaining sustainable support of volunteers: need for regular advertising

One participant expressed concerns regarding the support that could be gained from volunteers, and the challenge of meeting their training needs:

"Well I think the biggest (barrier) is the volunteers and the time it takes to get them through the system. The training... you know to get them up and running and then the ongoing support force... That's where I think the biggest genuine risk is... getting the volunteer base together and supporting it effectively throughout the project."

Another participant also recognised the need to maintain advertisements to regularly raise the profile of the VDS in order to continually attract volunteers, and felt lessons could be learnt from local hospitals in the way that they attract volunteers:

"XXX Hospital have refined... a process of volunteering and they have used it extremely effectively for many years... every three months they put out an advert because volunteers have a shelf life of roundabout six months. You are very lucky if you get a volunteer that goes on for a good few years, most of them are doing it for a purpose... so we need to put adverts out... that advert is going to say that our Volunteer Driver Scheme needs volunteer drivers and volunteer administrators. I am hoping that (it) will have people saying, 'What Volunteer Driver Scheme?' Or give us a ring and see what (we) are doing. Yes... we are going to have a launch... there is a free amount of publicity that comes from something with volunteers on it especially the local press like the Rochdale Observer, the Middleton Guardian... (they) like these stories because they are real people stories... So (let's) shout about it, let's get it in the paper and I would love it if the Volunteer Driver Scheme was in the paper week after week after week. "

The need for proper, regular advertising to attract volunteers and to raise the profile of the VDS was also raised by another participant. This could be done through newspapers, leafleting as well as through engaging proactively with various other NHS and community agencies that could help to raise awareness of the VDS:

"...a quick... advert just saying volunteer drivers scheme's just started up in this area, what they can be doing..., just a sign up in the hospital, or the doctors, community centres, all the places where people are going to go at some point or somebody that they know. A lot of people are going to be mobile anyway but people that are sent a hospital appointment, a leaflet, doesn't cost the hospital anymore... a little leaflet, 'Do you know you can use the VDS scheme?'. Anybody can pick up one of them like a neighbour, an agency, in the community centre."

Challenging potential assumptions regarding the geographic scope of the VDS

One participant highlighted the danger of erroneous assumptions about the VDS not being available to people within their community, and so limiting its capacity during its initial stages. Some parts of Rochdale Borough seemed more closely aligned to different regions within the population, and so strong efforts were needed to ensure the whole population of the Borough recognised that the VDS was for everyone:

"Heywood used to be more closely affiliated with Bury than it does with Rochdale so there is almost a notional barrier there. Middleton is more closely associated with Manchester than it is with Rochdale. So I think we need to raise awareness there that the Volunteer Driver Scheme is open to all and it is not just about Rochdale (Township) or Heywood (Township) even though we are providing the base for it. But it really is about Heywood, Middleton, Rochdale Littleborough, Milnrow coming together and benefiting from (it)"

Potential factors which may inhibit sustainable transport solutions

The following summarises some key behavioural factors of the scheme which may inhibit long-term transport usage from the perspective of various interviewees.

Balancing the cost of transport provision with social benefits

One participant emphasised that whilst there is inherent value in providing transport solutions to people that would otherwise struggle to engage with wider social and community activities, there are cost implications for all transport. Ultimately this involves making judgements on the net costs of transport service provision vis-à-vis the wider socio-economic benefits that are accrued:

“Transport is expensive... however you cut it... the trap most people fall into... is seeing transport as an add on which for some reason isn't going to cost anything and it just doesn't work like that. It is expensive. So, if you end up in a situation where we may be working with 300 people or 400 people... some of whom they may need transport help once or twice, a few times, so even if that costs £15 a time, and it's only two or three trips you can say 'well that's fair enough, that's helped them get over the particular issue they had' (but) if you've got another group of people who access transport twice a week or three times a week, even if it's only £2 a time per unit cost, because there's a whole mini bus goes, so it's cheaper per person, but if they're accessing 100 times or 200 times in a year, 200 journeys, the cost of the transport intervention is more greater and... so you've got to make a judgement over whether that's justifiable.”

Potential for creating long-term dependency on door-to-door transport

One participant emphasised that whilst there is inherent value in providing transport solutions to people that would otherwise struggle to engage with wider social and community activities, there is a danger in creating long-term

dependency. This may mitigate against people becoming more independent in seeking transport solutions:

“The difficulty I have is trying to make sure that the transport services are ones that are supportive of independent living and don’t become something which is a dependency in itself... so that people, rather than using the transport to remain independent, it gets to the point that they only do that (activity) and so it becomes a dependency issue rather than an independence issue.”

The participant was keen to emphasise that this was a recurring argument which affected all transport planning, and that a key long-term ambition had to involve inspiring confidence in using public transportation:

“One of the reasons most people curse our public transport is because they don’t know how to use it because... they’re dependent on their car. You know, people are dependent on personal transport and the default position, get a taxi or something, not catch a bus because it’s too difficult to work out how to use it. So... I think transport is something that does breed dependency and for older people I think for instance the decisions they make about when to stop driving is very much about dependency on a car.”

The participant then used the example of certain POPP services to illustrate the balance that needs to be struck between enhancing access, cost effectiveness, encouraging users to adopt a more independent approach to accessing services and a recognition that the need to weigh up the requirements of a variety of people should be taken into account when deciding who is entitled to transport provision:

"If we set up a service which says, okay, there's a lunchtime (club) there, or there's a Tai Chi class there, we'll set up the transport for it because we know there are some people who will struggle to get there, (but) how long do you keep that going for... initially you might feel it's very important that we get people to that class because they need to get out, they need their confidence building, for whatever reason they need to get there. So you justify putting on the transport and then carry 8 people and you say 'well that's good because it's only cost us £2 a time'... But what you really want to do then is to work with those people so that eventually they can... get there on the bus... or club together and get a taxi, or whatever it might be... it's not necessarily about discontinuing to provide the transport service because people will say 'well if the bus is full it must be worth it'. Well it is up to a point but it's not necessarily the best way to support people's independence... but the people would say, 'well why not, why can't we just have it... keep sending the bus for us, we're only paying £2, what's the problem?'... but while you're taking those (people) for that trip to cover that activity, the bus isn't available to take this one person who really needs to go and see his sister because she's had a stroke."

The participant recognised the challenge of encouraging all sections of the community, including older people, to use public transport. There was also an insistence on appreciating the wider picture of GMPTE's public subsidy of older people's travel, rather than a narrow focus on funding support given to the POPP.

The following extract of interview data is illustrative of this need to imbue greater confidence in using public transport, and the concomitant need to broadcast the breadth of free travel opportunities open to older people in Greater Manchester:

Participant:

"How you... persuade someone that using the public transport network is a bit of a skill in itself that you need to develop or you need to recover from the dim and distant past where you used to have to use it, and how you get over people's feelings about whether or not it's a second class form of transport of whatever... I suppose for me it's about at the end of the... process being able to say, well that transport in those circumstances was effective because it allowed this to happen which would not have happened otherwise or it would have been more difficult. But that transport solution was limited because we ended up with more dependency there that we didn't really want to generate and we can't sustain it."

Interviewer:

"And I suppose if you are able to travel by yourself on a bus, you travel for free anyway don't you?"

Participant:

"Exactly, yeah, and... basically if you're an older person in Greater Manchester and you are able to get about and the buses are free to you, the rail network is free to you and there's an awful lot of places you can get to. From April all local buses are free so you can get - not on the trains - but you can get into Yorkshire from Rochdale without it costing anything because that's the way fundamentally that the PTE support people, financially. That's where the PTE's financial clout is, it's... in the sort of structured support that it offers through concessionary fares and you know, free travel opportunities and a heavily subsidised network."

The challenge of multi-agency working

Earlier in this section, various positive aspects of multi-agency working were highlighted at the outset of the project at a time when the project was about to come into existence. However, during later interviews, the challenges of multi-agency working had become a key factor in discussions with two service providers. Concerns were raised about the capacity of Rochdale CVS to deliver support to volunteers, and to communicate effectively both with volunteers as well as partner agencies. This had created considerable disenchantment amongst other partner agencies:

"Basically the volunteers walked in with no training behind them whatsoever, which as far as I was concerned was the remit of the CVS, and sat round and said, 'Right, what do we do?' So we started literally on day one writing policy documents and delivering training to the volunteers that to my mind should have been gone through, at least in an outline form, beforehand. The volunteers came in not knowing anything, not knowing what was expected of them. And because of a breakdown in communication only a couple of the volunteers came in the first week because everybody had been told to expect a letter confirming the details which no one had received. So they were sat at home thinking, 'well, I've not heard anything yet, we must have been delayed.'"

Two of the partner agencies felt that the responsibility for providing volunteers, and supporting them in the process of working with VDS, was the clear responsibility of Rochdale CVS. Without this support, the responsibility for carrying out these duties fell upon the shoulders of other agencies who were not experienced in supporting volunteers, and who had other project responsibilities to undertake:

"They (volunteers) came in here just expecting to sit in front of a computer and do some filing. So we've had to map a typical day; that from nine o'clock you'll be fielding phone calls and taking names and addresses, taking journey details. 'What happens next?' Well, basically you inform the person on the end of the phone that you'll try to match them up with a volunteer driver. You then start finding the most convenient volunteer driver, see if they're prepared to take the journey, if they're not move on to the next available option. And then once you've got acceptance from the driver, phone the passenger back, confirm the booking details and move things forward. So it's not rocket science to do, it's not something that you would need specialised knowledge, but there was just no framework for the volunteers to work to so we were literally starting from cold."

One participant felt particularly exasperated by the experience of multi-agency work, which was previously unfamiliar to him. The deep disappointment that he felt as a consequence of this experience meant that he was reluctant to engage in similar activities in the future as an equal partner:

“This is my first real involvement with a multiagency project and I am less enamoured of multiagency projects. I would rather somebody had to take a lead on it, was designated the responsibility rather than equal partnership and I would have quite happily taken that on board... yes, bring the other agencies in, yes, consult with them, yes, give them some of the work to undertake as part and parcel of the project but make one organisation overall responsible and make sure that organisation delivers.”

Qualitative results from interviews with providers: Key findings

- There is clear recognition of the barriers presented by the built environment, as well as other modes of transport, in inhibiting the ability of older people to access places and facilities, particularly for those with mobility problems. The VDS was felt to fit in with wider UK policy framework in relation to reducing social isolation through widening access to transport
- There was also recognition of the flexibility provided by HNHCT in relation to MIDAS training, disability awareness and access equipment to enable people with mobility difficulties to travel safely and comfortably. There was also a strong expectation that the VDS could work alongside and support HNHCT in providing enhanced transport provision for disabled people. It was also felt that this could free up the capacity of HNHCT in providing support to more people. There was a clear understanding of the VDS’s potential role in tackling social exclusion, particularly for older, vulnerable people

- The role of the Transport Co-ordinator is vital for organising the work of the volunteers, arranging vehicle access and vehicle maintenance (which meet the needs of disabled passengers through providing access supports, such as ramps, vehicle lifts and kick out steps. There was a strong sense that funding this post was less expensive than relying upon the system as a whole to pay for the activities undertaken by the post holder
- There was an appreciation of the VDS acting as a key element of a series of transport developments aimed at increasing access for both groups and individuals for a variety of social and economic purposes. These developments include travel training for using public transport; free travel for older people; improvements to the transport infrastructure (such as bus and rail stations) and higher quality transport vehicles, such as buses
- The relationship between increased access to NHS facilities for older people through the VDS, and the economic ramifications of this for the local NHS in terms of cost savings for ambulance services, was a potentially vital factor in encouraging the future development of schemes using volunteer drivers to transport older people to and from NHS facilities
- The relationship between increased access to NHS facilities for older people through the VDS, and the economic ramifications of this for the local NHS in terms of cost savings for ambulance services, was a potentially vital factor in encouraging the future development of schemes using volunteer drivers to transport older people to and from NHS facilities
- Multi-agency partnership working between statutory and non-statutory agencies (i.e. POPP, HNHCT, volunteers, GMPTE) can work effectively to produce appropriate solutions that produce real benefit to vulnerable people. The role of the outreach worker was considered pivotal, however, in identifying people that require the service, as well as introducing older people to it and reassuring them of the benefits which it could provide. NHS service providers needed to play a more vigorous role in identifying

the transport needs of older people and promoting the VDS to potential users

- There was a clear appreciation of the role of the VDS in enhancing access to services and facilities that may not have been accessed for a number of years by some isolated and highly vulnerable older people as a consequence of bereavement or illness. In this sense, the VDS was felt to have immense value in reducing social exclusion and promoting independence through promoting engagement with social and community activities, as well as in enabling people to access vital hospital appointments more easily. The opportunity to access extremely cost-effective travel could not be overstated. Over time it was felt that the VDS could provide some service users with the confidence to use mainstream public transport
- There is a qualitatively different kind of relationship between volunteer driver and service user, and that between private hire taxi driver and service user. The volunteer is perceived to be reliable, friendly, attentive and supportive. The relationship between volunteer driver and service user was felt to have a positive impact on the health and well-being of service users. This may involve waiting for patients while they are having hospital appointments and subsequently taking them home, which was felt to be of immense benefit, particularly for isolated older people living alone. This was considered to be in marked contrast to the perception of private hire taxi drivers as anonymous transport providers, where there is little sense of trust or companionship between driver and service user
- Service providers appreciated the wider benefits to families of worrying less about how their elderly relatives could get to and from locations (particularly health facilities) if they themselves were not able to provide necessary transport. Similarly volunteers were felt to benefit from the opportunity to develop their skills in administration or driving, and to obtain paid employment in the longer term

- The key potential barrier for the long-term success of the VDS concerned the lack of volunteers, particularly where those existing leave to take up paid employment opportunities. There was a need, therefore, for regular advertisements for new volunteers, so that the VDS could have a potentially regular supply and not be reliant upon a few volunteers
- There was concern over door-to-door transport schemes potentially creating long-term dependency for some service users. The goal of transport provision should be to promote self-reliance and independence vis-à-vis planning journeys. Given that volunteer driver schemes may not be able to meet all transport demands, there was a perceived risk that those with greater need may not be able access services due to long-term dependency of others

Volunteers

The following summarises the perspective of volunteers in relation to the challenges and opportunities presented by the scheme on the part of two volunteer drivers and a volunteer administrative worker. These views related to the period of the setting up of VDS operation.

Reasons for volunteering time to VDS

One of the volunteer drivers had been working within HNHCT in an administrative capacity, and found out about the VDS through discussions with the Transport Co-ordinator. The volunteer's interest in supporting the VDS arose out of an appreciation of the financial difficulties confronting older people in the community who needed to attend hospital appointments at Rochdale Infirmary, particularly in the light of very limited pension provision:

"One of our target groups is the elderly and... there are a lot of times when they couldn't get to the hospitals because we physically couldn't get them (there) we were fully booked and a lot of these people have wheelchairs so they would have to use black cabs to get them to the hospital and it was costing them... £15 to get them there and back for their hospital appointments... they only get so much pension so say they were getting in the end after being in residential care and things like that... they would end up with £21 a week after having their pension taken off them so £15 to get them to the hospital in a week leaves them with £6 so it is not that much they they've got left. Whereas with the (VDS) with it being 40p a mile it works out miles cheaper so... that's why I decided to help out."

Another volunteer driver spoke of his enjoyment of socialising with other people, and that his previous employment experience of working with a variety of different people had been extremely enjoyable. The motivation to support others in the community was also a keen factor in his decision to volunteer his time in this way:

"I like mixing with people. I've had shops and a couple of pubs and I do get on with people and I quite enjoy meeting people and I am a people person and I just thought I would help the community. It is not making any money out of it obviously, but it gets me out and I enjoy it and I like doing it."

The administrative volunteer indicated that her experience of carrying out voluntary administrative work, together with her family circumstances, had drawn her towards volunteering in this way. It was clear that the potential for future paid employment was a significant motivator in this regard:

"I've done admin work in the past for quite a number of years and I am not working at the moment and I haven't worked for three years because I've got young children so it was initially to get some up to date experience in the office in the workplace to put on my CV but I have done all kinds of voluntary work in the past so I do enjoy it and I do like helping people... I volunteered for the Citizen's Advice Bureau about ten years ago and also this Shelter charity shop I've worked in there about six years ago."

Compassionate approach of volunteers

One of the volunteer drivers commented upon the challenges involved in supporting older disabled people, and this illustrated an extremely thoughtful and compassionate approach towards supporting vulnerable people within the community. There is a real sense of providing valuable service to the community, and recognition of the difficulties faced by many older people as a consequence of illness and disability:

"I've met quite a few different people. The first...lady...was slightly deaf and blind and so it is quite scary when you go to a residential home to pick up a lady that can't see you or can't hear you but she could hear just about and it was quite frightening because they were putting her in a bus and then they don't know where they (were) going and generally if somebody is blind and they don't know where they are going you can chat to them and say so and so, but because she was fairly deaf as well it was really hard... I was driving them to a luncheon club... a lot of these people that are in residential care... either haven't got family or can't get out and this service is the only way that they get out of their home or out of the residential places."

Similarly, the volunteer driver discussed the difficulties confronting older people in getting to hospital, and the vital role which the VDS can play, particularly for those who are isolated and may struggle within an unfamiliar hospital environment. There was a keen sense of a need to provide dignity to people in their senior years:

"A lot of people go to these hospitals with no family whatsoever and it is quite scary for them to be just left... in waiting rooms, they've got nobody to talk to, they don't know whereabouts in the hospital they're going or anything like that. So having this Volunteer Driver Scheme is like having family ties because they've got somebody that can take them in, somebody that can go to the desk for them and help them out and somebody that can sit and chat with them if they stay and I think that is so much... these people have fought wars and that, you've got to look at it like that."

For one of the volunteer drivers, there was a keen sense of "putting something back" and rewarding older people for their endeavours:

"The thing I like about...(volunteering) is they've (older people) seen life and they tell you some stories and I just think it is just putting something back. We can all go and be a youth worker and... put things back into society that way, but these people have seen so much and the way things are now they get nothing back. So they've got their pension and going back to money again, £15 is a lot of money for a person on pension."

A volunteer driver also drew upon her experience of caring and of providing activities for older people, and her understanding of the isolation which many older people can experience, particularly within residential settings. All of these experiences had enabled her to appreciate the value of community activities, such as luncheon clubs, and the role which they could play in reducing social isolation:

"I used to teach armchair aerobics and... go into the residential homes and I found with talking to the people and being a carer myself in the past that (staff) don't really get time for the residents so you get them up in the morning, give them their breakfast, sit them in a chair and then you go and get them again either to go to the bathroom or to go for their lunch and then you put them back... that's just residential people, so you've got to look at the people that are in the homes as well..."

...If there's no family they've got nobody to see so I think that they should have more luncheon clubs and things like that for people so maybe they can get out just a bit more. Because I don't think there are that many luncheon clubs and things like that where they can get out."

Both of the volunteer drivers indicated a clear sense of compassion towards their passengers, and a keen awareness of the impact that their volunteering had upon vulnerable people within their community. One of them detailed the support he gave to one of the VDS users, and amply demonstrated that the caring support provided by him was tailored to the specific needs of the user:

"Another lady I picked up the other day she was 85,86, lovely old dear but she could walk, talk, she had... all her faculties about her but she couldn't lift things and so I took her shopping to one of the... supermarkets and she shopped for the month and I pulled the trolley and spent about £80, but she was really appreciative and then I took her home and I put it all in the kitchen for her and I said 'Can I stack it in the shelves?' and she said 'No I can manage that one at a time', but she said it was the bulky stuff she couldn't manage. I quite enjoyed that."

Benefits of VDS vis-à-vis private hire taxi firms

One of the volunteer drivers reported considerable satisfaction in being able to support people in his community. He was also clearly aware of how his volunteering differed from the way in which private hire taxi firms would operate:

"I just get on with them and I have a good chat with them and they seem spirited and they always ask for me. Can I have X (name of driver)? Which is very nice..."

...I think... that the people that are doing this... are more caring than a taxi driver. A taxi driver, it is his job. It is his bread and butter. I am not saying that taxi drivers are not caring, they certainly are but at the end of the day they're in it for the cash. They're in it for a wage aren't they? So like that woman I said I took all her groceries in and she spent about £80 that's a lot of groceries. Now whether a taxi driver would do that I don't know whether he would or not. He might just plonk them inside and say, right, that will cost you £10 or so, I don't know."

During a later stage of the interview, the volunteer commented on the difficulty which disabled people confronted in getting from place to place, and doubted whether private hire taxi drivers were as willing to support disabled people with their specific needs:

"I've got an estate car which takes a wheelchair. It only takes a fold up wheelchair which most of them are now anyway... So I have no problem helping somebody in and out of my car... and she's got one leg, she is okay, she is steady stood on one leg, but she helps herself to get in and out of the car... I think if it was a taxi driver he might feel a bit awkward about it all or they might say, 'Well I am not picking her up if she has got a wheelchair...'"

Flexible rota of volunteering: A key strength

One volunteer had been impressed by the flexible nature of the work, which meant that he was able to assist at times that it was convenient for himself, and did not feel under pressure to be constantly available. He commented:

"...last week, another driver couldn't make it and she said... 'I've got a run here, I need to pick up a lady... it is tomorrow. I know I've thrown it on you suddenly'. I said, 'If I've got nothing else on I'll do it. It is not a problem. I am not tied to anything you see.'"

Value of MIDAS training

One of the volunteers valued highly the MIDAS training which she had received, and the support it had given her in transporting older people:

"You are trained how to put a wheelchair in and... how to understand that person and the technicalities of giving them enough space and that because they're adults you know especially if they're female and you've got a big burly man trying to strap you in a wheelchair. You've got to step back and think about what you're doing, so the Midas works really well..."

Concerns over volunteers finding employment

One of the volunteers, however, recognised the opportunity for paid employment presented by the VDS, and the potential difficulties which this may cause the VDS if volunteers decide to seek paid employment elsewhere. One volunteer felt that older retired volunteers may be a safer group to use for the VDS in the longer term:

"It is great if they're (volunteers) retired because they've got no work and they're doing it because they care, but if they're younger and they are just out of work... They're only doing it until a job comes up or they're doing it for training and what happens when they get jobs? That's the only worry I have, where does it carry on. But... I haven't asked the question. They most probably have got something up their sleeve but they've not said anything."

Qualitative results from interviews with volunteers: Key findings

- There was a powerful awareness of the transport needs of older people, their limited incomes and the effects of expensive private transport in limiting their capacity to engage with social and community activities, as well as attend health care appointments
- Volunteers demonstrated a profound sense of compassion toward older people allied to a view that society in general had not valued and

respected the contributions which they had made. Volunteering with older people to bring about positive benefits for them was regarded as an important form of community service, particularly where it enabled people to become less isolated

- Volunteering activities extended beyond driving vehicles to convey older people to and from different destinations, but also included routine home activities, such as storing away items of food shopping, as a means of supporting them. Some volunteers clearly had good communication skills, and enjoyed developing companionships with older people
- Some volunteers expressed a desire to gain employment skills through their volunteering experience that might assist them in gain paid employment in the future. Others recognised that this could adversely affect the VDS
- Volunteers valued the flexibility of the rota system in enabling them as a group to provided co-ordinated support to older people, as well as MIDAS training in equipping them with the skills to effectively support disabled people

Service users

Characteristics of service users

Ten VDS service users were interviewed between August 2008 and October 2008. Nine completed the Questionnaire. Of these nine, six consented to a follow up interview approximately 12 weeks later. All described themselves as white. The mean age of the group was 76.22 years (median 76, range 51-92); two thirds were female and none of the group smoked (6 ex-smokers and 3 had never smoked). Only two of the group had continued schooling after the minimum school leaving age both of whom had attained a degree or equivalent professional qualification. Four were married, one single and one divorced. The remaining three had been widowed for more than five years. Two of the group lived in sheltered housing whilst the remaining lived in

their own homes. Four of the group lived alone. Eight of the group were retired whilst one person was on sick leave.

The entire group gave details of their weekly income before tax and deductions. Seven people had a weekly income of £249 or less. Of the seven people who gave details of state benefits, two received housing benefit, two disability allowance, one incapacity benefit and over half (55.6%) received attendance allowance. The total value of the benefits reported ranged from £40 per week to £225.

A brief outline of the personal circumstances of the VDS case study participants is given below.

- ID1 is a 92 year old female who lives alone in domestic housing in Rochdale. She has experienced various falls, and has had both knees replaced. She has also had a new hip. She has various health problems and very poor mobility. She withdrew from the case study and so did not take part in the follow-up interview
- ID2 is a 76 year old female who lives with her husband, who suffers from Alzheimer's Disease, in domestic housing in Rochdale. She withdrew from the case study and so did not take part in the follow-up interview
- ID3 is a 51 year old female who lives alone in domestic housing in Rochdale. She has had breast cancer, and was hospitalised for 10 weeks in 2007. In addition, her mobility has been severely restricted due to a lumbar fracture, which means she is reluctant to use public transport due to the sudden shuddering of transport vehicles and the pain that this causes. Hence although she has a Blue Badge for disabled parking, she is unable to use it due to her back condition. She is also badly affected by arthritis in her ankles, hips and wrists. She receives home care in the morning, which assists her with showering, as well shopping and ironing. ID3 also attends the Rochdale Cancer Support Group

- ID4 is a 76 year old male who lives alone in domestic housing in Rochdale. For much of his life, he has been affected by a neurological condition which he feels has never been successfully diagnosed. This has a severe restriction on his mobility, as he finds it difficult to walk, and so uses a three-wheel walker. His capacity for using his hands is limited, so he finds it difficult to carry out everyday tasks, such as writing, playing the organ and using a pair of scissors. Other tasks requiring basic dexterity, such as fastening buttons, tying shoelaces and putting on a tie, are also difficult for him. In addition he has high blood pressure. He uses the services of a private cleaner (through 'Advantage Health Care Nursing and Care Limited') once a fortnight to do his washing and ironing
- ID5 is a 73 year old male who lives with his wife in domestic housing in Heywood. He suffers from Parkinson's Disease, has very poor mobility and is generally in poor health. ID5 was interviewed in the company of his wife, who is his carer. She also suffers from very poor health, including macular degeneration, which means that she has only peripheral vision in one eye. They are extremely socially isolated. They have a private gardener, and recently qualified for Attendance Allowance through the POPP scheme
- ID6 is an 88 year old female who lives with her husband, who is her carer, in domestic housing in Littleborough (Pennines). She suffers from very poor mobility, and has had both hips replaced a couple of years previously. She has also suffered about 3 serious falls in a spell of about 5 weeks approximately a year ago, two of which took place in her home and one whilst walking outdoors. She has poor balance, and suffers from diabetes. ID6 and her husband do not receive meals on wheels, but they do receive pre-prepared meals from a private caterer. ID6 and her husband also employ a private cleaner who carries out the vacuuming of the house once a week for 2 hours. In addition she has a private carer who visits every morning to help her get dressed

- ID7 is a 71 year old female who lives alone in sheltered housing in Middleton. Her health is extremely poor: in 2003 she suffered a heart attack, and a few weeks later had open heart surgery. She is a wheelchair user, and has had a leg amputated as a consequence of the onset of gangrene through smoking. Her poor health has severely affected her quality of life, and she had to delay the follow-up interview due to a bout of emphysema. She has used the VDS regularly to visit her sister in hospital, who suffers from Alzheimer's Disease
- ID8 is a 77 year old female who lives with her husband in sheltered housing in Heywood. She withdrew from the case study and so did not take part in the follow-up interview
- ID9 is an 82 year old male who lives with his extended family (3 adults and a grandchild) in domestic housing in Littleborough (Pennines). He is a diabetic, and has very significant mobility difficulties. He has had a knee replacement, and experiences a lot of pain. Recently he had lost the use of his driving licence on his doctor's instruction due to vertigo. He uses his bus pass to visit Saxon House Day Centre and the Ronald Gorton Centre once a week
- ID10 is a female who lives with her husband in Heywood. She refused to complete the Quality of Life questionnaire, although she did agree to take part in a short tape-recorded interview. She withdrew from the case study and so did not take part in the follow-up interview

Health related quality of life and quality of life

In order to quantitatively assess health-related quality of life, nine participants completed the EQ-5D instrument (as described in Chapter Six). None of the participants reported 'no problems' in all five categories (mobility, self-care, usual activities, pain and anxiety/depression). As can be seen from Table 7.2 all but one person reported problems in walking about and with pain or discomfort. Six people had problems with performing their usual activities and six with anxiety or depression. Five people had problems with self care.

Of the nine people four reported that their health today was better than 12 months ago, three people that it was much the same and two that it was worse.

Table 7.2: Health related quality of life

	I have no problems in walking about	I have some problems in walking about	I am confined to bed
Mobility	n=1	n=8	n=0
	I have no problems with self-care	I have some problems washing or dressing myself	I am unable to wash or dress myself
Self-care	n=4	n=4	n=1
	I have no problems with performing my usual activities	I have some problems with performing my usual activities	I am unable to perform my usual activities
Usual activities (e.g. work, study, housework, family or leisure activities)	n=3	n=4	n=2
	I have no pain or discomfort	I have moderate pain or discomfort	I have extreme pain or discomfort
Pain/discomfort	n=1	n=6	n=2
	I am not anxious or depressed	I am moderately anxious or depressed	I am extremely anxious or depressed
Anxiety/depression	n=3	n=6	n=0

When compared with a representative sample of the UK population aged 60 years and over⁵⁸ the study participants had lower self-reported health status. In the UK sample 37.2% reported problems with mobility (compared with 87.5% in this group), 52.1% with pain or discomfort (87.5% in this group), 28% with usual activities (66.67% in this group), 26.6% with anxiety or depression (66.67% in this group) and 7.8% with self care (55.55% in this group).

The EQ-5D single scores for participants ranged between -0.184 – 0.814 giving a mean score of 0.4567 (SD 0.3356). In addition participants were asked to rate how good or bad their own health is *today*. On a scale of 0 (worst imaginable health state) to 10 (best imaginable health state) scores ranged between 4.0 and 7.5 (mean 5.667, SD 1.1456).

⁵⁸ EuroQol EQ-5D User Guide, Version B (1/98)

Finally, participants were asked to choose a statement that best described their overall quality of life (*so good, it could not be better; very good; good; alright; bad; very bad; so bad, it could not be worse*). One picked *very good*, three *good*, four *alright* and one *bad*.

Use of services in health, social care and resources in the community

At the first interview participants were asked to recall the health and social care services they had used over the last three months. Table 7.3 below summarises the health service use. The mean cost per person equates to £998.88.

Table 7.3: Health and social care use in prior three months

	Number	Unit Cost	Total Cost (£)
Physiotherapy session	7	£17 per clinic visit	119
Accident and emergency visit	4	£111 per investigation	444
Ambulance with paramedic unit	4	£344 per patient journey	1376
Overnight stay in hospital	4	£249 per bed day	996
Hospital out-patient appointment	17	£71 per follow up attendance	1207
GP surgery visit	15	£36 per surgery consultation	540
GP home visit	3	£58 per home visit	174
Phone call to GP surgery for advice	8	£22 per telephone consultation	176
Visit to GP practice nurse	11	£11 per consultation	121
Chiropodist	3	£10 per clinic visit	30
District Nurse	53	£26 per home visit	1378
Social worker	1	£37 per hour of client related work	37
Meals on wheels	48	£5.20 per meal	249.60
Home care	111	£19.30 per hour	2142.30
TOTAL			8989.90

Participants reported having used a variety of other community based services including visits by the mobile library (three people); two people had a community alarm although neither had need to use it in the last three months and two people had had changes made to their homes over the period. Three people had made bus journeys using their bus pass (144

journeys); three had used Ring and Ride transport (38 journeys); and four had used transport for health care appointments. One person had visited the library and three people had visited a lunch club (38 visits). Resource centres or drop in centres were used by four people (40 visits) and the local community centre was used by one person (12 visits).

In addition over the last three months participants had had help from friends and family with tasks that they had difficulty with (Table 7.4).

Table 7.4: Unpaid help from family/friends (hours per weeks)

Type of help		Total hours per week
Personal care (bathing, dressing)	(n=2)	9
Housework	(n=4)	12.5
Preparing meals	(n=2)	11
Shopping	(n=7)	8.5*
Looking after pets	(n=1)	1
Providing transport, taking you out	(n=5)	16.92
Gardening	(n=1)	1
Generally providing support	(n=2)	2*

* One person reported help with shopping but said no extra time was required to do it

**In addition one person outlined ongoing support but didn't specify the total hours per week

In total 61.92 hours a week of help from family and friends was described. Around half of this help was reported by two people who received 14 and 15 hours of help per week respectively. For one of these people a family member had also taken 10 days away from work to help over the last three months. Only one person reported receiving no help from family or friends. It is of note that the category with the highest total time is transport, five of the nine participants reported friends and family providing transport or taking them out.

Summary

Overall the mean age of this group was comparable to participants in the Tai Chi case study. However, a higher proportion reported having health problems in each of the health domains with more people reporting extreme problems. Neither does the health of the group compare favourably with a

representative sample of the UK population aged 60 and over. This suggests that this group is likely to be more dependent/less independent than typical of their age group.

The self reported rating of how good or bad their own health is *today* was also lower in this group than the Tai Chi group (mean 5.667 compared to 6.091). Similarly the cost of health and social care use over the previous three months is higher for this group than the Tai Chi group (mean of £998.88 compared to £366.29). This can, in part, be attributed to the use of home care/home help. None of the Tai Chi group used statutory home care services whereas for this group the cost of home care was £2142.30 representing 23.83% of the total cost.

By far the largest unpaid time given by friends and relatives in this group was for transport. Five people reported friends and family providing transport representing on average over three hours per week per person. In addition three people had used public transport over the three months period (144 journeys in total); three had used Ring and Ride (38 journeys); and four had used transport such as a hospital car to attend health care appointments. The transport used was not mutually exclusive. For example, one respondent who reported having used Ring and Ride, arranged a hospital car to attend health care appointments, used local buses and had had transport provided by family and friends. Only one participant reported not having used any of the transport options.

Changes in quality of life between baseline and follow up

It was hypothesised that the VDS would impact on service users' quality of life. Six of the original nine service users were interviewed at both baseline and at 12 weeks but none changed their self rated quality of life over the 12 weeks (one picked *very good*, two *good*, two *alright* and one *bad*). So we look to the qualitative interview data to assess the impact of the VDS.

The views of participants are presented under various key themes identified from the analysis. These include: financial benefits of using volunteer drivers; difficulties of using public transportation (particularly for disabled people); promoting personal independence and social inclusion, comparative benefits of using volunteer drivers in comparison with private hire taxis and the powerful impact of the culture of public service exemplified by volunteering.

The following seeks to illustrate and comment upon these identified themes through highlighting direct textual material from both initial and follow-up interview data. Nine participants were initially interviewed, although at the time of the follow-up interview, three of the participants withdrew from the case study.

Difficulty of using public transport

One of the key themes arising from the interviews concerns the many difficulties confronting participants when using the public transport system, which highlights the value and importance of a door-to-door transport service such as the VDS. An elderly female participant (ID1) had suffered numerous falls in the past, and needed to wear tight-fitting leg bandages due to various complaints. She highlighted the severe lack of confidence caused by these falls:

"...they're (leg bandages) certainly very tight and they restrict your walking a lot... I was used to walking around a lot but I certainly can't do it now and... I've lost confidence... I don't like to venture out on my own, I like somebody with me in case I fall you see..."

A fear of falling, particularly for those who had sustained falls in the past, strongly mitigated against using public transport. In these circumstances, the

physical strain of reaching a bus stop and getting onto a bus (as reported by ID6) could be extremely arduous:

"I can't get up the bus steps, that would be nearly impossible. And then, of course, its getting to the bus stops. I'd have to walk which is... a fair distance for me... So that's why I must have door-to-door really. I'm not very good if I don't... I don't walk very well. I've got to have a stick and I've got to have XXXX's (husband's) arm for the other... I lose my balance if I'm not careful so it makes me frightened of putting a step down. I've had so many falls, you see. I'm frightened."

The issue of low confidence, partially as a consequence of illness or physical disability, was also highlighted by ID3 with regard to transportation:

"...I was getting out of the car and my back just went... I was in there (Rochdale Infirmary) for a fortnight, then I came home with a walking stick... Then I had to start my radiotherapy and slowly I got so I didn't want to go out. I felt secure in my flat and I was happy... my daughter took me out on a short trip but I didn't really cope with it well. I just wanted to stay in the flat and my confidence had gone... I'd lost all confidence through the cancer, through my back, the different illnesses so travelling is a big thing for me because the car's got to be right and I've got to have confidence in the person who's taking me, otherwise I've had it."

In addition to low confidence, ID3 also emphasised her fear of sustaining further back injuries due to the sudden movements of vehicles, which meant that public transport was inaccessible for her:

"...I can't use public transport... it's the jerkiness and the way they slam the brakes on... just getting on to the bus would be a work of art because... the steps are very high... alright they do have these low buses but... I just wouldn't attempt it because its just too frightening... I have to be very careful of my back... whereas getting into XXXX's (volunteer driver's) car, the seats were right for me, the back was upright... A very careful driver... A very smooth ride... whereas on a bus? No I couldn't attempt it, not at all."

Similar sentiments were also voiced by ID4, who is seriously affected by a neurological condition and has walking difficulties, which necessitate the use of a three-wheel walker:

" ...I just don't feel safe if I get to an open space where I haven't got anything at the side of me... if I cross a road... I want somebody to be there with me but if I have this three-wheeled walker I'm alright, but whether I would manage alright taking it on buses... I've never tried so I can't really say."

The spouse of one of the participants (ID5) also spoke of the exhaustion caused through using public transport, particularly for older, vulnerable people who are in poor health:

"Well my husband (ID5) has Parkinson's which is a day-to-day... getting about causes a lot more pain and discomfort to him... I know it is there and also it is very tiring to him and with this kind of transport (VDS) it makes him feel good. Whereas travelling on public transport especially (with) his condition when he got there would have been far worse than when he set out and it would have taken him quite a few days to get over it."

A further issue identified by a participant from Littleborough who had had a knee replacement (ID9) concerned the difficulty of having to use multiple public transport journeys in order to arrive at the required destination. This was naturally more time-consuming, tiring and less comfortable than a door-to-door service:

"...the first time I got a bus (from) here, went down into Rochdale and then another bus from Rochdale centre to Rochdale Infirmary. A lot of messing about whereas with a taxi it is one run, it is not change here and change there... No it is hard work on the bus. Getting on the bus and getting off the bus are very difficult but if you stand up when the bus is going I nearly fell on the bus... I would pay twice as much (for VDS). It is worth twice as much."

During the follow-up interview, another participant from Littleborough (ID6) also perceived a comparative lack of safety when using public transport, as well as obstacles within the local transport infrastructure which inhibited her from using the rail service. The following section of interview transcription highlights these issues:

Respondent:

"I can't use public transport, I just couldn't get on a bus. It's impossible... In the first place I'd have to get from here to the bus stop, that would be an ordeal. And then... its waiting for it... getting on... I probably could manage it at a pinch but I wouldn't be very safe and then of course you get to your seat and they don't always wait 'til you're sat down."

Interviewer:

"And is it the same with... the trains?"

Respondent:

"...I could probably get on the train, but I'd have to walk from here to the station, or have a taxi from here to the station."

Spouse/Carer:

"The thing is when you get to Littleborough station you've got all those steps to walk up or come down... and she's not good on steps."

Interviewer:

"There's no ramp."

Respondent:

"No there's no ramp."

Spouse/Carer:

"There's nothing."

Respondent:

"...you've just got to use the steps... and they're getting a bit worn... I've no other option have I? Then we've got to cross the road.... a busy road."

During the follow-up interview, one of the participants (ID7) commented upon her perception of the difficulty in accessing certain health care facilities by public transport. In the following extract of interview data, ID7 also referred to an extremely unpleasant personal experience using local bus services as a wheelchair user:

Respondent:

"...there's no buses to Birch Hill (hospital)... now that actually go into Birch Hill because the biggest part of Birch Hill is closed down anyway. There's only the Mental Health part that's open."

Interviewer:

"And as a wheelchair user you didn't feel safe on the bus?"

Respondent:

"Not really no... He (bus driver) lowered it (the step) getting on but didn't lower it getting off because some (non-disabled) people in front of us got off first you see, so he probably didn't realise that we was going to get off and he just wouldn't lower it anyway full stop. He wasn't very obliging..."

Interviewer:

"So how did you get off the bus?"

Respondent:

"XXXX holding the back and a chap holding the front, so they more or less lifted me off the bus... I panicked again then you see as I was going right back."

Poor passenger services, inadequate transport infrastructure and the ensuing loss of confidence in making journeys were also highlighted during the follow-up interview with ID3. The perception of careful driving skills (by volunteer drivers) was also underlined by ID3 and fellow participants:

"(Buses) are so jerky and the drivers... are not caring... and I would not even attempt it (public transport) because of the state of our roads as well. I would be frightened I would be landing back in hospital... and because my back is in such a fragile state... it could knock one of the discs out so then I am back in hospital. And it is the same trains really... it is the jerkiness. I would be in agony. This is why your (VDS) drivers are ideal... they are really, really caring. They don't jerk you around or anything like that."

Further difficulties were reported when seeking to use public transport, particularly in the context of attending hospital appointments, which often involved needing to arrive at the necessary destination early in the morning. During the follow-up interview, ID5 drew attention to these issues, as well as the additional difficulties of using public transportation during inclement weather, and the limited duration of public transport services:

"...at least (with VDS) you know that you can get to these medical appointments without having to trudge around on public transport which through us living in Heywood apart from Fairfield hospital its always two or three buses and that is hard work... especially if the weather's bad. You're wet through by the time you get to the bus..."

... you could be sat in those wet clothes for a few hours in the hospital and then you've got to get home and depending on how long you're there you could be coming home in the dark... the smaller bus that runs to this street goes off at three 'o' clock so you've a twenty to thirty minutes walk... when you're getting older that's hard work."

Some participants also highlighted the way in which early morning hospital appointments meant that they were unable to take advantage of free public transport, which was only available after 9.30am. During the follow-up interview with ID5 and his spouse/carer, the following extract of transcription data illustrates the impact of these difficulties and the convoluted travel journeys required to enable people to access health care facilities:

Interviewer:

"Can you talk me through those different journeys you'd otherwise have to make?"

Respondent:

"I'd have to get one (bus) from here to the centre of Heywood, get on a bus at the centre of Heywood to Middleton and then go Middleton to Crumpsall in North Manchester."

Interviewer:

"So you couldn't get a direct bus to Crumpsall?"

Respondent:

"No, not from here."

Spouse/Carer:

"And he'd have to pay the full fare, the bus passes are of no use at that time of the morning."

Respondent:

"If its early (hospital) appointment you've got to pay on the bus because you've got to go after half past nine."

Spouse/Carer:

"You'd be getting the buses before half past nine. I think some charge you normal fare, I think others are slightly subsidised but you definitely wouldn't get it free, that is for sure."

Kindness of volunteer drivers

An important and recurring theme during the course of the interviews concerned the kindness and helpfulness of the volunteer drivers. All of the interviewees were extremely satisfied with this aspect of the VDS, and provided examples of specific acts of kindness. Participants were particularly appreciative of the volunteer drivers waiting for them to complete their activity, and then taking them home. Participant ID6, who has very poor mobility and lives in Littleborough, gave an example with reference to a hospital appointment at Manchester Royal Infirmary:

Interviewer:

"So he (volunteer driver) waited for you?"

Respondent:

"Yes he waited for us. We weren't too long but he waited as long as we were going to be. Because we had no idea how long we were going to be... we must have been there well over half an hour and he waited outside."

Interviewer:

"And how did that make you feel that the same person had taken you there and had waited for you?"

Respondent:

"I think its reassuring really to know that there will be somebody there when you come out and you're not going to have to hang around... He was very caring. He was really good. He was grand was that man, he really was."

Another participant, who lives in sheltered accommodation, provided the example of a volunteer driver giving his or her own telephone number through which the driver could be contacted for the return journey home. The opportunity for being taken home, in comparison with private hire taxis, was commented upon by various participants:

Respondent:

"Yesterday (at Rochdale Infirmary) I was told that I would probably in three hours... well you can't expect somebody to wait outside for you... can you? So he gave me his telephone number to ring him... well a friend went with me yesterday and she rang him while I was being attended to... he (volunteer driver) said 'if you ring about fifteen minutes before you think you've finished I'll come up for you', which he did."

Interviewer:

"So what kind of difference does that make... having someone that... waits for you some of the time... when they can and brings you home again?"

Respondent:

"Oh it's a big difference because taxi drivers don't wait for you... they just take you there and drop you and that's it. And then if you want a taxi back you've got to ring up again."

Another participant (ID9) provided a further example of the kindness of volunteer drivers:

"...coming back I wanted to post a letter at the Post Office and he (volunteer driver) said 'Give it to me' and he stopped on the left hand side... and posted the letter. I thought that was very nice because I was expecting to have to get out and I thought he might have driven off and I would have to walk up the hill."

One of the participants (ID3) has suffered a variety of serious health problems in recent years. These experiences had caused a very considerable loss of confidence, and had severely affected her ability to engage in community activities. The following extract illustrates the kind, thoughtful and attentive manner of the volunteer driver who had transported her to and from a community activity for the first time in a long while, and recognised the importance of allowing the participant to have private space in which to enjoy the activity:

"...it was my first time out by myself and I wanted a bit of independence... I'm sure he (volunteer driver) picked up on this... because he said 'I'm here and I'm going to have a read in the car and then I'm going to have a walk round'... it was great because I thought... he'd chaperone me... I wanted to do it on my own... then it came to two o'clock... and I just saw him with the corner of my eye and he came up to me and said 'Are you alright to go home now?' And I said, 'Well actually I have had enough'. And he was spot on... What I liked about it was (the volunteer driver saying) 'You don't have to go home now. I'm here'. You know I could have stayed on if I'd wanted to. And that was nice... I didn't want him to walk round with me because I wanted to do that, but he let me decide when I wanted to go home and he was there for me."

The courteous and supportive manner of the volunteer drivers was highlighted by various participants as being an important factor, particularly in contrast to private hire taxi drivers, who did not seem to provide the same kind of personal service. One participant's carer (ID5), who is seriously affected by poor vision as a consequence of macular degenerative disease, commented on the different quality of travelling experience she has experienced with both private hire taxi drivers and volunteer drivers:

"I use taxis and they've actually put me off at the other side of the road and he's (husband) had to come and get me across the road... and if they come and pick you up they honk the horn... this gentleman (volunteer driver) got out and knocked on the door, but ordinary private hire taxis?...no definitely not."

Another participant (ID9) remarked about the kindness of a volunteer driver in seeking to take him home, despite other driving responsibilities:

"...the one that took me that day (to hospital)... was going out of his way to say, 'Well I'm not busy between 3pm and 4pm and if you ring me then... but I hadn't had the operation done then... But he was most helpful... he did his best to try and fit me in... he would have come back for me if he could have done.'"

Disability awareness of volunteer drivers

One of the most striking themes to emerge from the interviews has been participants' deep appreciation of the kind manner in which volunteer drivers have demonstrated a keen sense of disability awareness. One of the participants (ID7) has experienced extremely poor health in recent years: in 2003 she suffered a heart attack. She has also had a leg amputated, and consequently requires the use of a wheelchair. During the preliminary interview, she spoke of the caring and thoughtful manner of the volunteer driver who has taken her on hospital visits:

"I've only had the same driver... and he's absolutely fantastic... He even pushes me into the part of the hospital if I'm going on my own. And I only have to wait near the (hospital) door when I'm coming back and he takes me to the car, makes sure I get safely in and he puts the (wheel)chair away for me and everything."

The caring, compassionate approach of the volunteer driver, and the sensitive manner with regard to the participant's needs with respect to her disabilities, was in marked contrast to her experience of using private hire taxi drivers:

"...some people... in taxis, they look at you as if, you know, I don't know how to do this and don't know how to do that. I've never had none of that with XXXX (volunteer driver). I just can't fault them at all... you get some funny taxi drivers... I've had experiences with them, do you know what I mean? They'll get the chair out and then expect me to push myself up this ramp... with some shopping... where XXXX (volunteer driver) brings me to the door and he picks me up at the door here. He won't let me go down that ramp on my own."

Another participant (ID9) who is affected by diabetes, and whose mobility is hampered through having had a knee replacement, also highlighted clear disability awareness on the volunteer drivers:

" ...they're (volunteer drivers) friendlier. They'll get out of the car and open the door for you, whereas a lot of taxi drivers don't do that. They'll let you get out yourself which is dangerous. The volunteers are much better... they make sure you put your seat belt on... but with the normal taxis they don't give a bugger. They don't care less."

A further participant (ID3) has very poor mobility due to experiencing a lumbar fracture. Her mobility is further hampered due to severe arthritis in her ankles, hips and wrist joints. Her disabilities mean that she receives home care in the mornings to assist with showering, as well as shopping and ironing. The following sample of interview data illustrates her deep appreciation of the volunteer drivers' sense of disability awareness. She contrasts this with the lack of disability awareness of private hire taxi drivers:

Respondent:

"There's no comparison. With the volunteer drivers I can do a long journey. With a taxi driver I can't. The (taxi) drivers are very nice but they're always in a rush... you don't have that with a volunteer driver... And especially being disabled because... with taxi drivers, even though they see your (walking) stick it doesn't always register with them. Whereas going with volunteer drivers... they know you're disabled so... they're set up for you... When I get a taxi I go to get in the taxi but I can't get in the taxi before he moves that front seat forward. And a lot of them, when you ask them, they can be a bit... Because I need quite a bit of legroom to get in because my hips aren't too brilliant as well."

Interviewer:

"So the seat needs to be moved forward?"

Respondent:

"Yes. And sometimes when you ask the taxi driver.. 'Oh right'. And then I have to explain why he's moving the seat forward, even though I've got my walking stick and I get in the taxi slowly, I still have to explain to him why he's moving that seat forward... 'Oh well why don't you sit in the front?' I can't sit in the front, that's how the accident (causing lumbar fracture) happened. I'm better off in the back where the seats are more upright."

Interviewer:

"So... having the seat in the front moved forward... gives you more legroom in the back?"

Respondent:

"Yes... now when the volunteer drivers come for me... as I'm getting in the back there's always plenty of legroom. I don't even have to tell them to move the seat for me."

During follow-up interviews, further reference was made to disability awareness by various participants. The following section of interview data illustrates this disability awareness, as well as the general kindness of volunteer drivers:

Interviewer:

"Can you give me any examples from your own experience of that greater awareness of... disability?"

Respondent:

"Yes. When I get in a car, quite often I can't bend my leg and my knee enough to just get in. I have to try and sit in as far as I can first, and then lift this leg in, up inside and then this one in. And (with) my (walking) stick, it is not easy to do... they ask 'can you manage?'... if I say 'no' they will get out and come and give you a lift... they will take your (walking) stick off you and if necessary push the seat further back, so that you can get in easier."

A further follow-up interviewee also highlighted volunteer drivers' disability awareness through the perspective of a carer, and whose wife (ID6) experiences severe mobility problems due to hip replacements and previous falls:

"With a taxi driver he just sits in his cab and they never get out... they just pip their horn to tell you they're there and you've got to get out and they don't even help... the only thing they might do is fasten XXXX (wife's) seatbelt but the rest of the time they just sit there waiting for you to sit down... these POPPs people (volunteer drivers) ... knock at the door... wait... and help you... help XXXX (wife) in the cab car... it's a different thing altogether."

The carer of ID5 spoke passionately about the difference she had encountered between volunteer drivers and private hire taxis, highlighting the stark difference in attitude towards elderly people who have disabilities through referring to a journey she and her husband had made to a local hospital:

"I have used quite a number of taxis and it is the service you get, a taxi man plonks on the horn to let you know he is here whereas the volunteer driver got out and rung the bell. He opened the door of the vehicle for us. He made sure we had our seat belts on. He opened the door to let us out, asked us were we alright, were we sure where we were going in the hospital? You would not get that off a taxi man. He would sit in his seat ask you for the fare holding his hands to the back of the car and it is get out yourself, and that I have experienced when I have gone somewhere on my own."

Greater safety and security with volunteer drivers

A recurrent theme arising from the interview data was the greater sense of safety and security enjoyed by participants, largely due to the kindness of volunteer drivers and their awareness of disabled people's concerns and needs when travelling. This was often in contrast to private hire taxi drivers. ID3 commented:

"Well you sort of sort yourself out with a taxi driver. Whereas with a volunteer driver it's like, 'Would you like any help with your seatbelt?'... 'Are you comfortable?' And they're... watching you all the time to make sure you're settled... 'Right, I'm going to set off now'... And they're letting you know what's going on all the time. So then you feel secure... you feel like you're in good hands... I have to go down to the basement for the taxi. They can turn up early or... late, either way you feel rushed. Then when they drop me off I just make my own way back. Whereas with XXXX (volunteer driver) he came up to the (flat) door. And when I got out of his car he said, 'Would you like me to carry your bags up to your flat?' They're very helpful if you want your bags carrying or if I want them to walk me to the door, they will... It's me that turns round and says, 'No you're alright, I'm ok now. But they do make sure you get home safely.'"

During the follow-up interview, the same participant was still extremely mindful of increased personal health and safety she enjoyed with the volunteer drivers:

" ...when I go with the volunteer driver... his vehicle is ideal for me, so I am comfortable and I am safe... It makes me feel very safe and I know that I am not going to have any health issues while I am in that vehicle. Because of my back and my ankles because I have bad arthritis, it is just the ideal vehicle for me to travel in."

However, another female participant (ID10) also highlighted a greater sense of personal safety on the basis that the volunteer driver was perhaps more likely to be 'regulated', and less likely to behave in a less unwelcome fashion than a private hire taxi driver:

" ...I'm not being awful but I do feel more secure you know with the volunteer driver because I always sit in the front because they make you feel relaxed... whereas if I get in a taxi on my own, I jump in the back! Because you don't sort of know the person do you...?"

Compassionate culture of volunteering as a public service

An important and recurring theme running through the interviews has been the clear recognition from participants that the culture of volunteering, as evidenced through the VDS, is reflected in the high quality of transport service they have come to enjoy. This is marked contrast to the more narrow, commercially driven culture of privately-run taxi services. In addition, the culture of volunteering has produced a fundamentally different kind of relationship between passenger and driver based upon warmth, understanding and compassion. Greater disability awareness (discussed above), kindness and consideration of participants' circumstances are a clear reflection of this sense of compassion. ID1 recounted her experience of a volunteer driver taking her home from a hospital appointment:

"...in those places (hospitals) I wasn't in very long but yesterday I was told I would probably be in three hours; well you can't expect somebody to wait for you for three hours can you? So he (volunteer driver) gave me his telephone number to ring him ...well a friend ...rang him while she was being attended to; he said if you ring about fifteen minutes before you think you've finished, I'll come for you, which he did."

The supportive relationship between volunteer driver and ID1, and the contrasting relationship which ID1 had experienced with private hire taxis, was also highlighted in the following extract of interview data:

Interviewer:

"And do you think it makes a difference having the same driver, rather than ringing up a taxi firm and not knowing who's coming?"

Respondent:

"Oh it certainly does yes... And then again because some taxi drivers don't speak to you at all... it makes the journey really morbid."

Interviewer:

"So what kind of difference does it make then, having someone that talks to you and perhaps waits for you... when they can and brings you home again?... How does it make you feel?"

Respondent:

"Oh it's a big difference because taxi drivers don't wait for you... they just take you there and drop you and that's it. And then if you want a taxi back you've got to ring up again, you see..."

The quality of relationship that exists between volunteer driver and participant was felt to be significant for virtually all participants, particularly for those experiencing heightened isolation due to personal circumstances. ID2's husband has Alzheimer's disease, which has profoundly worsened the quality of life which ID2 and her husband can enjoy. The following extract of interview data underlines ID2's perception of her own isolation, the need to

engage socially with others, and the importance of the volunteer drivers in supporting this process:

Interviewer:

“In addition to the expense, is there something... you feel about the relationship with driver that as a volunteer is much different?”

Respondent:

“Yes they are much nicer than the taxi drivers. Some of the taxi drivers are quite rude and if... my husband is with me and I ask them to give me a hand into the house they won't. No they are not as pleasant.”

Interviewer:

“Do you have any other comments to make about the Volunteer Driver Scheme?”

Respondent:

“...the men are very nice, they're very pleasant. We usually chat a lot which is what I need. My husband doesn't talk very much so it is just getting to know more people.”

Interviewer:

“You mentioned earlier on... that your husband has early stage dementia so does that make him less communicative than he would otherwise be?”

Respondent:

“Yes definitely.”

Interviewer:

“So that social outlet is very important to you?”

Respondent:

“Yes it is. He is not like he was. He has changed considerably.”

Interviewer:

“So that connection with the driver is important to you?”

Respondent: “Yes it is... Just talking to somebody, yes.”

Another participant (ID3) also indicated the different kind of relationship that exists between passenger and volunteer driver, and how this is reflective of the ethos of volunteering:

Interviewer:

"And... those kinds of issues... checking your seatbelt's ok, walking you up to the front door of your flat... and the general sense of courtesy and support, how important is that?"

Respondent:

"Oh it's very important because... it puts you at ease... it makes you feel safe, especially if you're disabled."

Interviewer:

"Do you think it shows a different kind of relationship between you and the driver?"

Respondent:

"Yes, definitely. Like I said, the volunteer drivers are like friends, it's like a friend taking you out."

Interviewer:

"Do you think the fact that they are volunteers and that they're not doing it as part of a commercial business venture, do you think that's an important issue?"

Respondent:

"Definitely. They're not doing it for the money, they're doing it because they care and that's the difference. And that's what you pick up on as soon as you see the driver."

A further participant (ID6) also indicated the closer proximity of relationship between volunteer driver and passenger through the following extract of interview data:

Interviewer:

"Do you think it makes a difference that the driver who took you there is a volunteer and isn't somebody who's doing it for...?"

Respondent:

"Well, I think it creates a more friendly atmosphere. I think you feel more friendly towards them than if it's somebody who's just... a bus driver. He was very friendly, chatting to us all the way and everything. No it was very good."

Interviewer:

"Did you feel there was a greater sense of care on his part than you'd get from a taxi driver?"

Respondent:

"Oh definitely. He was very caring. Yes he helped us in, made sure I got my seatbelt fastened and all that sort of thing. He was really good."

During the follow-up interview, ID6's spouse/carer further commented on the nature of the relationship with voluntary organisations, and the complete difference in comparison with commercial bodies. The following extract of interview data illustrates this:

Respondent:

"...if you booked a taxi now it would come to your door and he probably wouldn't get out and knock or anything would he?"

Interviewer:

"It seems to reflect the different kind of relationship you have... a closer kind of relationship... Is it that they're not in it as a private business would you say?"

Respondent:

"Yes that's the difference. You just feel it's a friend picking you up."

Spouse/Carer of Respondent:

"It's like if you go into a shop and its very impersonal but if you go to... something that's run by volunteers for a certain thing... there's a different atmosphere."

Interviewer:

"Are you thinking there of a charitable store... like an Oxfam store."

Spouse/Carer of Respondent:

"Yeah or if a church runs something like that, it's more of a friendly atmosphere. No they're two different worlds."

The warmth of the volunteer driver-passenger relationship was also highlighted by ID7 in relation to her visits to see her sister, who has Alzheimer's disease and is in hospital:

" ...you build a sort of... friendship there. You can laugh and joke about different things and he (volunteer driver) just doesn't drive and not speak. He'll talk to you and ask how things are and how you are and then when I come out from the hospital, the first thing he says is, 'How is she?' Yeah, very thoughtful."

During the same interview, ID7 also referred to the positive ethos of volunteering, and the immense impact of volunteering upon her quality of life in being able to visit her sister in hospital:

"The volunteer drivers are doing a job... as the taxi drivers are... but for me ... the volunteer drivers are more dedicated than.. the taxi drivers. Taxi drivers are earning a living aren't they?... They're volunteers and they're good volunteers... without POPP... I probably wouldn't have seen her as much as I have done... I am heartbroken when I come out (of hospital) but I've still got the peace of mind that I have been (to visit sister suffering from Alzheimer's disease), even though sometimes... she might just know me for a few minutes."

During the follow-up interview, ID7 also highlighted the emotional benefit and support she received from the volunteer driver, as the following extract of interview data illustrates:

"...I can't fault them (volunteer drivers), they're fantastic. It's actually more like friends than I would say just somebody picking you up. You know, they ask how you are, they always ask how XXXX (sister) is. If I'm upset when I come out (of hospital) they always hang on for five or ten minutes 'til I get myself to come round, they're great, they're really, really good."

A further participant (ID8) also drew attention to the non-commercial, voluntary nature of the service and the kind of driver-passenger relationship that developed:

Interviewer:

“Do you feel there’s a difference in... having a volunteer driver... in comparison with using a private hire taxi in the way that you had to do?”

Respondent:

“Yeah, definitely... they’re more cheerful... the others (private taxis) are doing a job... and they’re serious and want to get it done and get there and get back... but the volunteer drivers are very, very friendly.”

During the follow-up interview, ID6 also referred to the sense of closeness which she feels toward the volunteer drivers as a consequence of their caring, supportive approach towards her:

“ You feel you’re more with friends than just a pick-up... the one (volunteer driver) that came last week was with the walk-in sort of ambulance, well he puts the ramp down and he helps you up on it, helps you to fasten your seatbelt. Those are all things which you appreciate... they’ll speak to you on the journey... they don’t just leave you sort of sitting there... you don’t feel awkward asking them to just take your arm because you know that they will do it whereas with a taxi driver its... not as friendly... you just feel it’s a friend picking you up.”

During the follow-up interview with ID5 and his spouse/carer, there was a strong recognition of the value of volunteering in this way, and the way in which disadvantaged older members of the local community has benefited. The following section of interview data illustrates this, as well as the volunteer drivers’ genuine interest in the health and well-being of VDS participants:

Interviewer:

“And do you think that’s because of a different ethos... between being a private operator and a community volunteer?”

Respondent's spouse:

"Yes I do because the community volunteer obviously knows they're doing it for someone who needs help and assistance and the one we met, he was a gentleman... They're (private hire taxi drivers) doing a job of work and that's it...and he was very chatty to us, weren't he?... We weren't just sat in the back, you know, he was very chatty."

Respondent:

"Conversing very well with us all the way there asking how I were and everything."

Interviewer:

"So it seems that... it being a not-for-profit community thing..."

Respondent's spouse:

"That's right... a voluntary service... helping the community... very helpful."

Reduced sense of stress

Some of the users indicated that the scheme had been extremely valuable in reducing their levels of stress, particularly when seeking to attend hospital appointments without paying exorbitant fees for private hire transport. ID 5 commented:

"Instead of worrying about how we are going to get to these important appointments it is as though that worry has been lifted off our shoulders, we can get in touch with somebody who charges a sensible figure for taking you there. They're not ripping you off, they're not trying to make a living out of us, they're just trying to help us and that is very much appreciated."

ID8 also indicated that easing the stress created by arranging transportation for early morning hospital appointments was found to be particularly helpful:

“ ...it's just made life easier when I'm going up to the hospital... it's not as stressful. When I have to be there (at hospital) at 8.30am I didn't have to go out of here at 7am, you know... he (volunteer driver) came about 8.15am and I was there... so it takes some stress out of your life... XXXX (husband) has got to be in Rochdale at 3 'o' clock so the difference is, he doesn't have to run home, have a shower and run straight back out... he can come in and have some dinner and get ready... he's not charging about.”

The good humour and companionship of the volunteer drivers was also identified as reducing stress levels by ID9:

“I think you don't feel as stressful because... I put it down to the drivers because they're so friendly with you and they're talking to you. So you're not thinking about where you're going; you're talking about the weather and whatever, you know? So it takes that little bit of stress off you I think.”

Another participant (ID3) reported that the reduction in stress was beneficial to her family in addition to herself. Whilst she had personally benefited through not having to request transportation from her tired daughter on her return home from work, her daughter had also hugely benefited from the knowledge that her mother was travelling in safe hands. This is in stark contrast to the sense of anxiety that is produced when her mother travels to places using private hire taxis:

"...say I want to go to Asda for something... of course she'll take me but I know she's shattered and she's ready for her tea and then she has paperwork to do before she goes to bed... so then you tend not to say anything, you know... so really it's (VDS) helped her style of living. And she knows when I go out with the volunteer drivers that I'm safe. When I go out with the taxis she say to me, 'You're not going on a long journey are you, Mum?'... whereas if I tell her I'm going with volunteer drivers, 'Oh OK mum, have a nice day... wherever you're going'... it's took that worry off her... and that's worth a million pounds to me."

The reduction in stress upon ID3's daughter was considered to be immensely valuable:

"Like the... show I want to go to... she'd (daughter) be thinking in her head, 'How can I get my mum there because I know my mum really wants to go there?' But she hasn't got all that stress now because she knows the volunteer drivers will take me. And that's priceless."

Reduced sense of social isolation and greater level of independence

Some of the participants commented on the value of the VDS in reducing their sense of being socially isolated, and enhancing their independence. The following extract of interview data with ID2 is illustrative in this regard:

Interviewer:

"Although... the service has only recently commenced... do you feel it has made a difference to you in terms of your... independence?"

Respondent:

"Yes I do... It is marvellous because you feel a prisoner particularly when it gets to winter and it is dark because I am frightened of going out in the dark and you feel you can trust them because obviously they are registered..."

Interviewer:

"Do you feel the VDS has reduced your sense of social isolation?"

Respondent:

"Yes because I felt very isolated before I got a way of getting out... when I go to my bible class that is very much a social thing and I like the ladies very much and I feel part of a group."

Another participant (ID5) also referred to the fact of not having to rely upon public transportation, and being able to organise the journeys through the VDS, as indicative of greater independence:

Interviewer:

"Do you think it (VDS) has made a difference to your sense of well-being and independence?"

Respondent:

"I feel more relieved that you are getting there on time for your (hospital) appointment."

Carer of ID5:

"And you haven't got the hustle and bustle of getting up, getting gout and getting there, which when you're getting older like we are and depending on the weather... is a great deal of your mind to know somebody reliable is coming to pick us up to get us to where we are going."

Interviewer:

"Do you feel it has made a difference in... feeling less socially isolated?"

Carer of ID5:

"Yes there's somebody there at the end of a phone that can help you so you're not isolated in that respect."

The reliability of the VDS was crucially important in providing an enhanced sense of independence. The following extract with ID3 highlights her perspective:

"Like the... show I want to go to... she'd (daughter) be thinking in her head, 'How can I get my mum there because I know my mum really wants to go there?' But she hasn't got all that stress now because she knows the volunteer drivers will take me. And that's priceless."

During the follow-up interview, ID3 further commented vividly on the renewed sense of confidence and independence, as well as the reduced feeling of social isolation, which the VDS had provided to her. As other participants have intimated, this sense of independence was particularly welcome in the context of her serious chronic disabilities:

"Somebody said to me, 'Have you been to XXX Garden Centre?' and I said 'No', and then I thought, 'Well why shouldn't I go?'... I only have to make a phone call and I can go. Whereas before I couldn't do that. It is like the world is my oyster now... before I would have been sat in. And that is such a big thing... it is an independent thing. It gives you back your independence. I am not stuck in anymore. And that is what the Volunteer Drivers have done for me. They have given me the independence. And it is a lovely feeling, it really is. Because it makes you start feeling, even though you are disabled, that you are like able-bodied people... You are not feeling secluded, because that is how you do feel... it builds your confidence up. Because the more you get out there, the more confidence you get."

During an earlier part of the same interview, ID3 also referred to low self-confidence which can often affect disabled people, and also the impact of the VDS in raising confidence:

"When you are housebound you... can start feeling sorry for yourself... and then the depression comes in. Whereas if I think, 'Oh I feel a bit fed up this week, I will take myself off to so and so', and I know I can do that now because I ring the drivers and they will take me. So it gives you a positive outlook on life as well."

For ID7, the opportunity to make use of the VDS meant that she could visit places and become more socially engaged in a way that would have been impossible otherwise, partially through her reluctance to rely upon others:

Interviewer:

"Do you feel less isolated?"

Respondent:

"It definitely does, yeah. I've got out more. Well I wouldn't have done, I just wouldn't have done. I would have to depend on somebody to take me and I'm a stubborn bugger really, I wouldn't ask anybody."

Interviewer:

"Do you have family and friends who could take you...?"

Respondent:

"I've got, yeah. But I won't ask. If they say, 'yeah, I'll take you', fair enough, but I wouldn't ask anybody."

During the latter part of the initial interview, ID7 further commented upon the impact of this renewed sense of independence, particularly given her status as a wheelchair user:

"I feel as if I've got more freedom and I don't have to depend on other people. I can just phone the volunteers up and sort it out with them. They have made a difference to my life, not only to see XXXX (sister with Alzheimer's disease)... I just feel more independent... Because a lot of times disabled people just get left behind... don't they? They don't always think of disabled people."

A further participant (ID9) who had had a knee replacement also acknowledged his greater sense of independence since making use of the VDS, as evidenced by the following extract of interview data:

Interviewer:

“Do you think it’s made a difference to your sense of independence?”

Respondent:

“Yes it does. It makes me feel I don’t have to run for a bus or a taxi or anything like that. Nothing worse than running for a bus.”

Interviewer:

“Do you feel that it makes you less isolated?”

Respondent:

“Yes it does. I would rather use that (VDS) than any other form of transport... It has given me more confidence with regard to getting about. Not just to the Infirmary but to other places besides. And more comfortable. Some of these taxis are dropping to bits. Not the volunteers.”

Another participant (ID10) commented that although she herself did not feel socially isolated, she recognised the impact that the VDS could have for those who were not fortunate in having the support of their families. The following extract of interview data is illustrative of this:

Interviewer:

“Do you think it’s (VDS) made a difference in terms of feeling... less isolated than you might have felt if you’d had to use a bus or use a taxi?”

Respondent:

“...I know what you’re saying... especially if you’re on your own but I’m not, I’ve got my family and I’m capable of... But I think... if you were on your own and had nobody else, it would make you feel a lot better, knowing you could book and then someone will pick you up... I think it does make a difference if you are on your own and you feel you can’t get on a bus.”

Helpfulness of journey booking staff

Many of the participants expressed their appreciation for the kind and helpful manner in which the VDS administrative staff responded to their requests for

transportation. The desire to accommodate these requests, and to work around the availability of volunteer drivers so that participants were not disappointed, was felt to be reflective of a genuine desire to provide compassionate support. ID2 commented:

"Very helpful on the phone, yes. The lady... went out of her way to find me somebody and she rang me back to say she had found somebody."

This conscientious, caring approach was also highlighted by ID3:

"You can tell they're trying to get you that journey... in fact you know you're going to get that journey... And (originally) I thought, no this won't come off ... But like I said, within... two or three hours they'd sorted me out."

On certain occasions, where transport has been impossible to provide, ID7 drew attention to very high standards of customer service:

"...they're very polite and because of what's happened this week because the driver couldn't collect me today, they phoned at least three times trying to get a different driver and they're really sorry for what's happened. No, I've got no complaints at all about the staff."

ID10 similarly drew attention to a powerful desire to accommodate passenger interests:

"They go out of their way to help actually because the last time I used it... we didn't book until about the same day... And they fitted us in... they got us a volunteer driver... yeah they've been excellent."

ID8 illustrated her deep-felt gratitude for the sense of community spirit exemplified by the administrative volunteers:

"Everything was fantastic and I was really, really pleased with it... and I did send them a... thank you card because I was so pleased with how they worked."

The kindness and efficiency of the booking system was also commented upon by ID6 and ID7 during the follow-up interview:

"You ring up and they take your details down and say 'I'll ring you back when I've got a driver' to see if one's available with it being all voluntary and they ring you back and give you the time... the man's name and then the next thing he's coming."

"They're very courteous... very helpful. If I phoned up and said, 'Could I have XXXX on such and such a day next Thursday' and she's not available, within fifteen minutes they'll call me back and they've always got me another driver then. No I can't fault them either."

Financial impact

The financial impact of provision of the VDS may potentially accrue in a number of areas: to the service users and their family and friends by way of a reduction in the costs of, for example, private taxis, lifts from family and friends; to Rochdale POPP and the service providers in setting up and continuing provision of the service. In addition there may potentially be costs or cost savings accruing and to health and social care services if, as indicated in Chapter Four, around two thirds of journeys are for health care appointments and the availability of transport leads to better attendance at these appointments.

Service provider and statutory services

Figures from the Transport Co-ordinator (table 7.5) show an estimated cost of setting up the VDS of £28000. Estimates of continuing costs are £38,000 per annum.

Table 7.5: Volunteer Driver Scheme: Estimated costs: planning and delivery

Item	Establishment of service	Continuing costs
Staffing: research and development	15000	
Scheme Co-ordinator		30000
Operational Base	6000	4000
Administration and equipment	4000	2000
Promotion and publicity	2000	1000
Training and staff/volunteer development	1000	1000
Total	28000	38000
Service enhancements: vehicle	15000	10000
IT	7500	2000
Enhancements Total	22500	12000

NOTE: These costs are designed to establish and sustain an infrastructure within which the booking, scheduling and delivery of trips will be able to take place with volunteer drivers on self-funding basis 40p per mile payments to volunteers. Service enhancements are optional.

Whilst it is not possible to assess the longer term impact of the VDS on use of health and social care services within this case study, six participants gave details of the health and social care services they used both at the first and second interviews (health and social care use in the three months prior to the first interview and correspondingly use in the three months prior to the second interview). This, whilst not generalisable, illustrates areas of cost and potential cost savings.

The findings are shown in table 7.6. The cost of health and social care for this group has increased over the three months between completing the Questionnaires by £737.80. Increased resource use is evident in the following areas: physiotherapy, Accident and Emergency Department visits (including the ambulance), GP surgery visits, GP home visits and visits by a social worker. Despite this overall increase in cost, participants reported a decrease in overnight stays in hospital, out-patient appointments, phone advice from the GP, visits to the GP practice nurse and visits from the district nurse. In addition, as reported earlier, none of the participants changed their self rated

quality of life over the 12 weeks (one picked *very good*, two *good*, two *alright* and one *bad*).

There were however changes in use of leisure and transport services between the two time points. More bus journeys were taken (an increase from 60 to 73) and this was accompanied by a fall in the use of Ring and Ride journeys (a decrease from 26 to 15). More use was made of drop in centres (an increase from 40 to 48 visits) and of community centres (an increase from 12 to 48 visits); whilst visits to luncheon clubs remained static at 36 visits. Similarly use of transport for health appointments remained relatively static rising from six to seven journeys.

The activity figures given in Chapter Four outlined that two thirds of VDS transport was for health related appointments. The most up to date figures at the time of writing this report show that 3463 journeys had been undertaken by the VDS (up to 8.7.09). If only 5% of the VDS journeys made to date have replaced statutory services this represents an estimated saving to these services of £9350 (based on a cost of £54 per patient journey assuming an average of five patients per vehicle journey⁵⁹).

Service users, family and friends

There were changes to the total time given by family and friends to provide transport. This reduced from 14.5 to 4.5 hours per week. This tallies with the participants' answer to the question how would you have made the journey in the absence of the VDS? Answers included:

- Wouldn't make the journey at all
- Combination of taxis or friends
- Ask a friend or relative; or reduce hospital visits to fortnightly/monthly and go by taxi

⁵⁹ See Table 7.1

Table 7.6: Health and social care use at two time points

	1 st administration	2 nd administration	Unit Cost	1 st Total Cost (£)	2 nd Total Cost
Physiotherapy session	0	6	£17 per clinic visit	0	102
Accident and emergency visit	3	4	£111 per investigation	333	444
Ambulance with paramedic unit	3	4	£344 per patient journey	1032	1376
Overnight stay in hospital	4	1	£249 per bed day	996	249
Hospital out-patient appointment	12	7	£71 per follow up attendance	852	497
GP surgery visit	15	17	£36 per surgery consultation	540	612
GP home visit	0	3	£58 per home visit	0	174
Phone call to GP surgery for advice	7	2	£22 per telephone consultation	154	44
Visit to GP practice nurse	8	6	£11 per consultation	88	66
Chiropodist	3	3	£10 per clinic visit	30	30
District Nurse	38	24	£26 per home visit	988	624
Social worker	1	8	£37 per hour of client related work	37	296
Meals on wheels	48	48	£5.20 per meal	249.60	249.60
Home care	111	177	£19.30 per hour	2142.30	3416.10
TOTAL				7441.90	8179.70

Thus it would seem that there are potential savings to both the service users (in cost of taxi fares and for transport provided by friends and/or family). Indeed all of the participants who were interviewed commented on the cost savings of using the VDS, usually in comparison with private hire taxis. ID5 and ID4 commented:

“Nobody minds paying for what they are getting but taxis these days are extortionate because of fuel and wages. We as pensioners can't afford that and this service I think is absolutely wonderful.”

"Oh yes its very much cheaper... certainly much cheaper... than a taxi would cost."

Some participants highlighted the very significant extent of these savings on taxi fares through making reference to ways in which savings could be spent on essential items. Participant ID8 remarked:

"Oh I think it's a big difference... if I got a taxi to Fairfield (hospital) there and back, fifteen pounds... that's what I'm going to pay now for my meat on Bury market... that fifteen pounds goes a long way on food doesn't it?"

In a similar vein, participant ID7 commented during the follow-up interview:

"Well if I had to pay forty pounds a week for a taxi then something's going to have to go short in't it? Probably not me heating 'cos me heating's in the rent but probably food wise or something like that, something would have to go."

During this interview, the spouse/carer of ID5 indicated the very real significance of these transportation savings in the context of buying necessary equipment and adaptations for the home. These adaptations were considered vitally important in making the home more comfortable for disabled people:

"...no matter who it is, if their health deteriorates... everyday life does become more expensive because you're trying all sorts of different things... Like I bought three mattresses in eighteen months... so he'd be more comfortable. These are things that do cost money, they're terribly expensive and it's just a little towards them. I know eventually we're going to have either another stair rail put up or a chairlift. I know the toilet will have to be raised in the bathroom."

Another participant (ID9) commented on the utility of using monies saved through the VDS for spending on private taxi hire, perhaps on those occasions when the VDS was unavailable for an essential journey:

"...Well it (VDS) means I have not got to spend it on other things, doesn't it? I have got to make sure I have enough money... a private hire taxi or this one (VDS). If it is this one then I am saving it from the private taxi and my living is easier... as a pensioner every pound is a cost saving."

More generally, all of the participants frequently commented on the amount of money that they were able to save through not having to use a private hire taxi, and the rapid rate at which taxi meters seemed to increase. The following sections of interview data were taken from participant ID's 3, 4 and 7:

"I think it was five pounds (with VDS) but if I went in a taxi it would have been thirteen pounds."

"They start (at) about one pound forty or one pound fifty... that's a private hire... and it doesn't seem to take long before it starts increasing and it seems to increase quite quickly... I shudder to think what it might cost... probably up to ten pounds... it worked out (with the VDS) at two pounds eighty."

"I go to see (my sister) and without the volunteer drivers, well I don't really think I would be able to go because you're talking thirty to forty pounds by taxi there and back... (its) seven pounds fifty at the most (with VDS)... saving thirty two pounds easy... on each journey."

For those people who would use statutory hospital transport service the estimated per person cost is £54 (assumes 5 patients per vehicle)

If 5% of the VDS journeys made to date have replaced statutory services this represents £9350

Discussion

The transport services developed under Rochdale POPP has been phenomenally successful recording 29,815 trips on conventional transport against a target of 3,500 over the life of the POPP pilot. Transport provision was seen to underpin many of the POPP initiatives and activities and this was illustrated by the high proportion of TOPPs budget apportioned to transport services.

During the second year of the pilot 3315 journeys were made through the VDS and 30 volunteers recruited to the service. Of the journeys made, around two thirds were health related journeys (the remainder were social) suggestive of a reduced burden to statutory services and implicit cost savings. Indeed it was estimated that if only 5% of the VDS journeys taken to date⁶⁰ replaced statutory transport service this represents an estimated saving of £9350 to the transport provider.

Users of the VDS were, in this case study, typically 70 years of age or over and, when compared with a representative sample of the UK population aged 60 years and over had lower self reported health indicating that users are more likely to be more dependent/less independent than typical of their age group. This suggests that the VDS was meeting its target audience; people with mobility difficulties. Within the case study eight of the nine participants reported difficulties in walking; eight reported problems with pain and six problems in performing usual activities.

Interviews with service users bear out the notion that appropriate and adequate transport provision impacts on older people's quality of life. Metz⁶¹ described psychological benefits to movement that can be offset by feelings of vulnerability. The interview data clearly showed that, for these users, this was

⁶⁰ VDS journeys up to 8.7.09

⁶¹ Metz DH. 2000. Mobility of Older People and their Quality of Life. *Transport Policy*. 7; 149-152

true. VDS users talked of difficulties using public transport and of the kindness of volunteers; the drivers' disability awareness; greater sense of safety and security and the compassionate culture of volunteering. This in turn led to reduced sense of stress, particularly when attending hospital appointments and a reduced sense of social isolation and greater level of independence. Indeed the volunteering did not solely involve driving vehicles, but to a lesser extent providing a listening ear and a sense of companionship to the older person. For more vulnerable and isolated service users, this was particularly welcome.

It would appear that Metz's suggestion that the potential to travel, even if a trip is not taken, has a benefit in itself. For one participant this was clearly true: *I only have to make a phone call and I can go. Whereas before I couldn't do that. It is like the world is my oyster now ... before I would have been sat in. And that is such a big thing ... it is an independent thing. It gives you back your independence.*

In addition the cost savings of using the VDS were highlighted by service users. As suggested by the DfT⁶², cost represents a very real and significant barrier to travel. Examples of the opportunity cost of the money needed for taxis include food and, for one participant, buying necessary equipment and adaptations for the home. This was further driven home by another participant who, when asked how they would have made the health related journey in the absence of the VDS, talked of decreasing hospital visits to fortnightly/monthly as they would have to use a taxi. Similarly another participant said they would not make the journey at all.

Whilst it was not possible within the scope of this case study to assess the longer term impact of the VDS a number of factors should be considered for future research; firstly, the sustainability of the service. This is one of the challenges highlighted by the service providers at the outset of the project. To

⁶² Department for Transport. 2001. Older People: Their Transport Needs and Requirements

date volunteer recruitment has been sufficient to meet demand but recruitment needs to be sustained and volunteers supported to maintain the current service level. Indeed community and voluntary transport programmes are often oversubscribed⁶³.

If the service continues to grow this may also put pressure on costs and potentially produce diseconomies of scale in terms of, for example, training needs. Additionally, challenges were highlighted in multi-agency working. A sustainable service requires each partner to have clear roles and responsibilities to avoid disenchantment and disenfranchisement.

Of note within the VDS was the volunteers' keen sense of putting something back into the community and in return reporting satisfaction in their volunteering. The VDS rota, with volunteers having considerable flexibility over when they worked, was appreciated and valued and is likely to minimise volunteer attrition.

Secondly, again as suggested by the service providers, is the potential for creating long term dependency on door to door transport. This challenge might, in part, be addressed by continuing to ensure the VDS is meeting those with the greatest need and is in line with national policy that aims to increase mainstream public transport and thereby reduce the demand for door to door services (freeing up those services for those with the greatest need).

Key findings

- The service providers were clear in their aims for the service to: develop transport solutions for people with mobility difficulties; enhance transport accessibility for disabled people in line with the local and national policy agenda; provide a cost effective transport service (reducing level of subsidised transport); bridge current gaps in service provision and

⁶³ Department for Transport. 2001. Older People: Their Transport Needs and Requirements

supporting statutory providers; use skills of outreach workers for multi-agency partnership working; tackle social isolation and promote inclusivity; provide reassurance to wider family networks on vital transportation; use volunteers to drive vehicles suitable to the needs of disabled people, and so deliver appropriate transport solutions; promote potential paid employment opportunities for volunteers

- Factors that might limit the effectiveness of the service were thought to include obtaining sustainable support of volunteers; balancing the cost of transport provision with social benefits; the potential for creating long term dependency on door to door transport and the challenge of multi-agency working
- The VDS volunteers displayed an appreciation of the difficulties confronting older people that included financial difficulties in the light of limited pension provision. They showed a compassionate approach with a keen sense of putting something back into the community and in return reporting satisfaction in their volunteering. The role of volunteers was made considerably easier by the flexibility in the rota
- Users of the VDS were, in this case study, typically 70 years of age or over and, when compared with a representative sample of the UK population aged 60 years and over had lower self reported health suggesting the users are more likely to be more dependent/less independent than typical of their age group
- VDS users talked of difficulties using public transport which had led them to turn to the VDS
- The strengths of the service were the kindness of volunteers; the drivers' disability awareness; greater sense of safety and security and the compassionate culture of volunteering. This in turn led to reduced sense of stress, particularly when attending hospital appointment, and reduced sense of social isolation and greater level of independence
- The estimated cost of setting up the VDS was £28000. Estimates of continuing costs are £38,000 per annum

- The potential financial impact, in addition to the costs of setting up and running the service were identified as accruing to service users (cost to them of VDS journeys was lower than private taxis), their family and friends (use of VDS instead of asking family and friends) and to statutory transport services (where the VDS replaces these services)

CHAPTER EIGHT

THE NEXT STEP

Introduction

Integral to Rochdale POPP was the development of new sustainable structures and partnerships between the Borough Council, the public and local organisations. Indeed throughout the previous chapters in this report, the sustainability of POPP and POPP commissioned services and initiatives has been referred to and discussed implicitly and explicitly. This chapter adds to this discussion by way of reporting individual interviews with key stakeholders of Rochdale POPP to elicit their views concerning its future sustainability once the two-year POPP pilot came to an end in April 2009.

Suggestions as to potential participants were made by the POPP Programme Lead and included 13 people from Rochdale MBC; Heywood, Middleton and Rochdale PCT; GMPTE; Rochdale CVS and local Members of Parliament. Following a single reminder, seven of these agreed to take part in individual face-to-face or telephone interviews. Data was collected between July 2008 and January 2009. The digitally recorded interviews were transcribed and analysed thematically. This section reports on the findings from these interviews followed by a summary of the key points.

Findings

The findings are set out under the following theme headings:

- Achievements of POPP
- Challenges of POPP
- POPP structures, processes and outcomes
- TOPP structures, processes and outcomes
- Management and delivery of POPP
- Redesign of service development and delivery
- Impact of Rochdale POPP on involvement of older people

- Social exclusion/social isolation
- Optimising sustainability

Achievements of Rochdale POPP

Whilst some participants had a more direct involvement in Rochdale POPP than others, all identified several achievements of POPP locally. By far the most frequently raised was the success of POPP at reaching older people who may not otherwise have been reached. This success was measured partly in terms of numbers of people reached:

"Well what I've picked up, certainly, is partly the numbers of people that they've targeted and the fact that they appear, from what the data suggest, to be targeting the right group of people in the sense of people who are... exist on the edge." (ID3)

"Outreach has been successful in getting people signed up. The reality is in the numbers, isn't it? I mean over a thousand people already. I mean I know we had targets around about that when we set up, but I always thought... I didn't think we would sign up that many people, but we have and that's an achievement in itself and it's obviously because we have set it up in the right way." (ID7)

Success at reaching older people was also measured in terms of POPP's ability to identify socially excluded older people:

"...reaching out to a group of older people who, in the past, have had very little access, either from mainstream services or...i.e. mainstream statutory services... or indeed the community and voluntary sector. So the outreach project aims to reach a group of people who have - who are socially excluded and I think that is one of the achievements in the project." (ID1)

"So I think socially encouraging and enabling people to be more socially mobile I think it is one of the key successes. That also leads to the people feeling less isolated and less socially excluded and that's a really good benefit to some of the people that have used it." (ID5)

POPP was considered successful at signposting older people to services they needed more successfully than some previous initiatives:

"Where it's failed to be implemented in the past, in a consistent way; with the single assessment process... we overcomplicated it with great long Easycare assessments... So I think there's something about... their accessible referral process, as a signposting and one-stop-shop-type approach that we really need to think about fairly hard, in terms of all vulnerable people really. I think its got some tremendous potential..." (ID3)

A further achievement was that of POPP being a good example of inter-agency working and demonstrating how agencies can pull together to achieve a common goal:

"I think the second bit that was attractive to me... is about how it brought organisations together. So we were developing some really good relationships with Greater Manchester Transport and people like that and there was one scheme put together that we did around patient transport service out of A and E. So I think there have been some real successes." (ID4)

"...it has had a big impact quickly and people have really got on and delivered it - not fuffed about even though its been a two-year funded project in terms of the Department of Health and obviously it had a bit of a rocky start... I think the fact that its really motored very quickly, was a real strength to everyone who's been involved and as well as the multi-agency aspect of it." (ID3)

Internal evaluation of the project as it went along was seen positively by one participant:

"And you know, some organisations take ages to commission and that's a good example of get it going, evaluate as you go along... change the service as you go along - it's a good example of how we should be doing more things like that... and not worrying too much about getting it too perfect." (ID3)

Another isolated view was that Rochdale POPP was a good test bed for new models of involvement:

"The second achievement would be around testing out the different models of involving older people and I think that's quite an achievement as well... in that setting up four new independent organisations of older people has been quite challenging but I think quite rewarding as well." (ID1)

A further achievement was highlighted pertaining to the sense of belonging Rochdale POPP gave some older people:

"I also think though that there are a couple of other key advantages, the first is people just feeling part of something... You actually sign up and you are part... you have a membership of the POPPs and I think that is really key because it means that you will get lots of bits of information provided so there is that contact and that contact keeps... and I reckon that's important because you might not feel up to it especially on a wet January morning and going to, say, the local community centre for luncheon club, but that's not the point really. The point is that you are actually part of a wider social network if you like which then, sort of, makes you feel that, okay you might not be able to go this week but maybe you might be able to go in a couple of weeks time and I think that's really important because that means that people feel that they are, as I said, they are part of the community..." (ID5)

Promoting independence was identified as an achievement of Rochdale POPP by one participant:

"Generally speaking, well I think its been linked to this ongoing search for a different approach to promoting independence and preventative agenda in terms of people. So I think that is what it was supposed to do and that is what it has brought to the fore."
(ID6)

Lastly, the transport initiatives within Rochdale POPP were highlighted as novel achievements:

"I think that the Passenger Transport Executive, I think they bring something very positive to it because I keep hearing that one of the biggest issues is transport and they seem to be able to deliver on that, which is probably... I guess that would be what I would say is one of the key achievements." (ID2)

"I certainly think from the transport point of view, both in terms of practical opportunities to deliver transport services as solutions, I think the Rochdale POPP has been particularly interesting because it is the only one where that's formally written in. And of course there is more of an acceptance now that if you are going to move forward with these sorts of provisions/activities, then you need to include transport." (ID6)

Challenges of POPP

A range of challenges were identified by participants. A commonly discussed one was the issue of securing future funding for the continuance of Rochdale POPP and the related need to mainstream services currently funded through it:

"I think the huge... the biggest issue now is about funding, future funding for the project. So that's a piece of work that we're starting to do now and what we're hoping to look at... at least three different options of what the project could look like in the future." (ID1)

"I mean the challenge is about mainstreaming it and I keep saying that really the people that you've got to convince, more than anybody, is the finance people because money is tight and they... if they can be seen to... if we can demonstrate that yes, we'll save so many people from going into mainstream care and therefore it equates to so much... then the argument is much more stronger... And if you can't do that, if it's all very, well, we think it's doing this and we think it's doing that, then that's not sufficient; we've really got to get hard evidence of what it's doing to persuade the finance people." (ID2)

"I think we've still obviously got the challenge of trying to mainstream the work. I would say there are probably some issues around, if this is this the most cost-effective model because we have some different types of models... I suppose my worry is, as well, that it's integrated into mainstream." (ID3)

One participant illuminated the challenge presented by the degree of change in traditional funding approaches required by Rochdale POPP:

"And the whole issue about how do you change patterns of funding, which is a massive challenge... how do you change traditional, historic patterns of funding, i.e. into acute services or into intensive care services... By making the argument for a preventive approach." (ID1)

Capacity and capability within the POPP to manage the demand of future users was identified as a challenge by some participants:

"Well, it strikes me that the outreach workers - I was listening to a conversation they were having and they were talking about the number that they have and the number of people who are now members of POPPs and this is a growing number; and they were talking about extending... if they got more members they'd have to extend the response time, which they were having some difficulty sustaining the number of support workers that they had." (ID2)

"But also because of the success of the people that they are actually contacting at the moment and managing to be, do all the outreach work etc that that might spiral and that then might start to spin off and as a result the question is both after the precursor to those two qualifications if you like is will it become a victim of its own success." (ID5)

"But the main ones I suppose have got to be the effectiveness of the outreach work, making sure you get to the right people and being able to meet people's expectations to respond to what they actually need to be able to access the services." (ID6)

One participant highlighted the need to demonstrate cost-effectiveness of Rochdale POPP:

"...because the evaluation now is the big thing. That's what the Government wants to see, they want to evaluate what we've done and we know what we've done, we've done some really good things. Evaluating them and putting efficiency costs against them isn't easy, as we all know. That's going to be the next task that's on the agenda for us and I don't think we've quite got our heads round how we're going to evaluate all the efficiencies, but we know they're there." (ID7)

Finally, one participant mentioned the challenge of reaching some of the Borough's ethnic communities:

"I think at the moment where we perhaps haven't managed to expand into perhaps some of the ethnic groups, some of the work which POPPs has done there is, sort of, then absence and sometimes you... well if it's a perceived absence or a recognised absence, I'm not sure, but I've not seen too much work within some of Rochdale's ethnic communities and we have got to understand that Rochdale has got a massive ethnic community. So I see perhaps that as one barrier, one challenge, if you like that maybe POPPs can look into." (ID5)

POPP structures, processes and outcomes

Participants were generally not too specific about POPP structures other than to say they thought they were an appropriate starting model. One participant suggested it was more about the post-holders than the structures themselves:

"Well I think although there's a lot of time spent trying to get structures right, they often depend on whose actually within them, so whichever sector it's in I think it can potentially can work and potentially can go completely pear shaped. This seems to have been a practical solution to the circumstances that we faced at the time and seems to have worked." (ID6)

Participants similarly said little specifically about POPP processes although the outreach workers approach was highlighted positively by two participants. The multi-agency approach of outreach was then further elaborated on by one of these participants.

"I think the outreach project, for me, is one of the really successful developments; and why I think I would say that is well, first of all, it's now (July 2008) reached out to something like 1100 old people in Rochdale who, as I say, before POPP had had no contact with services." (ID1)

"I think it is a good notion to have outreach workers because we all know and adapt. It's trying to get some kind of tool to connect people and people socially excluded at the bottom don't tend... want to be bothered by letters through the front door, phone calls, whatever. So I think that face to face touch is really vital..." (ID5)

"At the moment we have a generic POPP team so that the individual older person, who receives an outreach visit is then linked in very easily and readily into a whole range of different services. And that's been one of the big strengths because you have outreach workers sat with a Volunteer Co-ordinator, a Transport Co-ordinator, a carers' worker... it's like having a multidisciplinary approach or a multi-agency approach with all the skills under one roof and I think that these are very... there's no question that its been very effective." (ID1)

A range of outcomes of the Rochdale POPP were identified. For example, older people were getting out more:

"And, we also know that a very large number of those people have been able, then, to be linked in to local activities, are using POPPs transport, are getting out and about, and are reporting back that they have really found that extremely helpful." (ID1)

This same participant felt people were becoming less socially excluded as a result:

"Of those 1100 (people registered with POPP in July 2008), something like a third, are people who by our definition are socially excluded so I think that's a fantastic outcome." (ID1)

Lastly, the evolving nature of Rochdale POPP structures and processes were suggested by one participant as a challenge when trying to prove what worked as a result of POPP:

"...the service itself hasn't stood still, so there's been changes happening within the service and trying to evaluate the efficiency gains is so difficult because you don't actually know what efficiency gains have been made through the POPPs and what would have been made anyway, because we have changed the way that the service is delivered." (ID7)

TOPP structures, processes and outcomes

The idea of having TOPPs as a key element of the design of Rochdale POPP was highly regarded by participants. Participants generally saw the structures and processes followed by the TOPPs as being a good model. One participant's comment captures the praise participants shared for the TOPPs approach:

"I know that at Rochdale the TOPPs is unique. I mean, it's one of our selling points at the start that we would do it on a Township basis and that we would give it to those who are good communities to do, and they do manage their budgets. I mean, they're not told by us... other than the set criteria... they just go down the line that's for them. So, I mean... we are talking about local communities deciding what kind of services they want in that local community and that is the way forward... So, I think that's a unique thing to Rochdale's bid and it's working so well." (ID7)

The structure of the TOPPs was generally seen as appropriate although there was recognition that care is needed that they retain representativeness and seek further representation to reflect the Borough's older people population:

"I think that the TOPPs have got masses of potential and I'm really very, very excited about having the potential for setting up old people's organisations at Township level. I think that the make up of the TOPPs also has been right, i.e. that older people represent an older persons' organisation; so it isn't just anybody, you have to represent a group behind you to be a member of the TOPP. I think, however, it may be possible to expand membership in some of the TOPPs... And I think it should really be reaching out to... you know, for instance, in any of the Townships where there aren't many older people's organisations represented or that exist within that TOPP... to make sure that it's really an active, positive force for older people... and it's properly representative." (ID1)

The importance of TOPPs links with Township offices and Township arrangements was highlighted by some participants as being valuable. This was seen as especially important in view of plans to devolve decision-making to Townships:

"But, I think that the structure of the TOPPs is really key at the moment, because Rochdale Council is moving to greater and greater devolution of decision-making to local Township offices... local Townships and Township committees. And with that devolution will come, budget devolution; so there's huge potential and I think, I would say, real need to have a body, representing older people who can express a voice for older people at Township level." (ID1)

A further participant identified a perception by some that inequities in resource existed amongst the TOPPs but that they felt this was unsubstantiated. A potential tension around commissioning was however indicated by another participant:

"People should have an understanding of what they think their community wants and I think that the whole engagement is just the right way to go about achieving that level of community participation. That's the political side of it. Practically there may have been the odd problem about commissioning in the past which once you start delegating then arguably it's this whole debate or this whole sort of tension which then mounts up around, well which TOPPs gets what level of funding and how many people are we contacting? Are we contacting more people than other TOPPs and does that mean that we get more money but traditionally our Township is the smallest one so we don't get as much money? So perhaps there is a... in the practical sense maybe there may have been some slight tension around commissioning in that sense." (ID5)

TOPPs processes were arguably influenced by a change in TOPPs Development Worker, part way through the project. One participant expressed that the different approaches of these workers affected the TOPPs in different ways:

"Process, I think that's obviously down to the personality I think of the worker and, again, I can't speak directly about this but my understanding is that the two workers had a very, very different approach and it probably has worked out quite well in that the first TOPPs worker was very, very in to systems and just moving people along... the second TOPPs worker had a totally different approach... and that worker is spending a lot of time with people, individually, looking at their training needs etc, etc." (ID1)

In terms of outcomes, one participant expected TOPPs members' confidence levels to rise and for TOPPs members to have a view that TOPPs involvement makes sufficient sense for them to continue with it, but it was considered too early in the project to know if this had been the case. A small number of TOPPs members who had left their TOPP were reportedly returning to it later in the project which was considered encouraging by this participant.

The most tangible outcomes that several participants perceived related to the many services commissioned by the TOPPs.

Additionally it was encouraging that TOPPs-commissioned services were based on evidenced need:

"...what I do like about it is they don't run off with their pet project and I think it's really good that it's based on evidence..." (ID3)

This same participant went on to say how they thought there was opportunity for more combining of health and social care grants and perhaps exploration of a 'community commissioners' kind of model as a future role evolving out of the TOPPs.

Finally, one participant suggested a key impact of TOPPs is the enhanced influence they gave older people's organisations locally on the Local Authority, Townships and on councillors and so on:

"I think they (TOPPs) have had a massive input. I think they have had, sort of, a massive amount of influence because there is quite an interface between councillors and some of the key stakeholder groups who are heavily involved with POPPS. And I say organisations like the user carer group, the pensioners, associations, Age Concern are really quite a key community stakeholder in Rochdale..." (ID5)

Management and delivery of Rochdale POPP

Participants widely appreciated that POPP had suffered a faltering start due to the need to replace the appointed Project Manager a few weeks into the project. At this point Rochdale CVS took over which was viewed by all participants as a successful move.

Three participants illustrate the difficulty presented by the initial slow pace of developing the POPP:

"Well one of the earliest ones (challenges) was the actual project management arrangements, because that had to be revised fairly soon after the project started. I think we responded quite well from the start because I could see that there was going to be an issue in building and developing some momentum, which I felt that we were quite well placed to support, which we did." (ID6)

"It took a while to get going, and I'm well aware of that, and it's like anything in local authorities, you have the best laid plans but in practice it is a slow moving organisation... It still takes time to get going and I suppose it did take time at the start but it's gathering momentum now and it's going in the right direction." (ID7)

One participant explained how the closer working with the voluntary sector that had been achieved within POPP fitted well with a shift by Government in that direction.

"With that organisation (Rochdale CVS) we were looking at some of the benefits but also some of the challenges for them. I mean, certainly, I would say that in terms of the Council, but not just the Council but statutory services generally, its come at a very important time, in terms of Government thinking around where the voluntary sector, or community sector, sit with statutory services and since all of national policy now, is about shifting work into the community and voluntary sector, it's just interesting and coincidental that this has happened in our POPP as well." (ID1)

Joint working between the voluntary and statutory sectors was praised by several participants:

"Oh I think that's good... I think that's good; I think there ought to be much more formal measures for the voluntary sector... I think they've got a role to play (ID2)

“POPP management and delivery via the voluntary sector – it is the best use of resources. You know, at the end of the day, have the management in the voluntary sector, that’s a good idea, and it has worked, and (CVS lead) has been really successful.” (ID7)

Several participants noted that whilst closer working between voluntary and statutory sector was a good thing in their view, that it brought challenges. Some of these challenges were around having sufficient infrastructure and shared language and understanding:

“...with hindsight, it has needed more infra-structure to support the voluntary sector, in reaching those targets.” (ID1)

“What’s been difficult for them (Rochdale CVS) is having an equivalent knowledge and understanding of the statutory sector. So that if we’re talking about POPPs as joining up the two, which is what it should be; i.e. extending care pathways from the one to the other, then, in a way, you need to have a foot in both to understand how to do that.” (ID1)

A further challenge was about needing to ensure some independence of non-statutory services from statutory sectors.

“And, personally, I’d like to see it (POPP) as very much in the third sector or social enterprise-type model, rather than say a... getting sucked into part of a central care team or healthcare team or something... retaining the links, obviously... I think it would be really quite powerful for some statutory providers to be really quite aligned with social enterprise types or different ways of working too, and how they can share the pathway rather than think they’ve got to do it all...” (ID3)

Other participants indicated that they thought the Local Authority in particular was a challenging organisation for Rochdale CVS to work alongside:

"But I would rather it was run in the voluntary sector, it's easier to run things through the voluntary sector. They don't have to go through all the processes that we have to go through to get things decided or decisions made and that should be done through the Board and not through Cabinet. We shouldn't have to keep going back to... because that's what slowed down the process, that's why we're six months behind where we should have been all the way along the line, because those initial decisions take so long to get decided when you've got them sat in the Local Authority. I would rather see this (POPP) sat in the voluntary sector, but with the Board containing all the partner organisations, decided at Board level, so you just get round a table, you make a decision and then the voluntary sector go away and do it. I would rather see that, that's the way forward." (ID7)

Lastly, several participants noted capacity and infrastructure issues that would need addressing should the voluntary sector continue to manage the POPP in the future:

"...it's so topical and relevant that you know if the statutory sector is moving services in future, into the voluntary sector, you actually have to have a whole raft of risk management and support behind that in order for it to work. So I think that its (CVS management) been quite useful in terms of our thinking into the future about what support the voluntary sector would need to deliver services..." (ID1)

"I think, like many things, it's (CVS management) probably not ideal. I think that it to be, you know, a much more dedicated resource but you end up with a compromise because of the... you know, funding issues. And I guess that the question for me would be - and I'm not too sure whether it stacks up - is has (Rochdale CVS) really got the capacity to do that?" (ID2)

"...but I would like to though see perhaps if we are going to go forward how POPP is managing co-ordinating in the future because if we are going to really support the expansion and really get the numbers then maybe it might be a whole project which might require sort of management capacity and might have to involve other voluntary community organisations." (ID5)

Redesign of service development and delivery

Few participants were able to identify any redesign of service or delivery as a result of Rochdale POPP at the time of interviews. Some acknowledged they may have been able to if the POPP had been at a more advanced stage than it was.

One participant talked about extending care pathways and the Falls Service was given as an example:

"I guess, about extended care pathways... So that's already happening for Falls on a small scale but we want to be able to develop that further... So, just talking for instance to the Falls team, the PCT Falls team, what they have is a whole set of people they're lining up to refer into, community-based Tai Chi classes and the Tai-Chi classes are now identifying people that they can train up to deliver Tai-Chi so they are... they're not PCT workers, they're not specialists, but they will be trained in such a way they can deliver Tai-Chi to people who are more vulnerable than your average Tai-Chi person. So these are older people at risk of falls; so I think that's the kind of change to the ways in which services are delivered that I would be expecting POPPs to deliver on." (ID1)

Another participant indicated that the involvement of the voluntary sector in managing Rochdale POPP had helped strengthen potential joint working across health and social care sectors which had initially been inhibited by the original model of POPP which was viewed as somewhat Local Authority dominated.

Finally, several participants highlighted transport as having potential or actual impact on service development or delivery:

"I don't think it's (POPP) had much impact to be honest on our statutory delivery of services... in terms of any influence or change... I think there's potential around transport... because that's been quite interesting... that said, I think we've got some work to do around how we turn that round into our organisation... in both our organisations, I think there's still some work to do there..." (ID3)

"So I think this project has been able to focus on ways of bridging the mobility gaps that emerge. My feeling is that it has been given a degree of prominence because it does actually provide some really practical solutions to people and that people can identify the importance of transport in terms of just the support that you need for older people. We have also been able to develop things like the volunteer driver scheme, which obviously met a need in terms of individuals being able to access health services in particular. So I think it's worked." (ID6)

"I'm also aware of the feedback coming through from Greater Manchester Passenger Transport Executive and I'm aware of the residents using the new transport service, which I think is a big thing. I didn't realise how many people would be on board with that service as a new thing, and I think that's the way forward." (ID7)

Impact of POPP on involvement of older people

POPP was widely viewed to have impacted positively on involvement of older people. The nature of involvement participants referred to was within the TOPPs.

Individuals were noted to have personally developed as a result of TOPPs involvement:

"I think that... I hope that the TOPPs have shown that older people can, as a collective voice, really have a place in future, Township planning. I'm absolutely in awe, very respectful, of the abilities of some of those TOPPs to look at evidence, to make decisions; they have really, really developed massive skills..." (ID1)

One participant raised a concern that such involvement in TOPPs may change depending on future budget allocation to the TOPPs:

"I think certainly its been recognised as a good inclusive model... I think while they've got a budget, people will be happy... it's fine while they've got a budget that's from somewhere else. I think it will be interesting to see whether Townships value them enough to start to transfer some mainstream money to them... I'm not sure that sort of debate has happened really... so I think that's going to be an interesting challenge." (ID3)

A further participant suggested how older people could be helped to become even more influential through TOPPs with the right support:

"Yes, I think as with a lot of these things, they can have an influence but I think they need training, support and information to be able to exercise those sorts of choices and decisions that are the ones that are doable. The other route which is about recognising the need for improvement or campaigning for different resource allocation or whatever, which is a different sort of style of involvement. Certainly there are people in Rochdale who are involved in campaigning, there are people in Rochdale who are involved in the decision making process as you would find anywhere." (ID6)

Social exclusion/social isolation

Participants generally perceived good early results from POPP in reaching large numbers of older people who may not otherwise have been contacted or have made contact themselves with local health and social care services.

The transport initiatives within the POPP were seen by some as a central part of that success:

"I think the transport service has been absolutely fantastic... and really one of the big achievements, I guess, because we included transport from the beginning and certainly, by comparison with other equivalent POPPs pilots elsewhere, having transport on board has made a huge difference. So something like 45% of the POPPs members are using transport, which is a very high number... So I think that's breaking down isolation for people who have been housebound, who haven't been able to get out and about." (ID1)

A further participant viewed the Outreach Service as particularly effective at reaching socially isolated older people:

"...they have been able to sign people up so... and these are people probably who would never have in a million years considered or ever have the notion to perhaps joining in with a particular activity or have felt lonely... or just feel that they are not part of the community so I think that is where I would say that the outreach workers have really earned their money, really done a great service in POPPs..." (ID5)

Whilst for another participant, the Outreach Service was viewed as key to engaging older people as well as transport:

"I think we're talking about the transport, we're talking about the outreach workers and it does appear in the conversations that I've listened to that that is working. What I couldn't say really is, to what extent... how many has it got to." (ID2)

Participants acknowledged the challenges of reaching older people who could be viewed as 'hidden'. One participant felt that there should be a whole systems approach to recognising social isolation so that it can be addressed

more thoroughly rather than talked about. Another participant viewed POPP as a potential way forward to make real progress with socially isolated and excluded people:

"I think there is something about getting down to those... down is not the right metaphor but how you get into the fibres of some of those communities for those people at the hidden ones I think is a challenge. But I'll be honest the challenge is to all the public services but I think POPPs with its directness and its involvement in a citizen way could be the vehicle through which you do that, so it's a lot of engaging with voluntary groups to do that on your behalf I think. The ones that do work with those communities." (ID4)

One participant viewed Rochdale POPP as already having been successful at engaging isolated older people:

"I think the profile of the members, the POPP members, does reflect people who may not have a great many other social networks or links to other opportunities or may not have the confidence to use services that are perhaps available... I think the message about people who are isolated, people who are not very easily included in activities, I think that has spread through word of mouth. I think there has been a real effort made to try and bring people into the net who in the past might not have accessed services.. I suspect there are still an awful lot of people it hasn't reached but I think the approach that has been taken has been appropriate." (ID6)

Lastly, POPP's success to-date at reaching Black and Minority Ethnic (BME) groups and older people living in socially deprived areas was questioned by several participants although another participant revealed steps were underway to target BME groups more effectively in future:

"One of the groups that we have had concerns about is reaching out to is the BME community because we... in year one, we did pretty well there; however, over the last few months, because we've lost our BME outreach worker there's been a real concern about how do we actually maintain those outcomes... outreach is the only way you're going to actually get out to reach people who otherwise are behind their closed doors."
(ID1)

"I was just intrigued that a model like this, potentially, which is probably much more flexible and much more easy to access, still didn't even reach that (BME) community." (ID3)

Optimising sustainability

Different participants brought different ideas for maximising sustainability that perhaps reflects their varying organisational perspectives. Commonly mentioned were issues relating to the funding needed to secure a future for POPP.

Justifying the request for funding was highlighted by one participant:

"And, you know, they (finance people) want to see evidence that's having an effect - not just a perception... That's the biggest step to sustainability... In my view, because they... given the state of the budget here, if you're asking for money, mainstream money, that's not available then somebody's got to demonstrate that it's going to save money as well. And it could be the greatest thing since sliced bread but if it doesn't have an impact, a measurable impact, it's going to struggle with them backing it..." (ID2)

The voluntary sector was seen as a possible additional source for locating funding:

"So in any kind of future planning for older people's services - a service like POPPs - has got to feature... given the incredible demographic increase that we are facing nationally and locally, there's absolutely no way that current services can go on delivering in the way they are... The difficulty will be around funding and around resources; so... one of the advantages of Rochdale's POPPs is the involvement of the voluntary sector because they do have access to funding sources that statutory services don't." (ID1)

The voluntary sector was further seen as a more cost-effective means of providing some services:

"One of the ideas for balancing the budget is to reduce the criteria by which someone gets a service. Now if you adjust the criteria up, some people who are getting a service now will no longer get the service, so you have to passport them somewhere else. The only place you are going to passport them is in to the voluntary sector. You know, it's cheaper to do things in the voluntary sector and to be honest, the way things are going across the country and the evidence received from the local authorities, it's better... the services are better in the voluntary sector than what local authorities can provide." (ID7)

One suggestion was that saving arising from Rochdale POPP should be reinvested back into it:

"The challenge after that, I suppose, is to carry on with the efficiency gains because somewhere along the line POPPs is either going to take up demographic costs that would have incurred on the mainstream Adult Care Services and the PCT services, or it will make savings or efficiency gains on those services and it is to evaluate where and how are those are occurring and transferring that budget, or part of that budget, back in to POPPs to make it sustainable as it grows, because we're only putting in the infrastructure." (ID7)

A more business-like approach was advocated:

"To almost have the bravery and the risk to say 'your core funding is X and go and deliver it'. I think it... POPPs itself might need a bit more of a business orientation to it because I get the impression that some of the culture is, you know, I don't know how to couch this without being unfair but there is something about, 'well we didn't do that because of that and that's okay' and sometimes it's not for me." (ID4)

Whilst other participants suggested some means of appraising the POPP's approach to-date before planning any future approach:

"I'm not fully au fait with what is happening beyond April 1 and who is going to manage POPPs and I think there should be a tendering process or some processes to evaluate how CVS got on. I'm not suggesting, I'm not going to sound derogatory to say they haven't done a good job, they have done a good job but that's... I think keeping in with what I have just said that maybe it's going to expand, whether we have got the capacity and we have got other organisations here who specialise in that field as well..." (ID5)

This view was reinforced by a further participant who felt Rochdale POPP should be open to scrutiny:

"Because I think voluntary groups shouldn't be less immune to scrutiny in that context like we are in the public service but I think unless it takes that route and that decision to become that, I would say its future sustainability as being very fraught and a struggle to be honest with you." (ID4)

Participants were in agreement that a future model for Rochdale POPP should comprise significant voluntary services input.

“POPPs is so important in getting third party voluntary organisations involved in delivering low level services through the voluntary sector is so important. If that doesn’t happen, the whole thing won’t happen.” (ID7)

There was concern expressed by one participant as to whether there were sufficient numbers of volunteers available:

“Yes, well that is a big issue because this will only work if the capacity is out there, and you’re talking about volunteers, you’re talking about people who want to work in the voluntary sector. Is that out there at the minute? Well, I don’t know that it is and that’s the test.” (ID7)

Participants made a couple of suggestions as to how the current POPP model could adapt for greater sustainability.

One suggestion was for the POPP to become a social enterprise model or similar:

“...and it might be about how it organises itself... I mean if it did want to do something around social enterprise... in a sustainable way and being quite a powerful third sector organisation, might be something that we might want to think about as well...” (ID3)

Likewise, it was suggested that Rochdale POPP could be operated as some kind of separate organisation:

"Is it best placed under Council shelter and wing or does it need to become, I don't know, a separatist organisation in its own way? Because I get a sense that there's always an assumption that's kind of unspoken that it would be brought into life by the funding from Central Government but that in the end it would be a stand-alone entity. That might have a Council Board member on, the Council officers, but would be almost like a MIND or an Age Concern type of model, and I think that's the way it's got to be eventually myself. I don't think it will ever succeed if it's still under a wing of any particular public sector partner because it gets hampered from bureaucracy etc of that organisation." (ID4)

Whatever the future Rochdale POPP model is to look like, the advice from participants was to keep it simple:

"I think it needs to be mainstreamed in order to broaden the concept but I think what I would like to see is people put into a pot, one pot, one fund per range of public sector corners, and not putting too many bells and whistles on there and constraints and standards." (ID4)

One comment related specifically to the sustainability of the transport elements of the Rochdale POPP:

"Well I think you've always got the issues of sustainability with these things; that's the main challenge and how you roll it forward. From the transport point of view there are challenges about things like not creating new dependencies, which is one that I have always thought was an interesting issue." (ID6)

Related to the creation of new dependencies was the suggestion that Rochdale POPP may also impact on demand for existing services:

"...with the demographic challenges whether they're going to actually manage to do everything... you know, whether we're going to start to see waiting lists and things like that, you know, as they get, possibly, kind of overwhelmed by some of it..." (ID3)

Lastly, participants commented on the need to promote POPP and its ownership by local people, perhaps through sharing successes:

"...and I think that the sustainability is down to those individuals really creating a great story to tell to some of their friends, some of their relations, some of their peers and say, 'POPPs has been great for me and it really can be great for you'." (ID5)

"I think to me the sustainability of POPPs really rests with that contact between the different groups within the communities of Rochdale. You know, I could say, sustainability is down to finance and that is one argument and yes, there always will need to be finance floating around which then underpins the whole POPPs programme but at the end of the day you can put money into a programme but if it's not actually being supported and if it is not having the right level of participation then it falls by the wayside so ultimately the sustainability of POPPs is down to the people who should benefit from POPPs and are benefiting from POPPs at the moment and I think they are the key drivers in POPPs sustainability in the future and if they continue to really be full of enthusiasm." (ID5)

"The other thing it needs to do in terms of sustainability is to also get the Townships, which are more motivated, because the Townships in Rochdale are quite unique from my perspective. And I think there is a role there about the campaigning lobby and a bit of the Townships and having that... having a discussion that means people out there see it as a success and therefore have got an ownership to it so there's a sense of loss if it does go and that's what it needs." (ID4)

Key findings

- What these findings show are a clear range of perceived achievements of the Rochdale POPP pilot at an interim stage in its implementation (15 to 21 months in). Whilst the Local Evaluation Team has formally appraised some of the POPP initiatives in terms of their impact, these findings present a valuable and encouraging addition
- Undoubtedly the main successes of the POPP initiative according to our interviewees have been the Outreach Service, transport schemes, TOPPs and project management by the voluntary sector. A large number of challenges were also identified by participants, some of which have been actual challenges and in the main have been successfully addressed within the project according to participants we spoke to. Other challenges had yet to be realised such as identifying adequate funding for the POPP to continue and in reaching greater numbers of older people from BME communities through outreach work. There was a general acceptance amongst participants that the nature of challenges faced were as could be expected from a complex and ambitious project such as POPP. A useful number of potential tensions and insights, such as a future POPP model not being too constrained by statutory sector management approaches, have also been identified which may be useful to POPP leads
- The structures and processes of the POPP and TOPPs were viewed by participants as excellent starting approaches that had resulted in a significant number and quality of outcomes. For example, considerable numbers of older people are being reached and registered with Rochdale POPP prior to being referred on to services and activities they may otherwise not have received. TOPPs were especially valued as a means of engaging older people and influencing Township arrangements and processes. TOPPs were viewed as a key strength to the Rochdale POPP that may also be a valuable way forward in other Boroughs

- Suggestions were made to promote the future independence of TOPPs, perhaps exploring social enterprise models and similar. Useful caution was given to ensure that TOPPs were facilitated to manage any additional funding they received, perhaps from Townships, in any future model. A similar concern was that both the POPP and TOPPs achieved the capacity necessary to meet future demand. However, the POPP model was evolving to-date in line with Government goals around voluntary working which was viewed positively
- Whilst too early in the POPP for participants to identify much redesign of service or delivery, POPP transport was highly praised as being innovative and effective at meeting many older people's needs. Transport initiatives were also instrumental in supporting POPP work to reduce social exclusion and isolation. It was acknowledged by participants that much work needed to be done to further reach these groups and especially BME groups to reflect the diversity of the Rochdale Borough population
- Finally, a number of views and suggestions were made around optimising sustainability of the POPP. Maximising the input of the voluntary sector in any future arrangements was a key suggestion as was securing funding. Some ideas were given around non-statutory service sources of funding such as through voluntary sector channels and Townships. Promotion of POPP successes were said to increase the likelihood of funding being secured and so the importance of spreading the word about Rochdale POPP, not least through older people themselves, was highlighted. Other participants indicated a need for POPP arrangements to be more open to scrutiny and review and for POPP to become more business-like as the model evolved. The key to success was advocated as keeping any POPP model simple
- Overall these findings present the views of a small number of key stakeholders of the POPP. They provide useful insight into the concerns and perceptions of individuals from different organisations

that are worthy of consideration in any future sustainability planning for Rochdale POPP

CHAPTER NINE

SUMMARY AND CONCLUSIONS

Introduction

Rochdale POPP, launched in May 2007, set out to enable 'older people to have power and control over their lives to sustain independence and well-being in older age'⁶⁴. The intended outcomes were:

- Improved quality of life for older people and their carers
- Improved health and fitness for older people
- Reducing social exclusion for older people and their carers
- Increased information and choice for older people and carers
- Reducing use of more intensive services and admissions to long-term care
- Economic benefits through local enterprise and volunteering
- New models of local commissioning and devolved budgets
- New sustainable structures and partnerships between the Borough Council, the public and local organisations⁶⁵

Overview of activity

Overall Rochdale POPP has been successful in fulfilling these ambitions. The POPP outreach workers conducted over 2500 interviews between May 2007-March 2009 and for those interviewed, social isolation and ill-health were key factors in social exclusion. As a result of these interviews outreach workers made over 2000 referrals for different physical and social activities including for general information, armchair exercise, luncheon club, IT lessons, gentle exercise and arts and crafts. Almost 1000 referrals were made to key services including to health professionals, for benefits advice, equipment advice, and

⁶⁴ Rochdale metropolitan Borough Council. Partnerships for Older People Projects Rochdale – Stage 2 Bid. October 2006

⁶⁵ Rochdale metropolitan Borough Council. Partnerships for Older People Projects Rochdale – Stage 2 Bid. October 2006

to Social Services and over 2000 referrals were made to POPP initiatives. Over half of these latter referrals (1395) were for transport services which facilitated attendance at both social and health activities.

Eighty seven percent of all identified needs across all Townships have been met, and thus only 13% of identified needs remain unmet. This represents a powerful indication of the outreach workers' rigorous and sustained approach toward uncovering unmet needs, and developing effective solutions to meet those needs through engaging constructively with both their POPP colleagues, as well as with statutory and non-statutory service providers. The diverse range of needs that have been met involve:

- *Physical Activity* (e.g. Armchair Exercise, Dancing, Swimming, Tai Chi and Walking);
- *Social Interaction* (e.g. Arts and Crafts, Luncheon Clubs and Social Activity); and
- *Social Support* (e.g. Assisted Shopping, Equipment Access Service, Home Improvement, Ring and Ride and Transport)

They are also collectively indicative of the POPP's success in engaging proactively with existing activities within the Borough, so that the capacity for these activities can be maximised. It is particularly striking that for POPP members who have identified needs in transport-related areas such as Ring and Ride, Transportation and Travel Vouchers those needs have almost universally been satisfied over the course of the project.

The key remaining areas of unmet needs concern Armchair Exercise (117 POPP members identified as having their needs unmet), Luncheon Clubs (96 POPP members with needs unmet), Podiatry (84 POPP members with needs unmet), Gardening (49 POPP members with needs unmet), and Handy Person (with 37 POPP members with needs unmet).

Impact at the level of the individual

Whilst the figures give an overview of the activity of Rochdale POPP in terms of how many older people they reached, the case studies drawn from interviews with seven POPP members brought about a deeper understanding of the impact POPP has had at the level of the individual. All those interviewed had an abiding respect and admiration for the diligent work of the outreach workers in seeking to support their needs. This is clearly a response to the caring and compassionate manner in which outreach workers have carried out their exploratory interviews with POPP members in order to both identify unmet needs, and to develop strategies for meeting those needs.

The most important aspect of the outreach workers' role has been to act as a global information resource on a variety of issues, and to be able to refer POPP members to relevant statutory and non-statutory agencies who can offer further advice and support. This is also illustrative of the high quality of relationships that outreach workers have developed with external agencies such as Age Concern, Social Services and Other Health Professionals. This has enabled these agencies to refer older people into POPP with confidence. The importance of acting as a conduit of vital information cannot be overstated, as this has enabled POPP members to become aware of services and activities that they would otherwise have remained unaware of. With regard to the seven case studies in this section of the evaluation report, these agencies have included Age Concern (for benefit checks), Equipment and Adaptations department (within Rochdale MBC), Community Matron Scheme (delivered by the local Primary Care Trust), Health Trainer scheme (delivered by Rochdale MBC and the local Primary Care Trust) and the Home Front scheme (supported by Central Government). There have also been referrals to Luncheon Clubs, Meals on Wheels Services and POPP-focused activities, such as Armchair Exercise, Arts and Crafts and Handy Person schemes. All of these activities have played an important part in enhancing the quality of life of POPP members.

In line with the activity figures which, as stated earlier, showed over half of referrals to POPP coming through transport, the interviews revealed a strong emphasis on providing transportation for case study participants through Ring and Ride, Blue Badge scheme, Local Link and the Volunteer Driver Scheme (VDS). This has supported social inclusion and greater independence. Those interviewed benefited from different POPP activities, including those seeking to promote social engagement, physical activity and easier access to services and activities; and all reported reduced levels of stress and worry, which highlights the mental health benefits that are associated with all of the varied activities that maintain independence, promote access to services and activities and enhance general health and well-being.

Partnership organisations

From the outset partnership working was seen as key to the success and sustainability of Rochdale POPP through devolved commissioning; expanding the number of volunteers in local activities; and through a multi-agency framework that included: Rochdale CVS, GMPTE and the Carers' Association.

In partnership with Rochdale CVS nearly two hundred volunteers were recruited over the duration of the POPP pilot which was in line with the Rochdale POPP's target number. These volunteers were involved in 38 different activities including the VDS (in both administrative and driving roles) and the TOPPs (as committee members).

GMPTE in partnership with Rochdale POPP were phenomenally successful in achieving their targets for POPP trips per month, and this support has enabled many older people across the Borough take part in a range of diverse activities. Without this high level of support, the POPP would not have accomplished such remarkable success in enabling so many older people to become so actively engaged with events and activities. This high level of

support has done much to reduce social isolation amongst POPP members in Rochdale. In achieving this, the role of the POPP Transport Co-ordinator has been instrumental through working closely and effectively with the TOPPs, and developing strategies that enabled the unmet needs of POPP members to be addressed. Equally the POPP Transport Co-ordinator has worked effectively with Community Transport Operators, Local Link, Ring and Ride and private hire taxi firms where necessary across Rochdale Borough, as well as enabling the use of group transport vehicles to secure cost-effective solutions to transport obstacles for single or group participants in POPP activities. This success can be seen in the amount of flexible transport commissioned by the TOPPs to address unmet transportation needs.

The Transport Co-ordinator has also worked highly effectively with HNHCT in enhancing the effectiveness of the VDS (see case study) through supporting the MIDAS training of volunteer drivers, and supporting HNHCT in delivering the service to POPP members with significant mobility problems. This has enabled isolated, vulnerable people to access services and activities in ways that would previously have been extremely difficult, if not impractical.

The evidence of trips delivered by the VDS in relation to health and social activities demonstrates that a high proportion (over two-thirds) of trips is for health purposes (i.e. to and from a health facility). In the long term, it is felt that this kind of scheme could ease some of the burden of the local ambulance service in transporting people to and from hospital, and reduce the length of time that older people are required to wait to be transported home. It also highlights the role of the VDS in enhancing social integration through enabling older people to become less socially isolated. Although some travel training has been provided for those aged over 60 years, there is a sense that there will be a greater emphasis on this aspect of the POPP in the future.

The Carers' Service has achieved considerable success in supporting carers in Rochdale. The referrals to the Carers' Development Worker has enabled POPP members with caring responsibilities, and carers of older people, to access varying types of support.

The work of the Carers' Development Worker has been pivotal in developing the achievements of the Carers' Association, particularly in relation to identifying, registering, helping and supporting over 400 carers over the life of the project. A key factor contributing to the success of the Carers' Service has been the way in which it has promoted itself with a variety of different agencies, such as Social Services, the local NHS, other POPP initiatives and within the wider population of Rochdale Borough which resulted in so many referrals coming through contact with different agencies, as well as through self-referral. Similarly the project has worked extremely well in sign-posting carers to other services, and it is particularly striking that such a high proportion of carers have been referred to the Carers' Resource, other POPP initiatives and the Benefits Agency for benefit checks. There is a keen sense that the POPP Carers' Service has been fully engaged with other agencies for these referrals to have been made.

Over the period of the project, a large number of carers have accessed Healthy Living Initiative, Formal Learning and Leisure Activities. These activities are very important in terms of relieving the stress from their caring responsibilities, becoming less socially isolated and developing social ties and friendships with other carers in similar situations. In addition the success of the Carers' Service in developing viable and wide-ranging social enterprises is particularly impressive. They have supported carers in developing their interests, and the gardening scheme has achieved particular success in engaging with large numbers of carers and developing their skills in a creative and innovative manner.

Partnership and devolved decision-making

From the outset Rochdale POPP sought to enable older people to exercise greater power and control over their lives, in order to sustain independence and well-being in later years. The model developed conveys a powerful commitment to the principle of community empowerment, which is centred upon two key activities:

1. *Developing partnerships with older people at a Township level*
2. *Devolving commissioning and funding to the Townships*

Rochdale POPP set up TOPPs in each of the four Townships that comprise Rochdale Borough (Heywood, Rochdale, Middleton, and Pennines). The TOPPs were given responsibility for a development budget for commissioning local activities, and promoting initiatives led or supported by older people. This ethos involved the creation of an entirely new financial partnership with older people, in that TOPPs were given greater control over resources to develop local activities in line with local needs, which amounted to roughly one third of the entire POPP budget.

Despite a slow start the TOPPs process was highly successful in direct commissioning over £250,000 of Township services. These services differed by TOPP being tailored to each location's unmet needs and being creative in developing flexible solutions. The commissioned services covered a wide range including allotments, IT lessons, Tai Chi, Armchair Exercise, Luncheon Clubs and Massage Therapy. A common feature of commissioning across TOPPs was transport services representing around half of the monies spent. This is, in part, explained by the need for transport to facilitate attendance at such activities. In addition to each TOPP commissioning services autonomously, the TOPPs have also jointly contributed to facilitate particular initiatives - specifically transport initiatives. This included the VDS, Shopping Link, Flexible Transport and borough wide befriending scheme.

Over the period of evaluation the TOPPs' confidence in the decision-making and commissioning process increased. This was demonstrated by their collective ability to both articulate the needs of older people within their communities, as well as in rigorously interrogating proposals endeavouring to meet those needs in ways that achieved best outcomes and maximum value for money for older people in their communities. Key to the process has been the training and the support the TOPPs have received.

Establishment of the TOPPs was hampered by project start up time in appointing POPP staff which led to delays in agreeing the process for commissioning. These delays in establishing the TOPPs created pressure to commission services over a relatively short period. This meant significant weight was given to the perceptions of unmet need of a single outreach worker in each location. The outreach workers themselves were hampered in the early days of the POPP by lack of a dedicated resource providing information about existing services which meant identifying services and service providers was not always straightforward. Equally Rochdale POPP was hampered in the first year by the absence of an effective communication strategy, which meant that it was difficult for the project to communicate its presence to communities across the Borough.

Assessing the impact of commissioned activities

Two of the POPP commissioned services were explored in greater detail in order to assess their impact.

Tai Chi classes

The first case study, a POPP commissioned Tai Chi class, assessed the costs and effectiveness of providing the class. The case study was based on a Tai Chi exercise class in Littleborough that forms part of the Falls Prevention Service. Eleven participants, referred to the class after experiencing falls, were interviewed at two time points (at the beginning and end of the 12 weeks

course of weekly Tai Chi classes). The data provided a rich overview of the activity.

In respect of health outcomes overall the routine assessments were indicative of health improvements over the period; particularly for four participants who showed marked reduction in the levels of sway at follow-up stage (a key indicator of reduced falls risk). Data from the measures of health related quality of life showed an overall maintenance (no deterioration) over the study period. Participants felt that the Tai Chi classes provided physical health benefits, mental health benefits and social benefits. For example, none of the group had experienced a fall since taking up Tai Chi. Participants spoke about improvements in mobility and balance which meant fewer difficulties in performing everyday activities such as walking, climbing stairs, cooking, washing and ironing. These improvements gave some participants a sense of increased confidence to go out (travel more) and to undertake leisure activities such as gardening and swimming; which in turn gave them a greater sense of independence. Indeed over the period of the study the number of meals delivered decreased and there was a movement away from specialised transport services, such as Ring and Ride, towards an increased use of public transport.

The Tai Chi class itself was perceived to be a relaxing and calming experience and interaction with others was perceived to offer psychological improvements. The class provided a forum which, for some, reduced social isolation by providing contact with others and broadening participants' social base and class members provided each other with practical and emotional support.

Within the study a number of financial benefits were identified: The cost of health and social care services used by participants was higher in the three months prior to the Tai Chi class than over the following three months

(representing a reduction of £1535.60). The net savings taken from the difference between the reduction in use of health and social care and the cost of providing the Tai Chi class was £125.84 for the 11 study participants. If the parameters of the analysis are changed to allow for slightly larger class numbers, then cost savings are even greater. Indeed cost savings could be maximised if the class is delivered by appropriately trained non-professionals as intended through the Rochdale POPP model.

It should be noted however that the study is limited by small sample numbers, lack of control group and relatively short follow up period. It is not possible to say whether any changes are due to time rather than the Tai Chi class; or whether changes are sustained over a longer time period. Given these limitations, together with the heterogeneity of the physical ailments of the sample, the analysis points to potential benefits but further research is required.

Volunteer Driver Scheme (VDS)

The second case study explored the challenges and opportunities in setting up the VDS and assessed its cost and effectiveness. Service providers and volunteers were interviewed in the setting up and initial working phase of the VDS.

In the development phase of the VDS, the service providers interviewed were clear in their aims for the service which were wide ranging to: develop transport solutions for people with mobility difficulties; enhance transport accessibility for disabled people in line with the local and national policy agenda; provide a cost effective transport service (reducing level of subsidised transport); bridge current gaps in service provision and support statutory providers; use skills of outreach workers for multi-agency partnership working; tackle social isolation and promote inclusivity; provide reassurance to wider family networks on vital transportation; use volunteers to drive

vehicles suitable to the needs of disabled people, and so deliver appropriate transport solutions; and promote potential paid employment opportunities for volunteers. Factors that might limit the effectiveness of the service were thought to include obtaining sustainable support of volunteers; balancing the cost of transport provision with social benefits; the potential for creating long term dependency on door to door transport and the challenge of multi-agency working.

The VDS volunteers, despite being relatively new to the service at the time of interview, displayed an appreciation of the difficulties confronting older people that included financial difficulties in the light of limited pension provision. They showed a compassionate approach with a keen sense of putting something back into the community and in return reporting satisfaction in their volunteering.

The 10 VDS users interviewed were typically 70 years of age or over and, when compared with a representative sample of the UK population aged 60 years and over had lower self reported health suggesting the users are more likely to be more dependent/less independent than typical of their age group. The service users highlighted their difficulties in using public transport which had led them to turn to the VDS. They found the strengths of the service were its immense comparative cost effectiveness in relation to using private hire taxis; the kindness of volunteers; the volunteer drivers' disability awareness; greater sense of safety and security through using vehicles and equipment suitable to the needs of disabled people and the compassionate culture of volunteering for the pursuit of altruistic, rather than pecuniary, gains. In respect of health related quality of life, this in turn led to reduced sense of stress, particularly when attending hospital appointments and on occasion having drivers wait for their appointment to be concluded so that they could take them home, reduced sense of social isolation and greater level of companionship and enhanced personal independence.

In respect of financial implications, the estimated cost of setting up the VDS was £28,000 with continuing costs of £38,000 per annum. In addition cost savings were identified as accruing to service users (cost to them of VDS journeys was lower than private taxis), their family and friends (use of VDS instead of asking family and friends) and to statutory transport services (where the VDS replaces these services).

Looking back; and to the future of Rochdale POPP

Integral to Rochdale POPP was the development of sustainable structures and partnerships. Interviews with seven key organisational stakeholders were conducted to elicit perceptions of what POPP had achieved and the future sustainability. The interviewees showed a range of perceived achievements of the Rochdale POPP pilot at an interim stage in its implementation (15 to 21 months in).

Undoubtedly the main successes of the POPP initiative according to those interviewed have been the Outreach Service, transport schemes, TOPPs and project management by the voluntary sector. A large number of challenges were also identified by participants, some of which have been actual challenges and in the main have been successfully addressed within the project.

Other challenges had yet to be realised such as identifying adequate funding for the POPP to continue and in reaching greater numbers of older people from BME communities through outreach work. There was a general acceptance amongst participants that the nature of challenges faced were as could be expected from a complex and ambitious project such as POPP. A useful number of potential tensions and insights, such as a future POPP model not being too constrained by statutory sector management approaches, have also been identified which may be useful to POPP leads.

The structures and processes of Rochdale POPP and TOPPs were viewed as excellent starting approaches that had resulted in a significant number and quality of outcomes. For example, considerable numbers of older people are being reached and registered with the POPP prior to being referred on to services and activities they may otherwise not have received. TOPPs were especially valued as a means of engaging older people and influencing Township arrangements and processes. TOPPs were viewed as a key strength to the Rochdale model of POPP that may also be a valuable way forward in other local authorities.

Suggestions were made to promote the future independence of TOPPs, perhaps exploring social enterprise models and similar. Useful caution was given to ensure that TOPPs were facilitated to manage any additional funding they received, perhaps from Townships, in any future model. A similar concern was that both Rochdale POPP and TOPPs achieved the capacity necessary to meet future demand. However, the POPP model was evolving to-date in line with Government goals around voluntary working which was viewed positively.

Whilst too early in the POPP for participants to identify much redesign of service or delivery, POPP transport was highly praised as being innovative and effective at meeting many older people's needs. Transport initiatives were also instrumental in supporting POPP work to reduce social exclusion and isolation. It was acknowledged by participants that much work needed to be done to further reach these groups and especially BME groups to reflect the diversity of the Rochdale Borough population.

Finally, a number of views and suggestions were made around optimising sustainability of the POPP. Maximising the input of the voluntary sector in any future arrangements was a key suggestion as was securing funding. Some ideas were given around non-statutory service sources of funding such as

through voluntary sector channels and Townships. Promotion of POPP successes were said to increase the likelihood of funding being secured and so the importance of spreading the word about Rochdale POPP, not least through older people themselves, was highlighted. Other participants indicated a need for POPP arrangements to be more open to scrutiny and review and for POPP to become more business-like as the model evolved. The key to success was advocated as keeping any POPP model simple.

Overall these findings present the views of a small number of key stakeholders of the POPP. They provide a useful insight into the concerns and perceptions of individuals from different organisations that are worthy of consideration in any future sustainability planning for POPP.

Conclusions and recommendations

Rochdale POPP set out to enable older people to have power and control over their lives to sustain independence and well being in older age. Over the pilot period the outreach workers interviewed over 2500 older people across the Borough with around three quarters being over 70 years of age. Over 2000 referrals were made for different physical and social activities; almost 1000 referrals were made to key services including to health professionals, for benefits advice, equipment advice, and to Social Services and over 2000 referrals were made to POPP initiatives. Over half of these latter referrals (1395) were for transport services which facilitated attendance at both social and health activities. This represents considerable success. However, it should be noted that amongst those accessing POPP, males were significantly under-represented when compared with local demographics. Although participation of BME communities (of which South Asian communities form the largest) was commensurate with local demographics, a much smaller proportion of those had all of their needs met in comparison with the majority White population. Methods by which to engage with males, and to narrow ethnic

inequalities in meeting the needs of older people, should be explored as POPP continues to develop.

The outreach workers in the Rochdale POPP model have been commended by stakeholders as a method by which to reach socially excluded older people and as a conduit of vital information. They have enabled older people to become aware of services and activities that they would otherwise have remained unaware of. However, whilst figures were available for 'type of social exclusion' experienced by the older people interviewed by outreach workers, these were incomplete and ambiguous. It is recommended that these are revisited to provide a more accurate overview of the reasons why older people are socially excluded, who POPP is reaching and how different types of social exclusion are being or can be addressed.

The operation of Rochdale POPP has hinged on the partnership arrangements. These have shown considerable success (almost 200 volunteers recruited by the Rochdale CVS, 400 carers helped and supported, and over 29,000 journeys made using the transport services). The range of activities and services accessed are indicative of successful partnership working across agencies and is in line with Government policy over the past decade that has focussed on the need for integrated partnership working (see for example, Partnership in Action⁶⁶ or more recently The Future Role of the Third Sector in Social and Economic Regeneration⁶⁷). There are however inherent challenges in any multi-agency working. The challenges within this report have highlighted the need for clear roles and responsibilities by different agencies with clear lines of communication.

⁶⁶ Department of Health. 1998. Partnership in Action (New Opportunities for Joint Working between Health and Social Services)

⁶⁷ HM Treasury. The Future Role of the Third Sector in Social and Economic Regeneration: Final Report. July 2007. Cm7189: London

A further component of the Rochdale POPP model that has been universally commended is the transport initiative. Transport provision has underpinned many of the activities and services available to older people and thus instrumental in supporting POPP work to reduce social exclusion and isolation. Factors that were highlighted by the service providers that might limit the effectiveness of the service included; obtaining sustainable support of volunteers and the potential for creating long term dependency on door to door transport and the challenge of multi-agency working. In respect of volunteers, to date this fear has not been realised. This may be in part due to the flexible rota arrangements which were beneficial to volunteers. In respect of long term dependency there has to date been a focus on door to door transport (by way of the VDS and Ring and Ride) but it is understood that plans for travel training are currently being developed.

The TOPPs were a key strength to the Rochdale model of POPP that may also be a valuable way forward in other local authorities. TOPPs were especially valued as a means of engaging older people and influencing Township arrangements and processes. Despite a slow start, the TOPPs commissioning was tailored to unmet needs in each location and showed a sense of creativity in developing flexible solutions. Over the study period the TOPPs confidence in decision-making and commissioning increased, so demonstrating the ability of older volunteers to articulate the needs of older people within their community. Recommendations for future models of this kind include apportioning budgets to take account of the 'commissioning learning curve' and training and support which was considered key to the TOPPs' success.