

COTSWOLD DISTRICT COUNCIL

COMMUNITY COMMITTEE: MARCH 2003

OFFICERS REPORT

HEALTH DEVELOPMENT UPDATE

'ENJOY LATER LIFE' - A senior peer mentor training programme to encourage independent living

1 Purpose of Report

This report will update Committee on the first strand of 'Enjoy Later Life'(ELL). ELL is a peer mentor training programme that enables volunteers to work with older people to support independent living. The report will highlight the successes of the training, points for consideration in the subsequent training programmes and opportunities for further development. In addition, this report will highlight the health benefits for the Cotswold population from offering training of this kind, as well as enhancing the skills of local volunteers to improve local community links.

2 The Origin of the 'Enjoy Later Living' programme

Research has shown that older people themselves have the potential to deliver health education and promotional activities, to other older people to achieve health gains (HEA, 1997). ELL was developed to train volunteers who work with older people, in skills to encourage and support the promotion of health enhancing physical and mental activities. The project involved a partnership of agencies that included Cotswold District Council, Cirencester College, the University of Gloucestershire, NHS Health Promotion, Gloucestershire's Adult Continuing Education and Training Consortia, Gloucestershire's Rural Community Council and local older peoples groups. ELL evolved from a National pilot project, 'Someone Like Me', designed by the British Heart Foundation's National Centre for Physical Activity and Health at Loughborough University in conjunction with Age Concern's ActiveAge Unit and the Department for Education and Skills.

Working with older volunteers is consistent with the principles outlined in the National Service Framework for Older People (DoH, 2001) as well as the Council's agenda improving access to services and provision for older people highlighted in the Community Plan; the Lifelong learning agenda and the CHURN Neighbourhood project.

3 Background – The State of the District

The following information summarises the state of the Cotswold district:

- ❑ The Cotswold district has above the national average of over 50's population and characterised by a high number of retired residents.
- ❑ Over 32% of pensioners live alone.
- ❑ The Cotswolds is a sparsely populated area and ranks 10th out of 481 on the access to services deprivation indicator.
- ❑ Significant numbers of older people live in households without access to a car.
- ❑ Public transport is sparse.
- ❑ Hospital admissions for older people are 41% above the average for England. According to the Health and Lifestyles Survey (2001) 54% of respondents said that they did not do enough physical activity to benefit their health. It could be assumed that there is a correlation between these figures.

Source: ONS

The rising population of older people in the Cotswolds has major implications for the user of health services, carer transport and social care support. The highest ranked (most deprived) Cotswold ward is Watermoor. One in three pensioners live alone and Watermoor is ranked as having the highest number of emergency hospital admissions of people over 75 years of age per 1000 population in the District. It is for this reason therefore, that the first training programme of Enjoy Later Life was delivered in the Watermoor area of Cirencester.

4 Enjoy Later Living (ELL)– An outline of development

Programme Aim: 'To establish a network of trained senior peer mentors throughout the Cotswold district to support and encourage independent living in other older people'.

A number of actions were taken to design the 'ELL' programme. Initially a series of consultation exercises were undertaken with local older peoples groups and sheltered housing wardens. A consultation workshop which was attended by 25 local older people was held to investigate current levels of physical activity; awareness of physical activity opportunities; skills level; feasibility of programme; and focus / scope of programme development. The dissemination of findings enabled a peer-mentor training programme in physical and mental activity to be designed in accordance to local needs. In addition, a taster workshop was delivered as part of rural adults learners week to pilot and finalise programme delivery.

Throughout the consultation period, local older peoples groups, including the Age Concern network, were visited to introduce and promote the course. In addition, promotion of the programme was undertaken through local media sources; flyers were distributed to older peoples groups, community venues and health care settings; and past and present members Exercise Referral Scheme were contacted.

Funding to deliver the training course for £2000 was secured through Gloucestershire's Adult Continuing Education and Training Consortia as well as in-kind contributions from Cotswold District Council and Health Promotion Gloucestershire. Within this, a course outline and proposal was submitted to the Open College Network to secure course

accreditation. In addition, during the preparation stage a directory of leisure activities suitable for older people was produced as well as a chair-based exercise sheet, outlining basic exercises to promote balance, co-ordination and mobility.

10 people were initially recruited to take part in the training. The training consisted of 6 half day sessions spread over 2 months. The first session was used as an introduction period and for one to one interviews to screen applicants for suitability. Those participants who were considered suitable and were willing to take part in the training, then registered onto the course through the College's application streams. 8 people registered onto the course. Each person was asked to have a 'case-study' in mind, either an individual or local group, to work with for practical experience. Each person consolidated a portfolio of learning and an activity diary. At the end of the training period, monitoring visits were made to each mentor to observe them in action as well as provide an opportunity for discussion of learning logs. Ongoing support groups were arranged for mentors to keep in regular contact with each other as well as establishing a contact list for more immediate support.

5 An evaluation of mentor / peer partner experience

5.1 About the Mentor

Out of 10 people who were initially recruited for the programme, 6 completed the training. Reasons for dropout included lack of time to complete the training course, too much commitment and insufficient practical experience. The first intake of mentors was evaluated through a focus group and questionnaire (see appendix one and two).

Reasons for taking part in the training ranged from offering help and advice within a friendship club, learning more about helping older people and meeting new people. In addition, the course was seen to be accessible and free. All but one of the participants were retired. Previous or current occupations range from secretarial positions to radiography and massage therapy. Most of the volunteers had experience of working or caring for older people. This ranged from setting up local older peoples groups such as U3A, to meals on wheels voluntary work. Only one person had no experience of working with older people.

5.2 About the Peer Partner

The peer partners ranged from 75 to 92 years of age. Each mentor worked with an individual peer partner or group that lived closeby. The catchment area covered by the mentors encompassed Chedworth, Withington, Fairford through to Cirencester and Rendcomb as well as Malmesbury. This wide catchment highlights an initial strength of the project offering support to individuals and groups who are often isolated from main places of habitation without access to a car or transportation.

Some peer partners were not known to the mentors, prior to taking part in the training. To find a suitable peer partner(s), mentors made contact with local sheltered housing programmes, made contact with neighbours and others from local areas, or were introduced to the partner thorough other members of the group. The quality of life experienced by the peer partners prior to the mentoring varied from being 'fairly mobile' 'partially sighted' to 'frail and forgetful' and 'housebound and desperately missing

spouse who had recently passed away'. Mentoring took place from once a week to 2 – 3 times a month.

5.3 Impact upon Peer Partner as a result of Mentoring

As a result of the mentoring, the mentors expressed a range of changes that have taken place with their peer partners. Changes ranged from being more 'physically confident and steady on his feet' to remaining at the same level physically but 'enjoyed the visits and has something to look forwards to'. The peer partners have a range of motivations and intent to improve their physical and mental abilities from being 'keen in her belief to improve her activity levels' to being more structured in 'improving mobility and less dependant on spouse' and 'to reduce shoulder pain and maintain independence'. In most cases, the length of time experienced through mentoring was not long enough 'to comment on the results of the training [however] she [peer partner] certainly benefited by the visits as it gave her an opportunity to express how lonely she felt. She also did a lot of reminiscing about her early life in the North'.

It was interesting to note that the intent from the peer partner to improve their well-being varied from 'trying, but a slow process' to having a 'strong belief that she [peer partner] can improve her levels of activity'. Most partners and mentors were realistic about what they were trying to achieve recognising that any progress made will be 'gradual'. Motivations from the peer partners range from wanting to 'improve mobility and be less dependant on spouse' to 'trying to maintain the fitness and liveliness that is currently enjoyed'. Within the group sessions, the presence of others and the socialisation created from different mental and physical activities was seen as a 'firm motivator' to get involved in sessions. When asked to state the main effects of the mentoring from the mentors point of view outcomes were listed as increased confidence, trust, happier, a reduction in loneliness, useful information, joint mobility and companionship. Indeed in each case it is clear that companionship and support are very important not just to the peer partner but also the mentors themselves who gain a great deal of satisfaction in helping people.

5.4 About the Course

Throughout the evaluation process, the prevailing message received from the mentors was enjoyment and satisfaction in taking part and completing the training. Indeed, each mentor found it very satisfying to witness visual changes in their peer partners, either mentally or physically, within the short period of practical delivery. Each person expressed that taking part in the course was a key influence in the relationships created, building confidence in both the mentors and peer partners. The letters provided from the District Council stating that the mentor was engaged in an accredited training programme was a crucial link for all parties involved providing credibility to the training in the early stages of mentor delivery.

When asked to identify specific areas that the mentors enjoyed, each person strongly rated the variation of ideas provided by the tutors to promote physical and mental activities with older people. In addition, meeting like-minded people, engaging in discussions with tutors and the group and 'putting a smile on my peer partners face' were all strong motivators for completion of training. Indeed, none of the course members found any part of the course to be inappropriate or not of use, 'all of the course content was informative and very good'. Some of the participants even stated that they would like to 'continue the course as there was so much to be gained each time.' Each person's

initial reasons for taking part in the training had been met at the end of the course. Confidence levels to go out and mentor older people were high in most participants however 2 people rated themselves at a lower level because of barriers experienced in locating the peer partners in the first instance.

General discussion of course timing and delivery was discussed. Each participant found the 3 hour afternoon sessions to be just right in terms of content and timing. In addition, it was also agreed that having a break in the middle of training periods was preferable. The course started in September to fit in with the academic year. It was anticipated that the following courses would also be included in the same academic year. However, due to changes in personnel, it will not be possible to complete the subsequent two training programmes within the same academic year. The mentors suggested starting training in the Spring to allow more daylight hours for older people who may be put off by travelling in the dark.

Session delivery was discussed. The mental and physical elements are currently delivered during the same sessions with double staffing implications. The mentors stated that they preferred the mix of mental and physical activities during each session rather than having separate sessions for each element. However, issues with funding may prevent this in the future with one tutor per session concentrating on either the physical or mental element. It was suggested that guest instructors i.e. EXTEND trainers would be a valuable addition to the programme, to increase the chair-based activity options.

Audio work was the most effective method used with peer partners. Many older people will not take notice of the television, or visual activities, due to lack of sight and attention span. The use of music such as Max Bygraves and Frank Sinatra or the Beatles was a huge success! Links with local library services which loan tape and tape-players was identified as a strong link offering the loan of equipment to older people who may not have access to such things. In addition the tape players proved to be of use in recording experiences for reminiscence and mental stimulation activities.

When the issue of whether to pay for the training was raised many people suggested that they may not have taken part if they had had to pay. It was important to note that the individuals felt that because they were volunteering and giving up their time to help others, they should not be asked to make any payments towards the training 'it wouldn't be fair to charge when someone is committing time already'.

During the evaluation, some questions were incorporated to assess the amount of information that had actually been absorbed in relation to the benefits of a physically and mentally active lifestyle. Each person was able to demonstrate an increase in knowledge to the benefits of an active lifestyle quoting particular phrases such as 'Use it or Lose it!' Each person clearly stated that we should be active every day depending on our physical capabilities of the individual. Examples of activities suitable for older people included walking, armchair exercises, gardening, dancing – 'activities which raise the heartbeat but stop short of making one breathless'. In addition, the awareness within the group of local opportunities to become more physically active was improved listing exercise referral, local classes and groups suitable for older people.

5.5 *Areas for improvement*

A request was made to develop material to promote the peer mentor skills to the local community as well as recruit new potential mentors. When looking for potential mentors, it was suggested that hairdressers would make ideal recruits because of their people skills and wide contact with the local older population. Key information that attracted the initial intake was 'Are you able to travel? Do you have some free time?'

The name of the course needs to be reconsidered. Peer mentoring sounds too formal. Suggestions for names were made however the group felt words that should be implicit within the course name should make reference to 'caring, listening and support'. In addition, it was strongly felt that the word 'exercise' should be avoided at all costs. Quite often the peer partner didn't want to do any physical activity however introducing activities steering clear of the 'exercise' stigma was very successful!

Links with the Volunteer bureau should be made more pronounced. Indeed as training progressed and confidence levels rose, the mentors wanted to do more with their peer partners. Questions arose in relation to insurance and liability and the involvement of the Volunteer Bureau or Age Concern would provide a plateau for further professional developments. Substantial discussion took place around these areas and raised concern within those who were already doing certain things with individuals but who had not considered the wider implications.

A sign of the success of the training lies in each mentors eagerness to do more for their peer partner. However, our success in training raises issues of concern such as trying to take on too much when gaining confidence in working with their peer partner(s). Indirectly, the concern raised by the mentors about doing more with their partners highlights further training needs such as CPR, volunteering charter, and membership to a specific organisation i.e. Age Concern, South Cotswolds Volunteer Bureau.

The wide range of partnerships involved in the training delivery enabled local issues to be challenged. For example, one mentor expressed concern at the loss of local seniors luncheon clubs and groups through withdrawn support. The delivery team were able to direct concerns to GRCC's Intouch advisor who specialises in setting up local older people's groups offering support for two years.

5.6 *Future Aspirations*

In the future, the aspirations of the mentors were very positive offering a wide range of support to local older people. Indeed, from 'continuing to visit peer partner, help at friendship club and local nursing home' to 'setting up a local older peoples group' and applying for the position of a 'part-time carer vacancy' most of the mentors will be keeping very busy! When asked if the mentors could identify any other training needs, a range of areas such as looking at volunteering and liability; first aid training; minibus driving; geriatric psychology; chair-based exercise; more game ideas; local carer networks' were listed. This demonstrates the wide range of scope for further adult learning opportunities building on the interest that the peer mentor training had instigated.

5.7 *Accreditation*

The completion of the portfolio as a means of recording progress was an area of concern for the mentors. Indeed, as much as each person enjoyed the training programme, the accreditation process was seen to be too academic and not as relevant as the practical mentoring delivery. When asked if a portfolio was appropriate to demonstrate competence in senior peer mentoring, responses ranged from 'yes to a point but it should be kept to a minimum and requirements clearly set ... It should deal with practical tests and not academic studies' to 'no, it shows one can acquire a file of information but does not show understanding or competence.'

Although each person expressed that they received sufficient support throughout the course, there was a suggestion that in the future the accreditation process should be reconsidered. The current accreditation format was seen to be vague and the mentors found the paperwork difficult to understand. One particular person preferred the 'doing' rather than the 'recording' and was disillusioned with the portfolio.

5.8 *And Finally ...*

Some quotations from the first intake of trained mentors

'It's not been a learning type thing – it's been really enjoyable'

'I wanted to come each week!'

'Really enjoyed all aspects of the course but what a shame so few people are willing to become involved'

'I haven't switched off in any sessions!'

'It makes a huge difference because everyone [mentors and tutors] put so much in'

'I have learnt from both the tutors and my fellow students. It was good to have such a varied class'

6 Future Directions for Enjoy Later Life

The first training intake on the senior peer mentor training programme has now been completed. The evaluation and learning material from the first intake will be used to influence subsequent training programmes. An initial aim of this programme was to establish a network of mentors who were able to support and encourage each other, working with individuals and groups in the local community. We were extremely lucky with the first intake who are a very enthusiastic group. As a result, putting them in touch with each other, has created a valuable resource in the community. Regular support meetings and joined up work will now develop. In addition, there are plans to use the initial mentors as buddies for the next intake. This will enable individuals to work together learning from each other in subsequent programme design.

BACKGROUND PAPERS

None

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