

Evaluation Report

Supporting Change and Impact Project

2012-2013



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1.0 Introduction

1.1 Overview and Background to Fit as a Fiddle Supporting Change and Impact Project

As one of five national partners to the Age UK Fiddle (FAAF) cascade programme, Sporting Equals successfully delivered the faith and community strand to black and minority ethnic (BME) older people (55 years +) across England.

The main aim of the project was to build the capacity of organizations and individuals to promote healthier living to BME communities through a bespoke training programme delivered to staff and volunteers across 39 partner third sector organisations across nine government regions.

Whilst the FAAF project was being delivered, Sporting Equals identified a need for ongoing services to further engage BME older people and found that some groups for example South Asian women, required sensitivity to culture in designing and delivering physical activity engagement. With this in mind, Sporting Equals worked in partnership with Age UK Lancashire (Eastern Lives) to secure funding to deliver an extension project based on the success of the FAAF national programme which was called the Supporting Change and Impact Project.

Sporting Equals recognised that reaching such groups is now more important than ever if we are to address health inequalities as we are now in a time when the economic crisis and cuts in public sector budgets are hitting poorer families. We know that 67% of people from BME communities live in England's 80 most deprived wards so without appropriate interventions the health of older people from these communities is set to lag increasingly behind that of the wider population.⁽²⁾

Together with projections of a sharp rise in the number of BME older people aged over 50 years from 408,000 to 1,150,000 by 2051, it is projected that by 2051 there will be 3.8 million older BME people who are aged 65 years and over, with at least 2.8 million of them aged 70 and over. Therefore, this project has come at a significant time in light of the importance of tackling health inequalities in a targeted way.⁽²⁾

1.2 Overview of the Supporting Change and Impact Project

The Supporting Change and Impact Project was created to develop areas of physical activity engagement for different ethnic and faith communities in a culturally sensitive way. The project aimed to work in the following areas to support BME older people (55 years +):

- Physical Activity
- Healthy Eating
- Mental Wellbeing

Through the project a tailor made training package was developed so that volunteers could engage people from specific BME groups whose health was especially vulnerable to the consequences of physical inactivity and who were the furthest away from mainstream delivery. The project created training packages that were attractive to a wider range of organisations so



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that training, learning and delivery could continue after Supporting Change and Impact funding ended.

Specifically the project aimed to:

- Undertake consultation with FAAF delivery partners to identify three BME groups who are the most in need of tailored approaches to engagement. These were identified as South Asian, Polish and Chinese communities.
- Conduct desktop research into the three identified groups to broaden our understanding of their demography, culture, beliefs and traditions and hence the specific issues that must be addressed to ensure effective engagement.
- Modify the national training package, based on findings from the consultation and research, and produce bespoke versions for each of the three BME target audiences.
- Pilot the three new training packages with delivery partners to ensure the training was relevant and equipped learners with additional learning to help engage these target groups. Eastern Lives set up and ran the initial pilot with the South Asian community. Sporting Equals identified two further delivery partners to deliver the additional pilots for the Polish and Chinese communities.
- Evaluate the new training packages to identify further refinements.
- Produced final versions of each training package. These were structured to meet the requirements of the FAAF quality assurance framework. The final versions are in a form that can be accredited, providing a more attractive offer to trainees.
- Provide ‘train the trainer’ support to Age UK staff to help support organisational capacity building. This included mentoring, and ‘train the trainer’ workshops. The new trainers are able to train volunteers without relying on the ongoing support of Sporting Equals, ensuring the long-term sustainability of the project.
- Sporting Equals has worked in partnership with Age UK Lancashire to deliver a webinar to help share learning with Age UK regional staff and other key partners such as the Department for Health, Primary Care Trust.

The modules were developed to sit alongside the National training pack which was developed through the cascade training programme and act as supplementary resources for organisations working with these target groups.

The work carried out has enabled both Sporting Equals and Age UK to continue to achieve the engagement of BME older communities in physical activity, benefitting their health and wellbeing. Staff and volunteers who were trained during this process can continue engaging and working with BME older people while Sporting Equals will have an attractive ‘tried and tested’ training offer so that over future years it can continue to support the third sector with the necessary skills to support the fit as a fiddle legacy.

Overall Outputs:

The following were the agree project outputs which were exceeded.

Region	New Vols	Existing Vols	Total Vols.	Bens.	Emps. Trn	Vols Trn
E Lancs	20	17	37	74	5	17
London	5	5	10	30	2	4
W Mids	5	5	10	30	2	4

Vols = volunteers, Bens = new BME older beneficiaries, Emps Trn = Employees trained and supported (train the trainer), Vols Trn = Volunteers trained and supported (train the trainer).



1.3 Aim of the Report

The aim of the report is to evaluate the Supporting Change and Impact Project in relation to supporting older BME people through volunteer training with an emphasis on supporting areas of physical activity, healthy eating and mental well being.

1.4 Methodology

The report has been produced by using a combination of evidence collated through desk top and primary research via the following ways:

- 8 reports produced by Sporting Equals, Supporting Change and Impact Project for Age UK
- 13 focus groups carried out with older people, volunteers and staff
- 5 monitoring visits carried out with older people, volunteers and staff
- 184 training evaluation forms
- 81 volunteer monitoring forms
- 37 older peoples surveys
- 3 Ecorys delivery partner surveys
- 11 case studies
- Ecorys Volunteer development report

1.5 Structure of Report

The report is structured in the following way:

- Chapter One – Provides an overview and a background to the Supporting Change and Impact project and sets it context with regards to this report
- Chapter Two – A project overview is provided
- Chapter Three – The key findings of the project is explained in relation to equality and diversity
- Chapter Four – Provides information on the key findings in relation to its impact on volunteers
- Chapter Five – The key findings in relation to its impact to older people are provided
- Chapter Six – Describes the partners worked, lessons learned and sustainability
- Chapter Seven – Provides information on the economic value of volunteer time
- Chapter Eight – Draws conclusions from all of the information discussed above and provides key recommendations



2.0 Project Overview

2.1 Aims and outcomes

The main aim of this project was to support older BME people from three different ethnic minority groups through training tailored to meet the needs these groups. The communities which were identified were:

- Polish
- Chinese
- South Asian

The older people were supported in improving their health and well being through activities organised around physical activity, healthy eating and well being.

The projects focus was on developing a robust training package which included two elements, the first was a two day volunteer training programme and the second element was the 'train the trainer' programme. These packages would act as supplementary modules which would sit alongside the national pack and which could be used as supporting resources in the future.

Sporting Equals worked with four delivery partners to deliver the training to staff and volunteers. In total 137 people received the training. This was made up of 133 people attending the two day volunteer training and from this figure 43 people went on to attend the 'train the trainer' training. Four people also attended the 'train the trainer' training who hadn't originally attended the volunteer training. In addition to the delivery of the 'train the trainer training', 21 people were mentored through training development meetings and 4 people went on to deliver a part of the two day volunteer training alongside the Sporting Equals Project Officer.

To support the learning a webinar was delivered on the 19th March to promote the project and disseminate information on progress to date. This was accessed by 30 people from a wide range of organisations and trusts.

The 'train the trainer' aspect of the project has helped support long term sustainability. The feedback received through delivery partners has confirmed that activities will continue to support older people with some of the volunteers from 'the train the trainer' training stating that they will look to deliver either sections of the programme or the whole two day programme to new volunteers as part of their induction training as well as to experienced volunteers as refresher training.

2.2 Project details

2.2.1 Pilot phases

In order to ensure robust training programmes were developed, pilots were initially delivered in partnership with Eastern Lives in East Lancashire. The original pilot for the two day volunteer training was delivered in September 2012 and a pilot 'train the trainer' course was delivered in



March 2013. The initial pilots were well received and the learners participated with enthusiasm and provided feedback enabling Sporting Equals to modify the learning materials as the project has developed.

The training packages were updated in light of both verbal and written feedback provided by the learners and staff from projects. Examples of feedback include writing instructions on how to play the Boccia game so it was clear to understand and restructuring the ‘faith’ handout so each religion began on a separate sheet.

Both of the programmes were considered to be ‘work in progress’ until the end of the project in July 2013. The programmes were updated with each delivery to ensure materials, activities and delivery as a whole met the individual learning needs of the Polish, Chinese and South Asian communities.

2.2.2 Geographical presence

The Supported Change and Impact project was delivered across three regions, Lancashire, London and the Midlands. Sporting Equals worked with 4 delivery partners in order to engage with staff and volunteers.

The following table provides more detailed information about when, where, with which delivery partner the training was delivered with and how many learners were accessed:

Organisation	Date of delivery <u>2 Day Volunteer Training</u>	Number of Learners	Date of delivery <u>Train the Trainer Training</u>	Number of Learners on the Train the Trainer Training
Polish Senior Citizen Group Birmingham (Midlands)	20&27 March 2013	24	06/04/2013	5
	15&22 April 2013	25	29/04/2013	6
Chinese Community Centre Birmingham (Midlands)	21-22 March 2013	16	17/04/2013	10
Chinese Mental Health Association London (London)	29-30 Nov 2012	11	-	-
Age UK Lancashire – Eastern Lives (Lancashire)	13-14 th Sept 2012	8	04/04/2013	12
	17-18 th Oct 2012	7	07/05/2013	14
	14-15 th Nov 2012	6		
	12-13 th Dec 2012	12		
	14-15 th March 2013	24		
Totals	9 Delivered	133	5 Delivered	47
4 learners from the 47 were new learners who hadn't attended the two day volunteer training but had attended the train the trainer training. This brought the total number of learners up from 133 to 137.				
Total number of learners trained including 133 from the 2 day volunteer training and 4 new learners from the train the trainer training were: <u>137</u>				

The delivery partners were selected based upon the regions they worked in and their experience of working with older people from either the South Asian, Polish or Chinese communities as well as their capacity to deliver the project in partnership with Sporting Equals.

2.2.3 Project Delivery

In total Sporting Equals worked directly with 9 organisations to deliver the focus groups, the two day volunteer training and the train the trainer training. This was split in the following ways:

- 5 organisations worked with Sporting Equals to deliver focus groups
- 4 delivery partners to deliver the two day volunteer and 'train the trainer' training

The project also delivered a webinar to disseminate information about the development and delivery of the Supporting Change and Impact Project on the 19th March 2013. This was accessed by 30 individuals in total. Further information with a breakdown can be found under section 2.2.5.

Along with desktop and field research, information was also gathered via monitoring visits which took place a few weeks post training delivery. The aim of the monitoring visits were to ascertain the impact of the two day volunteer training on the way in which volunteers worked with older people and the difference it made from the older peoples perspective. In total 4 monitoring visits were carried out. The information gathered from these visits further informed the development of the two day volunteer training package.

During the third quarter of the project delivery, the first of 5 'train the trainer' courses were delivered. This training was aimed at staff and volunteers who had attended the two day volunteer training. The intention was to build the capacity of delivery partners through staff and volunteer development so that they could cascade the training to new staff and volunteers so the project could retain long term sustainability. More detailed information on the delivery of the train the trainer training can be found under section 2.2.4.

2.2.4 Training Delivery

In order to develop the two day volunteer training, the initial research to develop these began with desktop research and the delivery of focus groups to access information, views and opinions around the three key areas of the project, physical activity, healthy eating and well being. Specific discussions around barriers and cultural and religious factors preventing or impacting on older people when trying to lead healthy lifestyles along with possible solutions were identified to help inform the two day volunteer training programme.

Below is a table of the five organisations Sporting Equals worked with in order to deliver focus groups to staff, volunteers and older people. In total 91 people were accessed for research and insight for these target audiences through 13 focus groups.



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Organisation	Location	No. of People accessed	No. of Focus Groups
Daneshouse Resource Centre (Muslim)	Lancashire – Burnley	22	3
Gujarati Association (Hindu)	Midlands - Wolverhampton	15	3
Guru Nanak Gurdwara (Sikh)	Midlands - Smethwick	20	2
Polish Senior Citizen Group	Midlands – Birmingham	7	1
Public Health Information for Life – One World Project (Polish)	Midlands - Telford	8	1
Chinese Community Centre Birmingham (Chinese)	Midlands – Birmingham	9	1
Chinese Mental Health Association (Chinese)	London – Barnet	10	2
Totals		91	13

In order to encourage older people, staff and volunteers to attend the focus groups as well as the two day volunteer training, marketing materials were produced in the form of leaflets advertising the events. These were handed out to the older people and explained to staff and volunteers by the co-ordinators at each of the centres.

Following the research three bespoke two day volunteer training packs were developed, to help support volunteers and projects working with Chinese, Polish and South Asian communities. Three host packs were also developed as support resources to help support organisation staff and volunteers which were also tested and modified during the course of the project. Information for both packs was cross referenced against the national pack to ensure it was consistent and that the modules could be used in conjunction with the packs.

Case studies were produced based upon the older people from the focus groups sharing their particular journey's and experiences from childhood to the present day within the three key areas of this project. Training material produced around faith, healthy eating and physical activity were carefully developed using information gathered from the focus groups and desktop research.

Group activities were developed based upon volunteers being provided the opportunity to learn by looking at specific scenarios and through discussion where they shared their knowledge and learned from each others experiences. An example of how physical activity could be made fun for older people was also included as part of the second days training through a French game called Boccia which is very similar to bowling. It is now an Olympic game and serves as an excellent example of how less agile people can get involved in physical activity. An Age UK, Daily Moves DVD was also played during day one under the physical activity section, it provided an excellent example of the different types of activities older people could get involved in at home or within a group in order to improve flexibility, movement and balance.



At the end of both days, quizzes were delivered to help learners recap the training and for the Project Officer who had delivered the training, to ensure effective learning had taken place by the learners. Any identified gaps in knowledge were quickly plugged through group discussion.

The 'train the trainer training' was developed based upon staff and volunteers attending the two day volunteer training. The training was delivered over one day and consisted of a basic introductory level training on the principles of the role and responsibilities of a community based trainer including lesson planning, group management and presentation skills. The training was interactive and discussion based which supported learning and the groups were able to share and learn from each others knowledge and experiences. The final part of the training consisted of learners being asked to plan a 10 minute lesson based upon one of the sections of the two day volunteer training of their choice. Each individual learner then delivered a presentation to the rest of the group.

The presentations were observed and scored based upon competencies around room layout, group management, subject knowledge, effective communication and the use of resources. Learners were provided with both written and verbal feedback and had the opportunity to spend to discuss training strategies with the Project Officer.

Mentoring support was also provided to the 'train the trainer' learners. The aim of providing this support was to enable them to build their confidence, knowledge, skills and experience in the lead up to the delivery of the two day volunteer training. This took the form of development meetings and one to one mentoring support. The development meetings consisted of open discussion about the different aspects of training delivery, from planning lessons to verbal and non verbal communication to group and time management. One to one mentoring support was also provided to learners who wanted to progress further onto actually delivering the two day volunteer training with the support of the Project and Training Officer.

In total 47 learners received the 'train the trainer training' and 21 of them received mentoring support. 4 learners from the 21 mentored delivered sections of the two day volunteer training to their peer group alongside the Project Officer.

Interpreters worked with the Project Officer to deliver the two day volunteer training as well as the 'train the trainer' training to Chinese and Polish staff and volunteers. The interpreters were either project staff of the delivery partners or project volunteers. As the Sporting Equals Project and Training Officer was bi-lingual, there was not a need for an interpreter for the Asian group of learners.

2.2.5 Webinar

A webinar was delivered on the 19th March 2013 with the national Age UK team hosting the event. Presentations were delivered in partnership with the National Age UK team, Age UK Lancashire (Eastern Lives) and Sporting Equals.

The aim of the event was to disseminate and update stakeholders and interested parties in the progress of the Supporting Change and Impact Project to date. The presentation consisted of the following:

- Introduction and aims of the project
- The main outcomes from the project



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- Project delivery and the details
- A look into the minority groups they engaged with
- The projects successes
- The way forward

The webinar was accessed by 30 organisations in total, this was a mix of local Age UK's, NHS and community organisations. The event was very well received with excellent feedback from partner organisations.

Organisation	Region	Delivered	Location	No. of people accessed on the day	Number of people accessed on demand on a later date
Sporting Equals, Age UK Lancashire (Eastern Lives), Age UK (National)	UK	19/03/13	Live web broadcast	17	13
TOTAL					30

2.3 Project management and leadership

Sporting Equals worked with four delivery partners in order to deliver focus groups, the two day volunteer training, monitoring visits, 'train the trainer training' and mentoring support to 'train the trainer' learners.

The delivery partners were based across the three regions of the London, Lancashire and the Midlands.

- Age UK Lancashire (Eastern Lives project) - Lancashire
- Chinese Mental Health Association – London
- Chinese Community Centre Birmingham – Midlands
- Polish Senior Citizen Group Birmingham – Midlands

All the delivery partners excluding Eastern Lives were asked to commit to a programme of delivery through a service level agreement. They were provided with funding of up to £1000 to support the co-ordination of activities. These funds were used by projects to put on new activities, cover volunteer travel costs, cost of room hire and interpreters.

Due to some of the volunteers having other commitments and restricted timescales, the training delivery was adapted on several occasions to work within the parameters of volunteer availability. For example, adaptations were made to start and finish times and training activities. The Project and Training Officer supported delivery partners to engage with the wider target communities through working with faith groups and complimentary service providers.

As a result of this support, the delivery partners worked well with Sporting Equals and were able to make new links into their community and to recruit new volunteers. E.g; some organisations used faith establishments like mosques to promote the project which resulted in an



overwhelming interest from new volunteers registering for the two day volunteer training which become oversubscribed towards the end of the project.

2.4 Project achievements

Through the project Sporting Equals accessed 637 people in total (includes volunteers, staff and older people) from the Supporting Impact and Change Project in the following ways:

- 137 people received the 2 days volunteer and train the trainer training;
- 91 people accessed via the focus groups (72 of which were older people);
- 30 people accessed via the webinar
- 379 older people accessed combining all activities;

As a result of the efforts of Sporting Equals and the successful way in which it worked with its delivery partners, the project exceeded its agreed targets with Age UK.

The following table show the project outputs and achievements.

No. of Beneficiaries (older people)		No. of Volunteers Trained		No. of Delivery Partners		No. of Focus Groups	
Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
134	379	57 (Train the Trainer – 34)	137 (47)	3	4	4	13

2.5 Key successes and lessons learned

There were a number of key successes and several lessons that contributed to the successful delivery of the project. These were:

- A respect and acceptance from the outset by the Project Officer of the diverse faiths, beliefs, traditions and cultures to be worked with in order to deliver a successful project.
- A collaborative approach to partnership working between the delivery partners and the Project Officer throughout each stage of the delivery process.
- Research that took place initially through focus groups combined with desktop research enabled a more targeted training programmes.
- An adaptable, flexible and responsive way in working to meet the diverse needs of the Chinese, Polish and South Asian communities.

Several lessons were learned over the course of the project delivery which include:

- The Chinese, Polish and South Asian communities are diverse in many ways but were are also very similar in some aspects. All three groups are family orientated and want to

look after their elderly family members at home with support from external agencies as opposed to finding alternative care for them which would mean uprooting older family members to care homes.

- The organisation of events and activities by the Project and Training Officer had to take into account religious calendars. Dates for focus groups, training and monitoring visits all had to be organised around these events and prayer times.
- Delivery partners had their own quarterly and annual diary of events such as volunteer / carers networking days and older people's activities and project activities had to fit around existing arrangements.

3.0 Key findings – impacts on equality and diversity

It is clear through feedback from partner organisation and sporting equals research¹ of the need and importance of focussed interventions which take into account the faith, cultural and traditional beliefs of an older person. The development of this bespoke training recognises that BME communities are different and often a 'one size fits all' approach does not always work. The training which has been developed enables greater insight for each target audience enabling volunteers to tailor interventions to meet the cultural sensitivities of these client groups.

3.1 Need for faith and community focussed interventions

From the initial Chinese, Polish and South Asian research reports there is clear evidence that supports the need and importance for focussed interventions which take into account the faith, ethnicity, age, cultural and traditional beliefs of an older person. The following research highlights some of the key issues which need to be taken into account when supporting older BME people:

- **Definition of Black and Minority Ethnic (BME) or Black, Asian and Minority Ethnic (BAME)** - the terminology normally used in the UK to describe people of non white descent.⁽³⁾
- **Population increase of BME communities** – England and Wales has become more ethnically diverse with rising numbers of people identifying with minority ethnic groups in 2011.⁽⁴⁾ BME groups account for 73% of the UK's total population growth due to fertility rates and inward migration.⁽⁵⁾ It is estimated to rise to 27% by 2051.⁽⁶⁾
- **Older BME communities** – Due to improved lifestyles, people are generally living longer. From the 73% of the UK's total BME population, 8% are over the age of 60.⁽⁷⁾
- **Health and ethnicity** –
 - Ethnic differences in health vary across age groups, so that the greatest variation by ethnicity is seen among the elderly.⁽⁸⁾

¹ Sporting Equals, faaf supporting impact and change focus groups delivered by the Sporting Equals project officer July-December 2012



- Ethnic differences in health vary between men and women, as well as between geographical areas.⁽⁸⁾
- Pakistani, Bangladeshi and Black-Caribbean people report the poorest health.⁽⁸⁾
- The Polish along with the Soviet Union, Romanian, Bulgarian, Hungarian and Czechoslovakian amongst the European countries are the highest rated to have heart disease.⁽⁵⁾
- 37% of Polish people are overweight and 21% are obese leaving a higher risk of developing health problems. With 38% of them having a body mass index (BMI) of more than 35.⁽⁵⁾
- There is a prevalence of angina and stroke amongst both Chinese men and women, with a higher risk amongst Chinese women.⁽⁹⁾
- 20 per cent of Chinese people will get dementia from the age of 65 years. This compares to 30 per cent of Black Caribbean and 29 per cent of White Irish people.⁽⁹⁾
- Of more concern, all ethnic minorities reported a severe lack of support, especially people of Pakistani and Bangladeshi origin.⁽⁸⁾
- **Faith** – Diet and physical activity are serious considerations for older BME people who practice their religion. Based upon religion, a lot of older BME people will not eat certain types of food, which could inadvertently affect the consumption of a balanced diet and the right combination of vitamins and nutrients they intake. Their participation in physical activity will also be affected in that they will not part-take in certain physical activities or exercises due to the lack of single sex groups and activities which do not consider wearing modest clothing such as swimming.⁽¹⁰⁾
- **Diet and ethnicity** – Due to the influences of the western diet, there are changes to the dietary habits of older BME people in the UK. The following are main factors for consideration for the Chinese, Polish and South Asian communities:
 - There are certain risk factors which are more common among South Asians, these vary between communities, but include low rates of exercise across all South Asian communities and a diet high in fat and low in fruit and vegetables in certain groups.
 - Chinese communities should look to reducing their salt and fat intake due to high levels of hypertension and cardiovascular disease⁽⁹⁾
 - Polish communities would benefit from reducing their salt, sugar and fat intake due to high levels of hypertension, strokes and diabetes⁽⁵⁾
 - South Asian communities should look to reduce the salt, sugar and fat intake due to high levels of diabetes, coronary disease and obesity⁽⁸⁾

Mental health and ethnicity – BME groups generally have worse health than the overall population, although some BME groups fare much worse than others, and patterns vary from one health condition to the next⁽⁸⁾



- Pakistani, Bangladeshi and Black-Caribbean people report the poorest health, with Indian, East African Asian and Black African people reporting the same health as White British, and Chinese people reporting better health ⁽⁸⁾
- 20% of Chinese people are likely to get dementia from the age of 65 years ⁽⁹⁾
- Polish people may wait much longer before visiting a health practitioner compared to other minority groups as language is seen to be a problem in communicating their symptoms, leaving them more vulnerable to their health problems worsening ⁽⁵⁾

It is important to understand that all communities are different and support is often required to recognise the key issues to enable supported interventions to take place.

3.2 Profile of participants

The Supporting Change and Impact project engaged with 637 people in total. Forms were completed with participants to capture relevant data for report writing, however not all participants fully completed the forms. The following figures are based upon the responses received as some older people did not know or did not want to give out their full date of birth or indicate their ethnicity.

In this section the figures illustrate the ethnicity, religion, age and gender and health of those engaged. Please note the figures in this section will vary from the SNAP data captured by Age UK as Sporting Equals continued to receive forms after the SNAP system closed.

Figure 1 illustrates the ethnicity of participants. In total 526 people selected an ethnicity on their form. From these, the majority of the participants were Chinese (174), followed by White Other at (125) which was usually selected by the Polish community as well as the 'Other' category to identify their ethnicity. The third largest groups accessed was the Pakistani group (88).

Figure 1: Profile of Ethnicity

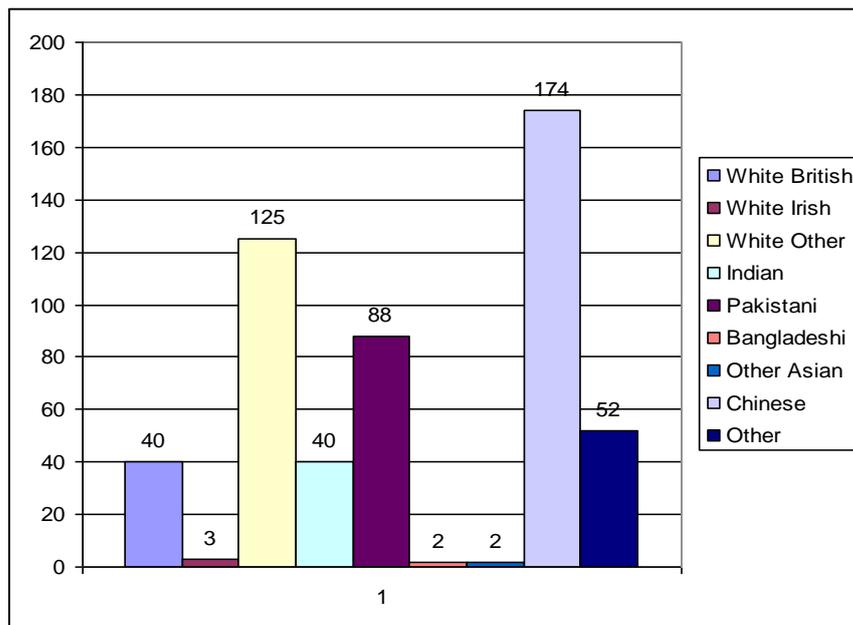


Figure 2 illustrates the religious profile of the participants. In total 512 people selected a religion on their forms. From 512 participants, 190 people were Christians, this was followed by 82 Muslims and 75 participants who chose the option of 'No Religion'. Overall however a good mix of different religions took part in the project.

Figure 2: Religion of participants

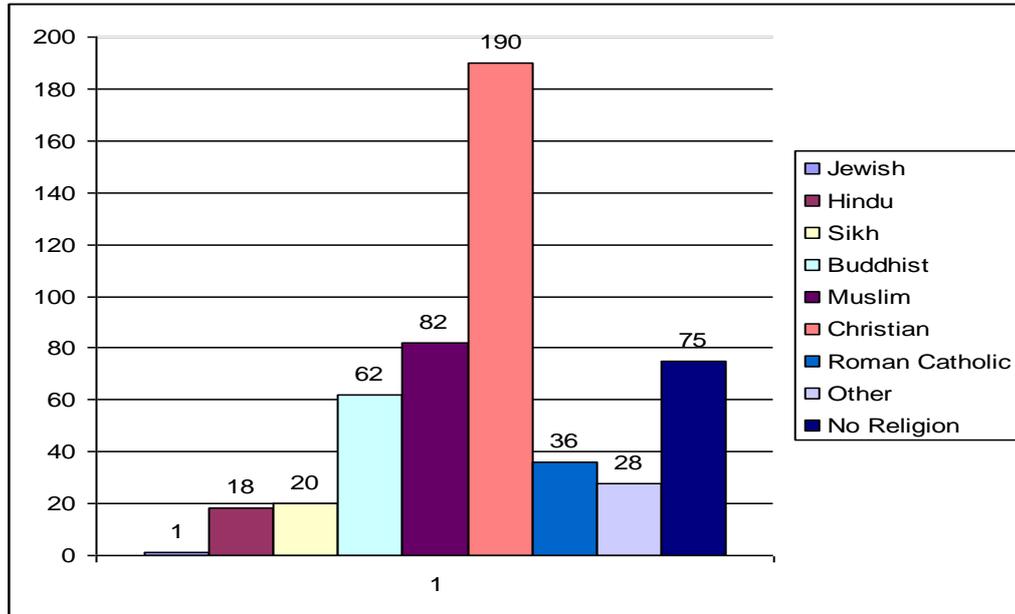


Figure 3 illustrates the age and gender of participants. In total 540 people provided their gender and full date of birth on the form. This was split into 372 females and 168 males which indicates that a higher proportion females took part in the project. There were 14 females and 7 males aged 81+.

Figure 3: Age and Gender of participants

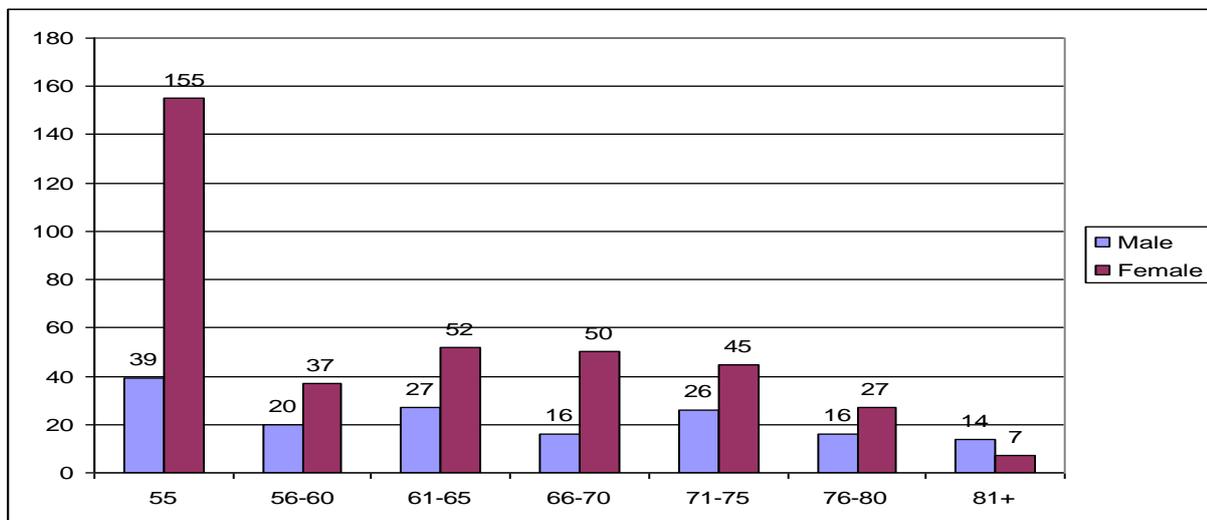
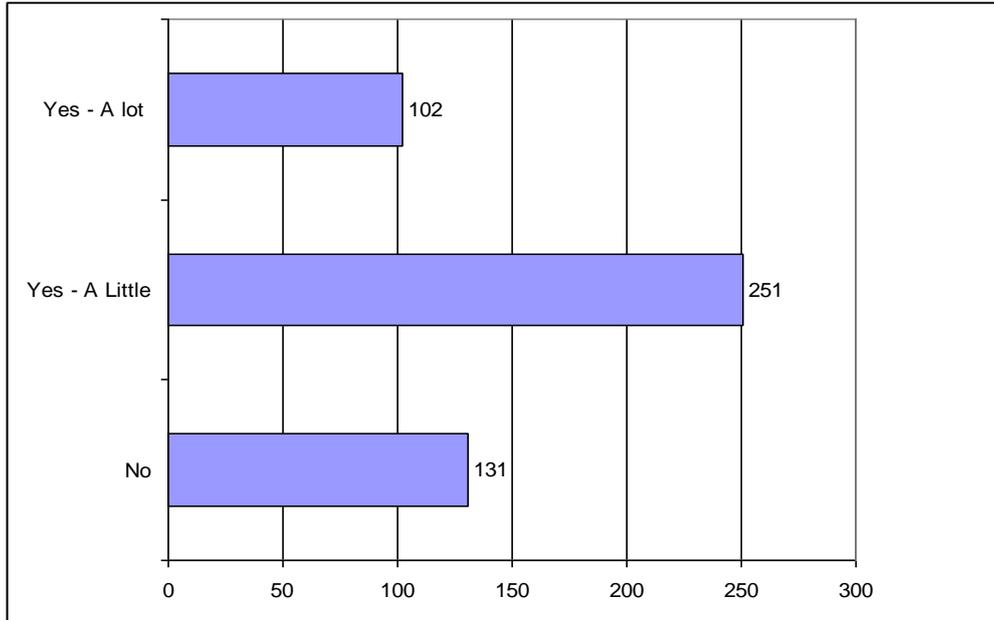


Figure 4 below illustrates that from the 484 respondents completing this question, the majority of the participants, 251, felt they were in good health and did not have any illnesses that impacted on their day to day activities, compared to 102 of them who felt they were not in good health due to a long standing illness.

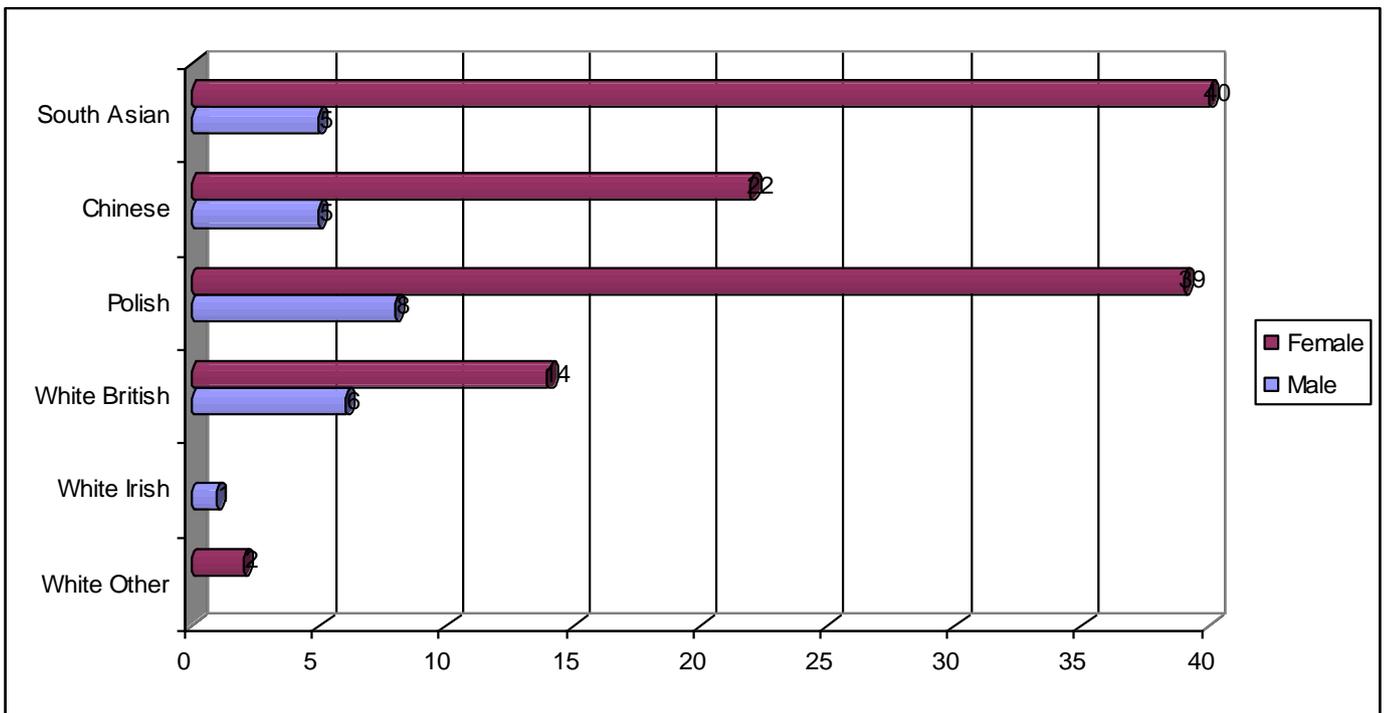
Figure 4: Impact of long standing ill health and / or disability affecting day to day activities



Analysis of learners

The two day volunteer and ‘train the trainer’ training was very popular and well received. In total 137 learners received training. This was made up of 133 learners who had attended the two day volunteer training and 47 of those learners moving onto the ‘train the trainer’ training. Figure 5 illustrates that the majority of the learners were female of South Asian background with 40 women attending, followed by 39 Polish females. The majority of males who attended the training were Polish with 8 males attending, followed by 6 White British males. The least number of females attended were from White Other background, these were Lithuanian and Armenian. From the male group, the least number of attendees were Irish with only 1 Irish male attending the training.

Figure 5: Training: Gender and Ethnicity



3.3 Impact of the project on equality and diversity

The impact of the two day volunteer training on older people has had many positive outcomes. All delivery partners stated that the older people who did not engage much in activities were now getting involved and appeared more self motivated. The project also confirmed that they have been able to support more older people due to the recruitment of new volunteers.

The following are examples of how the training recruitment process has impacted on the delivery partners and their volunteers and the older people they support:

'The volunteers completing the training programme have been able to provide one to one support for people who need help to access health improvement services or mentoring/befriending to enable an individual to make positive lifestyle changes. The volunteers have supported the project to help break down any language and cultural barriers to improve engagement and participation in activities'.

Age UK Lancashire – Eastern Lives

'A lot more older people have benefited from volunteers taking up the training. We've not had this type of training before and it has really helped to support the skills and knowledge of our volunteers. They now are more structured in the way they work with the older people with a lot more older people taking part in centre activities than before'.

Chinese Community Centre Birmingham

'Due to the recruitment process for the two day volunteer training, we have managed to recruit an unexpected number of Polish people who are keen to attend the training and to volunteer to support older Polish people. This has helped us considerably as we are now able to support more Polish older people as initially we were struggling to find volunteers'.

Polish Senior Citizen Group. Volunteer Treasurer and Co-ordinator

3.4 Activities appreciated by participants

A wide range of activities were delivered by partner organisations. These have ranged from cooking healthy foods each week to gardening projects, table tennis, walking groups, tai chi, yoga, singing, line dancing to quizzes, puzzles and general knowledge games.

- The Polish groups tended to enjoy line dancing, walking groups the most with mental well being activities such as quizzes and general knowledge games.
- The Chinese groups enjoyed Tai Chi and table tennis the most along with the whole social experience of attending the centre and meeting other older people, staff and volunteers.
- South Asian groups very much enjoyed engaging with stretching and toning exercises, in particular they enjoyed the social aspect of meeting with other older people, staff and volunteers.



3.5 Targeting ‘disadvantaged’ groups

Due to cultural and faith sensitivities there were often barriers for some older groups in accessing activities. This ranged from language difficulties through to timing of activities and the need for single sex sessions.

The following strategies were used to engage with older people:

Language barriers	<ul style="list-style-type: none"> Staff and volunteers of the same community were able to speak to older people attending the centres about the various activities that were planned for them.
Not being able to read and write in English	<ul style="list-style-type: none"> Some older people were not able to read and write, therefore staff and volunteers explained everything to older people verbally, reminding them periodically of events and activities.
Lack of time	<ul style="list-style-type: none"> Some older people required activities to be delivered within certain times, and the timing of activities were taken into account and delivered at times and days when as many of the older people could attend as possible.
Mixed groups sessions	<ul style="list-style-type: none"> Although older people from the Chinese and Polish communities did not request single sex groups, the South Asian communities and in particular the Muslim community required single groups for each activity. The delivery partner worked to ensure single sex groups were provided.
Clothing	<ul style="list-style-type: none"> Due to misconceptions of the type of clothing needed to be worn for physical activity, all of the delivery partners made it clear to older people that they did not need to make any additional purchases to partake in activities.
Travel	<ul style="list-style-type: none"> Some of the older people were not able to attend the centres, so volunteers would visit the older people in their own homes. Some of the centres also organised travel arrangements through ring and ride asking family and friends to drop older people off to the centres on certain days and times during the week. Hosting community activities locally to avoid older people having to travel via public transport or having to rely on the support of travel arrangements from family and friends.

The following arrangements were made to encourage volunteers to attend the two day volunteer and train the trainer training:

Recruitment	<ul style="list-style-type: none"> In order to recruit as many volunteers onto the training programmes, the delivery partners worked with faith and community organisations to engage with local communities. Staff and volunteers were informed of the training during various sessions being delivered to older people or during staff meetings. Volunteers were also recruited through word of mouth particularly with
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<p>Time constraints</p>	<p>the Polish Senior Citizen Group who were oversubscribed on new volunteers wanting to attend the training.</p> <ul style="list-style-type: none"> A lot of the volunteers had commitments outside of their volunteering roles. Some of the volunteers were not able to attend training due to limited time on either side of the training day and some were not able to attend twice in the same week. In order to encourage as many volunteers onto the training as possible, training was adapted and delivered according to the needs of the learners. For example the training day started later and finished earlier for some of the groups, and for some, the training days were split over two weeks.
<p>Language barriers</p>	<ul style="list-style-type: none"> Interpreters were enlisted from the Polish and Chinese delivery partners to support the Sporting Equals Project and Training Officer. However, as the Project and Training Officer was bi-lingual she was able to communicate effectively with South Asian communities.

‘We have enjoying organising the two day volunteer and ‘the train the trainer’ training for our volunteers as this is the first time we have organised such activities for them. Sporting Equals have been very easy to work and has been very good in understanding out cultural needs and flexible in their approach to delivering the training’.

Chinese Community Centre Birmingham

3.6 Key successes and lessons learned

Through the delivery of the Supporting Change and Impact project, several key successes and lessons have been learnt during the course of the project.

Supporting older people:

- The need for more targeted volunteer recruitment strategies through faith and community organisations.
- Language barriers were broken down to engage with older people by using project staff or volunteers to carry out the interpreting.
- Older people stated they had enjoyed taking part in activities when consideration was given to prayer times and single sex sessions.
- Organised activities need to take into account religious events.
- All of the Chinese, Polish and South Asian communities enjoyed the social aspect of group activities. The Chinese groups identified that they enjoyed Tai Chi and dancing, the Polish enjoyed walking groups and dancing whilst South Asians enjoyed more stretching and toning exercises.

Training development and delivery:

- The focus groups enabled Sporting Equals to gather a lot of key information that is not always available through desk top research.



- Gaining insight into each of the community groups through focus groups prior to developing the training materials added extra value to the information and to the relevancy in the training packs.
- It was apparent that the training packs needed to be specific to each target group. More appreciation and engagement was shown towards the training when learners were able to identify with the content, images and language being used for each cultural group.

General:

- For all three communities, cultural and religious calendars needed to be observed when organising training days, including the timings of such delivery as the majority of the learners are carers, working or students and needed to fit the training around their own sometimes very busy and demanding schedules.



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4.0 Key findings – impacts on volunteering

Sporting Equals worked with four delivery partners across 3 Regions to build the capacity of volunteers working with older Chinese, Polish and South Asian communities. The aim was to ensure volunteers were able to support older BME people in improving their health and well being.

The volunteers worked to support older people by organising a wide range of activities related to physical activity, healthy eating and well being including befriending activities. The activities ranged from cooking sessions, tai chi, walking groups to playing bingo.

4.1 Impacts on the volunteers

Volunteers have provided feedback stating it has supported their development in many different ways. The volunteers from each of the ethnic groups approached the training with enthusiasm and self motivation. From the feedback provided on the training evaluation forms as well as verbal feedback there was the consistent information that that the training was enjoyable, interactive and would help in their personal development. People also commented that the training would help progress their volunteering, and would help professional development. The feedback from the Sporting Equals Interim Two Day Volunteer Training Report suggested that volunteers particularly enjoyed the social aspect of training and sharing of good practice, which was further demonstrated by their keen interest and engagement in the training.⁽¹¹⁾

The following are some of the comments provided by volunteers on their training evaluation sheets after having received the two day volunteer training:

'I found the diet and nutrition section the most useful because it made me realise different faiths have different requirements and restrictions for their diet.'

- Eastern Lives Learner

'As I am White British, the volunteer training has really helped me to gain an understanding of how people from different faiths and cultures approach health and well being and how their faith and culture can impact on their decision making.'

- Eastern Lives Learner

'I have thoroughly enjoyed the training, it was great fun and provided me with a lot of new knowledge about different faiths and cultures. The trainer was great, very enthusiastic'

- Polish Senior Citizen Learner

'The training was really enjoyable, I now have a much greater awareness and understanding of how to support the older people I volunteer for and will also use the health and well being information to make positive changes in my personal life with my family'

- Polish Senior Citizen Learner



Delivery partners have also been just as enthusiastic and happy with the outcomes of the two day volunteer training providing the following feedback:

'Feedback from participants I have received has been very positive regarding the two day volunteer training and the train the trainer training. They all felt that they had learnt something and really enjoyed the activities of the two day volunteer training and delivering the presentation for the 'train the trainer' training, although it (delivering the presentation) made them nervous at the time! They liked the trainer's delivery style and they felt appreciated. They also said that the trainer and I (Delivery Partner Co-ordinator) worked quite well together – the trainer delivered and I interpreted'.

'Thanks a lot for approaching us for the programme and all the good work the Project and Training Officer did with our group. There was much pressure on me and my team because it was an extra piece of work, but in the end, we all felt it was well worth our while as we all benefited. It's for sure that this will have a direct positive impact on our elderly service users'.

Chinese Community Centre Birmingham

'The training from Sporting Equals allowed many of the volunteers who attended to develop an understanding of exercise and healthy eating beyond the anecdotal nature of their day to day work. The Chinese community has a unique profile of needs when it comes to elderly health which is very distinct from that of other BME communities and it was nice to see a mainstream organisation actively reach out to us. We hope other organisations can learn from Sporting Equals example and consider the needs of less visible groups when planning their activities and projects'.

Chinese Mental Health Association. London

Volunteers identified a wide range of benefits in taking part in the training programmes with the following information identified in the Ecorys report: ⁽¹²⁾

- 83% of volunteers stating they had gained skills and confidence as a result of taking part in the training
- 56% felt that their self confidence had been raised
- 10% indicated that taking part in the project had resulted in them going onto securing employment or a work placement
- 44% reported they had something to put on their CV



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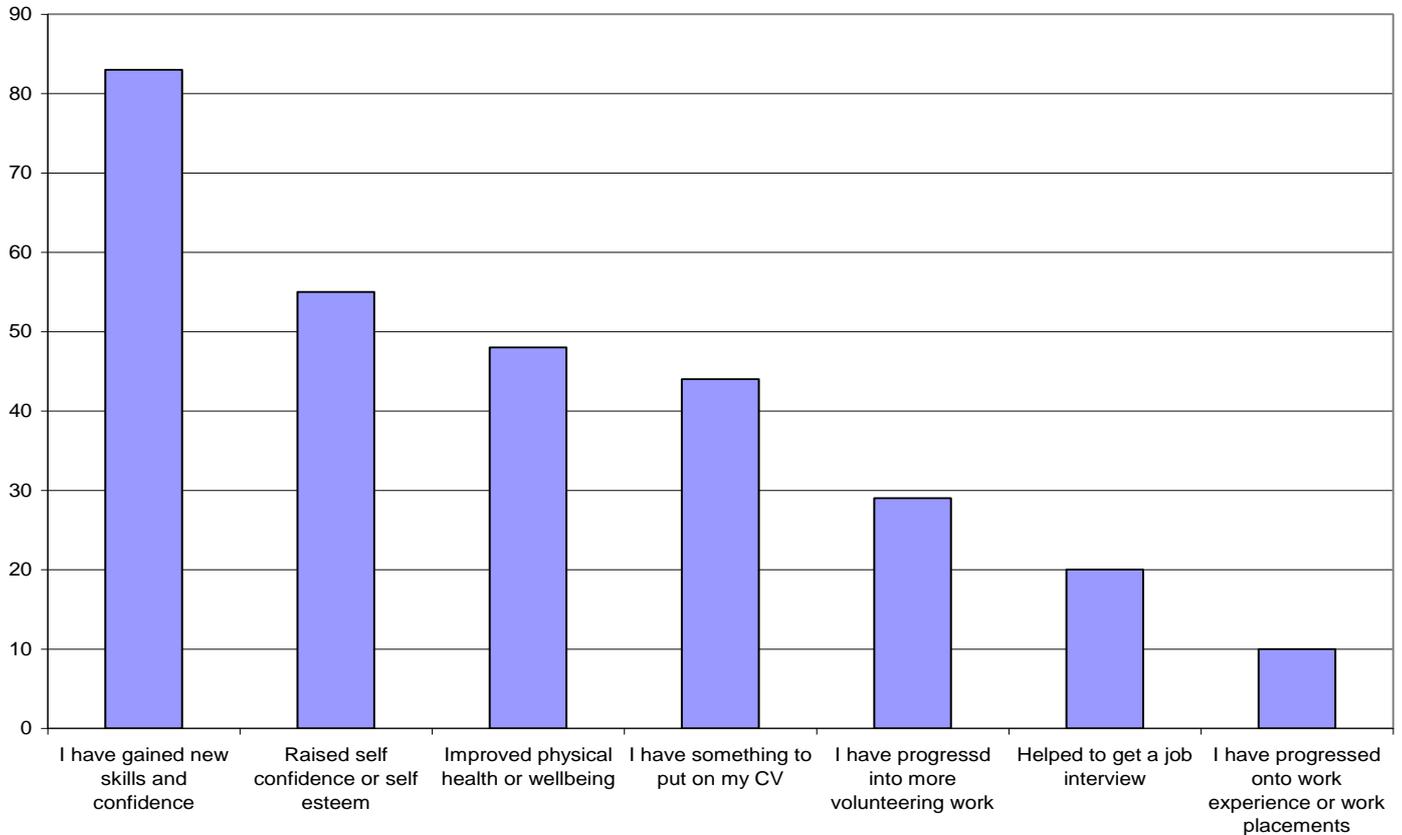
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Figure 6: Benefits of Volunteering ⁽¹²⁾



4.2 Impacts of volunteering on the local community

Within the capacity of the volunteers role in the community, volunteers were able to engage with many more older people than had originally anticipated. Largely though word of mouth, older people who were accessing the services of the delivery partners were telling each other about the activities being delivered in supporting them to increase their physical activity levels, eating a more healthy diet and well being activities.

The volunteers themselves were also telling other people of the health and well being activities and of the increased volunteering opportunities within the centres. This encouraged more volunteer participation by existing and more importantly by new volunteers.

The benefits of the training programmes were also being discussed by the older people who had received support from volunteers who had received the training as well as by volunteers themselves.

As a result of the increased activities and the training programmes, there was an increase in volunteers coming forward to support many more older BME people from the Chinese, Polish and South Asian communities.



Volunteers were also implementing what they had learned through their training in their personal lives to improve the health and well being of their family and friends.

4.3 Impacts of volunteering on the organisation and the partners

Delivery partners have appreciated taking part in the project as demonstrated through the written quotes and verbal feedback provided. By building the capacity of their volunteer infrastructure they have seen an increase in the number of volunteers and gained from the advantage of working in partnership with Sporting Equals to deliver the Supporting Change and Impact Project.

The **Chinese Community Centre Birmingham** stated:

'It's for sure that this will have a direct positive impact on our elderly service users.'

The **Polish Senior Citizen Group** stated:

'Due to the recruitment of the volunteer training we have recruited more Polish volunteers than had expected and are now able to support more older Polish people than before as we had a pool of older people who needed the support of our volunteers in their own homes but we didn't originally have the capacity to provide this. However, we will be able to now.'

Delivery partners have stated that the 'train the trainer' training has given the volunteers trained the capacity to deliver either sections or the whole of the two day volunteer training. This cascade approach to training and the capacity building within their centres will be very useful to them in the long run.

4.4 Key successes and lessons learned

The delivery partners worked with were community projects that rely heavily on volunteers to deliver the services supporting older people. As a result, all delivery partners had stated that training volunteers was a meaningful way of building not only the capacity of volunteers but also the organisations themselves.

Through taking the time to work with the delivery partners and the volunteers, the Project Officer was able to gauge the capacity of each organisation and they way in which they wanted to work and approach the delivery of the Supporting Change and Impact. This tailored approach earned the respect and willingness of delivery partners to work more collaboratively which encouraged a more seamless delivery.

'We have never had this type of training for our volunteers before and are glad of the opportunity to work with Sporting Equals to provide this to them. Sporting Equals understood our volunteers and culture and as a result the volunteers have really enjoyed receiving the training programmes'.

Chinese Community Centre Birmingham



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‘Sporting Equals overcome language barriers that could have made the delivery of the project difficult. They took the time to understand our community and have worked well with us throughout’.

Polish Senior Citizen Group

5.0 Key findings – impacts on older people

With the activities provided by the volunteers to support older BME people in physical activity, healthy eating and well being, the older people were able to take part in many activities.

Activities older people had been engaged with included:

Physical Activity	Healthy Eating	Mental Wellbeing
Gardening	Presentations	Singing groups
Chair exercises	Healthy cooking sessions	Board game
Line dancing	Cooking demonstrations	Puzzles
Bhangra dancing		Bingo
Stretching / toning exercises		Quizzes
Tai Chi / Other martial arts		Coffee mornings
Yoga		
Walking groups		
Sports		
Table tennis		

In total 379 older people were supported through activities carried out by Eastern Lives, Chinese Mental Health Association, Chinese Community Centre and the Polish Senior Citizen Group.

5.1 Impacts on healthy eating and diet

The aim of the healthy eating activities was to raise the awareness of healthy food choices and the benefits of these choices on their physical health and well being. Through the activities, older BME people were given information, advice and guidance on healthier living through eating healthier foods such as eating more fruit and vegetables, removing the fat on meats prior to cooking, using ‘light’ cooking oils, baking or steaming cooking foods and drinking more water. Discussions around eating a more healthier, balanced diet from the governments guideline of the healthy eating plate and the five main food groups were carried out along with reducing salt, fat and sugar intake as well as providing demonstrations of cooking food from raw ingredients along with older people participating in weekly sessions of cooking food in healthier ways.

From the initial research carried out, it was identified that each of the communities needed to focus on reducing particular food groups in accordance to the illnesses prevalent amongst that particular ethnicity. For example it was identified that:



- Although the Chinese communities are reported to be amongst the healthiest of the ethnic minority groups in England, they should still look to reducing their fat and salt intake due to high levels of diabetes and obesity.⁽⁵⁾
- The Polish communities should look to reduce their salt, sugar and fat intake due to high levels of heart disease, heart attacks and obesity.⁽⁹⁾
- South Asian communities report amongst the unhealthiest of the ethnic minority communities in England and should look to reducing their fat, sugar and salt intake due to some of the highest figures of cardiovascular diseases, strokes, diabetes and obesity.⁽⁸⁾

From the focus groups and the monitoring visits, all of the older BME people expressed good general knowledge on how to make healthier food choices and the links between healthy and unhealthy foods and illnesses. For example some of the older people were already aware of how too much or little salt, fat and sugar could affect illnesses such as diabetes, high blood pressure, weight problems, renal disease and coronary heart disease.

However, through the healthy eating activities, the older people had taken on board a lot of the information, advice and guidance provided to them by the volunteers and during monitoring visits carried out by Sporting Equals, they expressed how making the changes suggested to them has improved their general health and well being.

The following two case studies demonstrates how the healthy eating interventions supported older BME people in improving their diets and making healthy food choices.

Eastern Lives, Lancashire – 72 year old Pakistani female

‘Taking part in the healthy eating activities has been really helpful to me as I now have a better understanding of how my eating habits are directly linked to my health. I am making small changes to my diet and to my husbands and we now enjoy eating a lot more fish and vegetable curries and eat less red meat per week’.

Chinese Community Centre Birmingham – 85 year old Chinese female

‘As a diabetic, I thought I was making healthy food choices but then wondered why my sugar levels were always so high. It wasn’t until I began taking on board the information and advice being given through the project that I realised that I was taking in too much sugar through the fruit juices I was drinking. I have since substituted the sweet fruit drinks for reduced versions or versions with no added ingredients to them. I also drink a lot more water in place of the fruit drinks and have noticed a difference that my sugar levels are now in a more manageable range’.

5.2 Impacts on physical activity and exercise

All of the older BME people enjoyed the wide range of physical activities that took place at their particular centres. They enjoyed most the social and fun aspect of the activities and thought they were great ways of improving their general health and fitness levels.

Through the monitoring visits, it became apparent that each group of older BME people enjoyed certain types of physical activity, these were:



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- Chinese older people tended to enjoy Tai Chi and dancing the most
- Polish older people enjoyed walking groups and line dancing
- Whilst the South Asian older people enjoyed the stretching and toning exercises.

The following case studies demonstrate how the physical activities acted as positive interventions in supporting older BME people in improving their health and fitness levels.

Polish Senior Citizen Group Birmingham – 68 year old Polish male

‘I have really enjoyed taking part in the activity sessions organised. I particularly enjoyed taking part in the walking activities. I didn’t need to buy any special gym related items, just loose, light clothing and sensible flat, comfortable footwear were required. Before taking part in the walking groups I didn’t really want to go out and socialise very much, however my friend who is also my volunteer carer suggested I join her on one of the centres walking activities. Reluctantly I went with her and found a number of other older men at the activity. This was very encouraging for me as I really wanted company of my own age and gender. I found the group to be really friendly and made me feel part of the group straight away. Thanks to the support of my friend, I now join in with other activities at the centre such as line dancing. By taking part in these activities, I have found I am now able to walk longer distances without becoming breathless and my general outlook on life has become much lighter as I’ve made new friends and my fitness levels have improved. I’ve also noticed my blood pressure isn’t always so high as I’ve also a few pounds in the process of becoming fitter’.

When talking to the Chinese Community Centre Birmingham, the Project Co-ordinator explained how much the older Chinese people enjoyed the physical activities that were organised for them:

Chinese Community Centre Birmingham - Project Co-ordinator

‘The centre organises many physical activities to encourage older people to attend the centre and become more physically active. The most popular activities amongst the older Chinese people tend to be Tai Chi and Table Tennis. These activities might be more popular because they are traditional activities that the older people will have experienced whilst growing up in China. Tai Chi is usually practised outdoors - any where there is an open space in China by all age groups. Table Tennis is very good for hand and eye co-ordination and concentration whereas Tai Chi is very good for stretching, toning and strengthening the muscles, as well as improving balance and co-ordination. As well as having health benefits and improving fitness levels, we have found the activities a really good way of getting the older Chinese people to socialise and interact with each other as many who attend the centre might not otherwise have had the opportunity to do so in their day to day lives’.

5.3 Impact on well being

Well being activities were delivered by all delivery partners to engage as many older people as possible in activities which stimulated their minds and improved their mental well being. From the monitoring visits carried out, it became apparent that certain activities were more popular amongst certain ethnic groups. For example:

- Polish older people tended to enjoy quizzes, puzzles and playing bingo
- Whilst Chinese older people enjoyed board games and coffee mornings



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- And South Asian older people enjoyed coffee mornings and taking part in healthy cooking sessions

For a lot of the older people from all of the BME backgrounds, the social aspect of attending the centres or allowing befriending sessions in their own homes was extremely important to them and something they all had in common. It allowed them to engage with other older people from the same ethnic background who spoke the same language and shared the faith and culture. They all felt that the interaction that took part between themselves, other older BME people and the volunteers contributed to them feeling good about themselves and lifting their moods. All of the older people stated that they felt much better for attending the centres or after their befriending session with the volunteers at their own homes.

Eastern Lives, Lancashire – 83 year old Pakistani male

‘Attending the activities at the centre has really helped me to keep in contact with other older Pakistani males. I’ve been a widow for 15 years now and my two daughters live outside of Burnley and are leading their own lives. I don’t see them as much as I would like to and as a result I don’t see as much of my grandchildren either. I’ve never got used to being a widow or the loneliness I’ve been feeling since my wife passed away. If volunteers don’t come to see me at my house or I don’t attend the centre I could easily not see anyone other than through going shopping and paying my bills to speak with on a social level. I tend to start feeling depressed if I don’t have this contact with other people. However, the activities through the project at the centre really lift my mood. I enjoy the presentations being delivered and the discussions we have around healthy living, the information and advice has really helped me to understand the links between eating healthy, engaging in physical activity and improving my health and well being. The sharing of tips on cooking healthy foods and remaining physically active amongst the men and the staff and volunteers have been invaluable to me as my wife use to do all of the cooking before and I hadn’t realised that my eating habits and they way in which I prepare my food was so unhealthy for me and the impact it was having on my health. I have made new friends, which has really helped in keeping me feeling balanced within my self. As a result, I feel much more positive about myself and life in general’.

5.4 Key successes and lessons learned

All of the delivery partners stated that they had made progress in supporting the older people in understanding the links between healthy living and the direct link to their health and well being. They reported that they have seen an increase in participation on days when certain activities were planned. They could see an enthusiasm and self motivation in many of the older people.

Danehouse Resource Centre stated that they ‘had noticed that the timings and days of the activities were an important consideration when planning activities for example, as all of the older people they support are of Muslim, Pakistani background, they avoided planning activities between 12:30pm and 1:30pm including Friday afternoons due to prayer times. Activities had to also start from 10am and finish by 2:30pm due to the women having family responsibilities.’

All of the delivery partners also stated that they had to take into account religious calendars with the **Chinese Community Centre Birmingham** stating that they ‘not only to ensure we were



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able to meet the needs of the older people but also for the needs of the volunteers as all of the volunteers they worked with also shared the same ethnicity and faith.'

In general the delivery partners found trying to change the mind set of the older people in terms of eating more healthy was quite challenging as the majority of the older people have become use to preparing their meals in a certain way and any changes to the way in which the food was cooked was thought of less flavoursome or less appetising. The **Project Co-ordinator at the Polish Senior Citizen Group** stated that 'trying to get older people to eat more fruit and vegetables was also a problem. Although there are a lot of vegetables included in our meals, we don't tend to eat a lot of fruit or cook with a lot of fruit. Even though the older people might know of the health benefits, they still might not include these food types into their daily diets due to being in the habit of always eating in the same way.'

Danehouse Community Centre, who always had single sex groups for every activity they carried out, stated that they had noticed in particular that the men tended to put the onus on the women, stating that the women in the family were the ones who would do the cooking so they needed to change the way in which they prepared the food. However when the same discussions and workshops were held with the women, they would state that each time they attempted to make healthier changes, the men would notice the difference in how the food tasted and would want to revert back to the traditional way of cooking South Asian foods.

Location of the centres was also a key point for older people, the ease of access and not having to spend money to get to the centre was also important. Centres such as Danehouse Resource Centre is set in a converted domestic house in a residential street which meant all of the local South Asian elderly people were able to walk to the centre. This aspect was very much appreciated by the older people attending as one of the older people stated, "If the centre wasn't placed in the community as it is, I don't think realistically I could attend everyday as I do as my family are busy in their own lives and would probably become frustrated in dropping me off and picking me up everyday. Due to the centres location, I only live about 5 minutes away and can walk to and from the centre as many times a week as I wish"

Where the centre wasn't placed in the community but in the City Centre, as the Chinese Community Centre Birmingham is, the older people still attended regularly with some older people attending as many times as 4-5 times per week. The older people spoken with stated that they were very happy with the centre and where it was placed as it was central and easy to get to. The bus stops are just outside and there is a car park at the back. Many of the older people had been attending the centre for 10-13 years and attend between 3-5 per week. They have bus passes and sometimes accept lifts from family and friends. As the physical activity, healthy eating and well being activities were all free, this contributed to the motivation of attending as many sessions as they could.

6.0 Key findings – impacts on partnerships and sustainability

This section of the report will examine how the delivery partners worked in partnership with organisations to deliver the activities of the project and will also look at how the delivery partners view the sustainability of the project and the volunteering model.



6.1 Partnerships

In total Sporting Equals worked with four delivery partners across three regions. It managed, co-ordinated and monitored the delivery process. The delivery partners in turn worked with external partners to deliver part of the health and well being project. Some included health presentations, health checks, cooking workshops and exercise activities to mention but a few.

Organisations worked with included local NHS, sports organisations and faith organisations. All delivery partners have stated that they will continue to work with these organisations to continue to delivery the health and well being agenda.

There were no issues or problems discussed by the delivery partners during monitoring visits in terms of accessing or trying to co-ordinate the activities of the project with the partnerships being formed.

Due to the strong links made, the impact of the partnerships will continue after the delivery of the Supporting Change and Impact Project ends.

6.2 Key successes and lessons learned

The delivery partners were keen to work in partnership with external organisations in order to deliver project activities to a high standard and also to build new working relationships which they could carry to deliver services which supported older BME people in improving their health and well being.

Delivery partners found that it was important for them to give as much notice as possible to partner organisations if they were to get them to come to their centre on a regular basis to deliver activities. All of the delivery partners worked with at least one self employed person who, was usually someone who could deliver physical activities such as Tai Chi, Yoga, Line Dancing and exercise on a regular basis.

Funding was an issue with each of the delivery partners - although there was £1000 funding available for each delivery partner to support them in co-ordinating and delivering project activities, the delivery partners found that they were utilising this funding largely on the co-ordination of the training. The funding was being utilised on volunteer travel expenses, lunches and the cost of room hire.

Along with individual physical activity instructors, the delivery partners sought to work with organisations such as NHS and community based organisations that were able to deliver services free of cost. For example:

The Polish Senior Citizen Group saved money on advertising for recruiting new volunteers by working with their local church. Understanding that the Polish community are largely religious and attend church regularly, the Project Co-ordinator approached the Priest about talking to the congregation after Mass had ended to let them know of the health and well being project and it's volunteering opportunities. This enabled the centre to recruit more volunteers than they had initially anticipated. As a result they still have volunteers who would like to receive the training and it is anticipated that in the long term, the two day volunteer training will be adapted for delivery by the train the trainer learners to deliver at the centre.

6.3 Sustainability

All four of the delivery partners have valued the two day volunteer training and the train the trainer training for staff and volunteers which has enabled them to support BME older people. All delivery partners have confirmed that they will be continuing to deliver health and wellbeing activities to support older BME people in improving their health and fitness.

In particular, as a result of keeping their outgoings to a minimum, the Polish Senior Citizen Group were able to put some of the £1,000 funding towards a minibus to take a group of older Polish people, as a walking group, to the local countryside and were also able to purchase equipment to encourage and sustain physical activity amongst the senior citizens once the Supporting Change and Impact project delivery had come to an end.

Delivery partners were able to recruit new volunteers through advertising the two day volunteer training. 100% of the new volunteers are working with the delivery partners to provide health and well being support to older BME people.

Both the Chinese Community Centre Birmingham and the Polish Senior Citizen Group stated they were surprised at the number of new volunteers that had come forward for the training. The Polish Senior Citizen Group in particular have stated they have recruited so many new volunteers that they are now able to support a larger number of older Polish people, who had previously been waiting to received support either in their own homes or in the centre.



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8.0 Conclusions and recommendations

8.1 Conclusions

The Supporting Change and Impact Project accessed 637 people in total, training 137 staff and volunteers and supporting 379 older BME people. Through the delivery of the training programme Sporting Equals built the capacity of staff and volunteers in developing them to support older Chinese, Polish and South Asian people in improving their lives in the three key areas of physical activity, healthy eating and well being.

The training focussed its efforts in the areas of developing staff and volunteers in raising awareness and broadening their knowledge of religious, cultural and traditional values which could impact on the motivation and decision making of older BME people when improving their health and well being. All of the delivery partners have been appreciative of the training and support to help target the particular groups they work with.

The Ecorys Development Report states how volunteers have stated that receiving the training has improved their self esteem, their confidence, has improved their skills as well as their understanding of different religions, cultures and traditions in particular in the context of health and well being.

As a result of the above, beneficiaries of the training are seen by their peers as ambassadors and positive role models in supporting older people in improving their health and fitness.

Those delivery partners which recruited new volunteers have been able to retain the new recruits and utilise their services in supporting more older BME people in their own homes as well as in the centres.

Due to the Sporting Equals approach through its experience, knowledge, key links and cultural sensitivity, the Supporting Change and Impact project has been a huge success national. The project has left beneficiaries of staff, volunteers and older people with a positive impact on supporting older BME people in the main key project areas of physical activity, healthy eating and well being.



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9.2 Recommendations

As a result of the delivery of the project, Sporting Equals have derived at the following recommendations:

- Duration of the training:**
Although most of the volunteers thought the two day volunteer training was just about right in its length of delivery, a few of the volunteers suggested the training could be shortened to be delivered over one day instead. Future volunteer training development could take this into account and possibly consider several delivery options to engage with differing groups training requirements i.e. part of the training material could be entrusted to volunteers to read after or before training delivery or the content of the training could be delivered based upon activities i.e. a morning session of presentations and short activities and the afternoon session with the group being split into three and each looking at either physical activity, healthy eating or well being relating to older BME people of particular faiths. Each group could then present their findings to the rest of the group which would enable learners to learn from one another through activities.
- Timings of the training:**
The times of the training delivery need to be taken into account to reflect any commitments learners might have, this could range from being a carer to being a student or working shifts.
- Project volunteers as interpreters:**
In order to keep training delivery costs low, if projects require interpreters, an option would be to ask a member of staff or a volunteer to interpret throughout the training. As interpreting can be quite tiresome, two volunteers could interpret alternative mornings, afternoons or days. Sporting Equals used this option which proved beneficial as the volunteers were known by other training participants within the centres and communication was therefore a lot more relaxed and fun.
- Religious sensitivity**
Religious events need to be taken into account when planning training or other project activities. This was proven when Eastern Lives was unable to recruit volunteers for training at the scheduled time in accordance with the projects delivery plan as the timings coincided with the month long Muslim event of fasting called Ramadan followed closely by the festive day of Eid. The volunteers were recruited and the training was successfully delivered after these two religious events had taken place.
- Cultural sensitivity**
One of the reasons why Sporting Equals was able to work successfully with delivery partners from diverse BME communities was its approach and understanding to respecting the ways in which different cultures behave and interact. This knowledge, experience and awareness was noted and appreciated by each of the delivery partners and their volunteers. It is therefore important that any organisation looking to work with diverse cultures and faith groups to use a similar culturally sensitive approach.



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