MONITORING AND EVALUATION OF USER SATISFACTION

by

The Lewisham Older Women's Network

Spring 2008

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Section 1: Introduction

The Lewisham Older Women's Network (OWN) were commissioned by the Downham Elderly Health Project to conduct a User Satisfaction survey and evaluation of their service in January, 2006. The research team comments:

Our main focus during the monitoring of this Project has been the many elderly people who have used it – their circumstances, experiences and opinions. To inform this work, we also sought background information from various sources – the national census, Lewisham ward analysis, an informative meeting with officers of the Department of Health and Treasury, and briefings from the Project Co-ordinator, Dr. Ros Spinks and staff.

These are some of the questions we asked of service providers. Answers could be detailed and technical. However, we aim in this report to express the information acquired in the style and from the perspective of Lewisham older people which - as ´peer ´evaluators – we believe we represent.

Why Downham?

When it was completed, the Downham estate together with neighbouring Bellingham became the largest area of social housing in Europe. Begun in 1914, its mixture of low-rise flats and small houses with leafy streets and grassy pavements, offered a ´garden suburb´

for poor families re-housed from slum clearance areas in inner London and nearby Deptford. Few of them moved away.

By the 1970s the pavements had been tarmacked and the flats were no longer popular; some were empty and offered as ‘last-chance’ accomodation to single mothers in neighbouring boroughs. The area became more ethnically and culturally divers following the arrival of Vietnamese boat people, and the re-housing of some asian families from London´s East End. In recent years young families of afro - caribbean heritage have moved to the area, and are now the largest minority. Many members of the´ original families´ still remained, becoming the estate´s senior citizens.

The area suffered considerably from the high levels of national unemployment in the 1980s. Most civic services and training opportunities were in the centre and north of the borough and transport links were poor. A culture of under- achievement and long-term unemployment became a local characteristic. The DETR´S index now puts Downham in the most deprived 10% of wards in England and Wales in relation to income, housing and child poverty.

Why Older People?

Older people on the estate still form the largest group. In 2006 there were almost 2,000 people over 65 accounting for 30% of households, the largest concentration of elderly people in the borough. Compared with older people in other parts of the country, they are statistically more likely to suffer from respiratory disease, have a long-term

limiting illness and lower life expectancy, less likely to enjoy private means of transport and more likely to be socially isolated.

Health and social service reports draw attention to the relatively poor social networks and low levels of ´civic engagement´ in the area. Declining health, loneliness and limited stimulation present serious challenges, physical and mental, for both elderly people themselves and for state services.
"I don't know my neighbours and I wouldn't like to ask in case it wasn't welcome. It didn't used to be like that." A retired Downham resident.

Why this Project?

The government tells us that its vision for older people is ´to redesign the whole system of health and social care so that it shifts from the focus on acute or institutionalised care towards…….improving the health, well-being and independence of older people." (Partnerships for Older People, March 2006). In this context, the government earmarked part of its "Invest to Save" budget to pilot imaginative, preventive work with vulnerable older people.

The Department of Health invited bids; a Downham inter-agency group successfully applied; and "Ageing Well in Downham" was created to run from April 2005 to April 2008, with a Management Committee, co-ordinator, and two part-time staff. Early success attracted further local authority funding to increase the part-time staff

to four and extend the service to adjacent wards – Whitefoot, Bellingham and Grove Park.

How does the Project work?

It focuses on people over 55 who are particularly needy or entering a time of potential crisis. This might be gradual like sinking into depression due to isolation, or more obvious like coping after illness, bereavement or a bad fall. Anyone can refer – the older person, a concerned relative or neighbour, the neighbourhood warden etc. A team member, usually the co-ordinator, will clarify the range of local services or opportunities available, depending on need. These can include those State and Voluntary Services already available and the additional personal and community activities the scheme has developed – advocacy, escort, transport, befriending and initial OT ; shopping, computing, exercise and luncheon groups. There is time to talk things over before the older person makes choices. Those who are particularly frail or housebound can do this during a home visit. 350 older people have taken up the service.

What about evaluation?

Lewsiham OWN as a voluntary group with some years of successful research experience, were commissioned to monitor and evaluate user satisfaction with the assistance of Dr.Moyra Sidell, their Research consultant and Christine Crump, Project manager.

The Research Team included Joan, a widow with vision and cardiac concerns, a retired social worker; Terri, a pillar of the Downham community, whose recent bad fall led to hospitalization and a temporary change of role from project evaluator to client; Carol, also a widow and volunteer with Age Concern; Sylvia W and Sylvia R. migrants from the Caribbean 50 years ago, familiar with medical needs and painful loss. Stella, now an octogenarian – sensitive to the pressures on older people living alone; Henriette who spends much of her time in support of a sick husband in hospital; Thelma from Guyana, widowed for many years, a powerful advocate for older people as chair of the Lewisham Pensioners' Action group; and Ellen, partially disabled.

"*Fortunately I have a sister who gives me a great deal of help, and being able to drive gives me a social life, but without the support of my sister and my car, I would be using the Ageing Well project myself."*

As "peer" evaluators, the team could relate well to many of the difficulties of those they interviewed – clients facing bereavement, illness, loneliness, times of stress, worry and crisis. They appreciated the necessity of support, sometimes essential, to make life tolerable, enriching or useful. They knew the value of good information or advice, of having the means to continue to be in company, belong to a club or faith group, go to a community centre or a class; to be able to care for a sick partner, to volunteer or just to be able to shop.

Their work on the Project began in early 2006 with a training day to refresh skills and plan a timetable to monitor, evaluate and report. There followed a fortnightly cycle of briefing and preparation sessions where interview schedules were designed, guideline papers circulated and work apportioned. This would involve the organization of postal questionnaires, telephone or face-to-face interviews and group observation. It would continue until Spring 2008.

As the work came to a close, team members agreed that it had been gratifying.

"It does seem that older people are, in general, happy and frank in discussing the service with those they have so much in common."

Joan

Subsequent sections of this report describe the methods used, views expressed and conclusions drawn from contact with over 200 service users.

The Appendix includes a brief history of OWN and short biographies of research team members.

Section 2: Methods and audit of data collected

Two main factors have underpinned the methodology and actual methods used in this evaluation of user satisfaction. The first relates to the fact that the evaluation has been carried out in the tradition of 'participatory research'(De Konig and Martin, 1996). This tradition sees *research 'subjects' becoming research 'participants' or 'researchers' in their own right* (Brechin and Sidell 2000 p20). The second factor which has influenced the actual methods used is the sample size. We set out to contact all the people who had been helped by the DEL project in the previous two years rather than take a smaller sample. The implications of these two factors are briefly discussed before looking at the actual methods used and data collected.

Working within a participatory research tradition

The Older Women's Network, as explained in the Introduction of this report, has 15 years experience of researching matters which concern older people in the borough of Lewisham. This evaluation which focuses specifically on the user's views of the DEL Project has been carried out by older women who reside in the Borough who are potential and in two cases actual users of the project.

Three categories of participatory research involving older people were identified by the Nuffield Institute (1997):

- The older person as research participant
- The older person as research advisor
- The older person as researcher

Members of OWN have been active in all three of these categories and we believe that this has brought added benefits to this evaluation in that:

- Older people can bring different perceptions and understandings to the issues because these are likely to stem from lived experience
- Older interviewees may feel more able to talk openly to other older people.

(Nuffield Institute 1997 p 1)

The benefit outlined in the first of these bullet points was very much in evidence when we were designing the research tools for this evaluation.

The questionnaires and interview schedules used in this evaluation were devised by members of OWN in conjunction with the research advisor.

The benefits from the second bullet point we feel lie in the quality of the data collected.

The sample size

Our decision not to take a small sample of clients to contact meant that we had potentially a large number of interviewees. The initial total was 114 which grew to over 200. This meant that we had to adopt a range of methods both qualitative and quantitative.
The quantitative data consisted of questionnaires sent by post and questionnaires distributed and collected at group sessions. The more qualitative data was made up of telephone interviews and in-depth face to face interviews as well as participant observation at group sessions. This mixture of quantitative and qualitative methods has enabled us to achieve breadth as well as depth to the analysis. The actual questionnaires and interview schedules used can be found in the Appendix.

An audit of the data collected by December 2007 is presented below, followed by some reflections made by OWN researchers on their experiences of qualitative data collection.

Data Audit December 2007

Quantitative data

Completed postal Questionnaires	**67**
Rothesay Court questionnaires	**6**
Friday Club questionnaires	**8**
Computer group questionnaires	**5**
Line dancing questionnaires	**40**
Grove Hill Court questionnaires	**11**
SLHC gentle exercise class	**10**

Qualitative data

Telephone Interviews	**11**
Face to face interviews	**19**
Participant Observation in group sessions	**5**
Participant Observation of the shopping bus	**2**

The experience using qualitative methods

OWN members reflected on the realities of carrying out the qualitative collection of data with the users of the DEL Project. Carol, Joan, Stella and Terri describe their experiences.

Joan gives an overview:

Clients of the project were asked permission by the Project staff to be interviewed. There were four methods – postal questionnaires, telephone interviews, face to face interviews and participant observation. My impression was that clients valued the contact and communication.

Reflections on the telephone interviews

Carol and Stella describe the process:

Initially these interviews were to be conducted using the telephone in the project coordinator's office. This developed a fault, so alternative arrangements were made. Two phones with a speaker were purchased so that the work could be done by pairs of interviewers working from home.

Terri points out that:

It was always important to have contact and background information from case workers – this was sometimes a lengthy process but vital to the success of the interview.

Joan reflects on the experience:

Telephone interviews were strange at first, a question and answer session, but they usually turned into long conversations. It was surprising how much information people were willing to give over the phone.

Reflections on the face to face interviews

Joan gives her views:

Compared to telephone interviews those in people's homes made you more aware of their living conditions, how disadvantaged or isolated some were and how much they needed the support of the project. One elderly gentleman who had had both legs amputated had been moved to a flat which needed hand rails, a carpet and other aids. This had only been taken in hand by Project staff. Another elderly lady said she did not know what would have happened to her without the support she had had from the project.

Terri describes some of the ups and downs of face to face interviewing:

Sometimes it wasn't straightforward. We needed background and briefing and it took time to get it. It could be wet and windy and a long walk or a bus ride. Then sometimes a person wasn't there – gone to hospital or 'having my dinner'- or just 'no thank you'. But when it went well we could be there quite happily listening to their war experiences or life as an original Downham tenant for quite a while. Clients were mainly most welcoming and affable, willing to talk and reminisce with no holding back. Only one person actually turned us away.

Stella also talks of how people made them welcome:

During one interview I was greeted with cakes, biscuits and coffee by a most pleasant lady who obviously loved having a visitor and a chat.

Reflections on the group visits

Carol describes her experiences:

Ros arranged for us to meet and talk to older people at the Goldsmiths Centre. We found that participants felt at ease talking to us and spoke very freely, openly discussing the support they had

received. But they were not always sure what help had been given by which agency. They did not object to us writing down their comments on the questionnaire forms and it all worked very well – a satisfactory experience.

Stella talks about the importance of the group facilitators being informed of the visit:

Groups who had been informed that we were to visit were very interested and helpful; it was also good for us to be able to distribute a lot of questionnaires all in one visit. In groups that had not been told we were to visit, the tutors were not too happy about us just appearing. But most participants were willing to talk to us.

Joan describes her experiences:

The groups were really interesting. There was a feeling of support and interaction. We were invited to join the 'gentle exercise' class and were exhausted when they finished!

Sylvia R gives her personal view:

When I joined OWN I myself was very down and stressed. I got a lot of help from everyone. Now I am feeling confident with myself and find it easy to talk to people in the groups. I try to greet them with a smile which makes it easier for them.

Participant observation on the shopping bus

Two of our members Henriette and Terri have become actual users of the project and use the shopping bus. Terri started to use the shopping bus after she had a fall and was hospitalised. She has found it invaluable.

Henriette tells how she came to use the service:

After my husband stopped being able to drive and has now gone into residential care I found shopping and carrying heavy loads

impossible. I learnt about the shopping bus as I was interviewing Downham residents for the DEL project. This is a very good service; we are told the time of pick up and the staff are very helpful even checking that the safety belts in the coach are plugged in. They see the heavy bags in and out of the coach and even rescue the pound from the trolley.

Sections 3, 4 and 5 of this report present the analysis of the data collected and Section 6 draws together the themes and issues that have arisen from the data.

Section 3: Quantitative data analysis

A questionnaire was sent either through the post with an accompanying letter or delivered by hand by OWN member to 220 people who had been helped by the Ageing Well Project. OWN members were keen that the actual questionnaire was kept brief and uncomplicated so that it would not be burdensome and therefore would be more likely to be filled in and returned. 147 questionnaires have been completed giving a response rate of 66%. The questionnaire and the covering letter are presented in the Appendix.

The numerical responses to the questions are analysed first, followed by further comments that respondents added voluntarily to their completed questionnaires.

Responses to the questions

Table 1: Referrals

	%
Friend or neighbour	64
Family member	4
GP/Health Centre	11
Hospital	2
Social worker	2
Mental health team	0
Voluntary worker	2
Age Concern	2
Other	13
Total	100

What is interesting about Table 1 is the extent to which people were referred to the Ageing Well Project informally. The bulk, 68% of referrals were made by friends, neighbours or family. Added to that the category ‘other’ was made up mainly of self referrals where people had seen an advert in local shops, the local paper or community centre. So, in fact, about 80% of referrals were generated by the community itself rather than from the statutory of voluntary services. Although no one said they were referred from the mental health team, from the qualitative analysis which is presented later, it was clear that many were suffering from loneliness and social isolation and many said they were depressed.

Table 2: Reasons for referral

	%
Health issues	55
Housing problems	0
Disability	8
Finances	5
Company	59
Mobility/transport	4
Opportunity to go out	55

People were able to tick more than one box in response to this question. A common combination was health issues and the opportunity to go out. Interestingly although housing was on the list of options no-one ticked this. The actual level of disability and mobility

problems seems low but from the more qualitative analysis of telephone and face to face interviews (which is presented later) many people talked of their arthritis being a problem which presumably came under the category of health issues. Also from the qualitative analysis it was clear that transport was an important factor in their expressed levels of satisfaction.

Satisfaction with the help received

High levels of satisfaction were expressed in response to the question ‘How satisfied are you with the help you received’.
88% said they were ‘very satisfied’, 5% said they were ‘fairly satisfied’ and no-one said they were ‘not satisfied’ although 7% did not respond to the question. In addition:

- 92% thought they had benefited from the project
- 88% said that it was what they had hoped for.
- 82% felt that it had made a difference to their lives
- 88% said that they had made friends through the project.

As well as simply ticking the appropriate boxes on the questionnaire some took the trouble to write further comments on how satisfied they were.

Further comments:

Thank you for the opportunity to say something about the class and the benefits I have received. When I joined the class I could not touch my toes, I am older now by 6 years and I can touch my toes, so something is working

I am very pleased with the classes I belong to,they help keep me fit and mobile, thank you very much

Because I attend the Thursday afternoon exercise class as often as I can, I can receive information about the Downham Ageing Well Project and other things taking place in Downham. I certainly feel healthier and more flexible and made many friends through exercising each week

I feel that I am being helped by the exercise class at Wesley Halls on a Thursday afternoon, as the two instructors explain what each exercise is doing for you. I go to help my osteoporosis also to try to take my mind off my severe tinnitus. Luckily the music isn't played too loud

It's nice to meet new friends and do things together at same age group

I made myself join the project when I lost my husband and knew for everyone's sake I had to cope. Making friends and joining other classes eg relaxation, reflexology – I try anything. Ros knows this and she included me in so many things especially in the beginning, she would phone and write me about events. I also joined Downham Library and hope to be greatly involved in the opening of the New Downham Centre. This has all come about with encouragement from Ros. She is to be commended in her pleasant helpful manner.

I have joined three groups and gone on many trips in the last two years and have made many friends – it has made a great difference since I retired in 2005 many thanks.

Ros is wonderful;l she does such a lot for us al; nothing is too much for her; she has put so much on for us 50+. Since I lost my husband in October 2005 I was so down, but I joined four groups and I go to other clubs. We are so lucky for what you all do for us and put on for us

The classes I attend each week are so beneficial to me. I have met some lovely people who have now become my friends, which in turn leads to other social occasions for us. I can't speak highly enough of Ros who takes all our comments on board and where she can, acts upon them. She really seems to have our interest and welfare at heart and we can't thank her enough. I do hope the project continues and I'm sure I speak on behalf of all my friends

The postal questionnaire team

The findings of the more qualitative data from group visits, telephone interviews and face to face interviews will illuminate and develop the findings from these questionnaires.

Section 4: Group activities

OWN members visited five groups which had been set up by the DEL project. Four of the five groups provided an opportunity to exercise and socialise regularly and one of them was specifically aimed at developing IT skills. As well as attending and observing the sessions OWN members distributed and collected questionnaires from those who attended.

1 Rothsay Court exercise class

Background

Rothsay Court is a sheltered housing scheme which was opened in 1991 by Princess Alexandra. It is owned by 'Scots Aid' and residents must be first or second generation Scots.

It seems that, although the premises were attractive and comfortable and each person had their own ground floor flat within the sheltered complex, there was an obvious need to be able to socialise, not only for those with mobility problems. The Warden Maria had therefore got in touch with Age Concern who put her in touch with the DEL Project.

Ros was able to set up an exercise class every Monday morning which would help with mobility and health problems but also would act as a weekly social occasion. An experienced exercise instructor Tanya provides the classes. Tanya took a medical and cardiac history from each individual member of the group before designing her

exercise programme. As a result of the success of this exercise class the Warden, Maria, hopes to introduce aromatherapy and massage later in the year.

OWN's visit 23 October 2006

By prior arrangement with the Warden four members of OWN visited Rothsay Court on 23rd October 2006 to observe the exercise class and to distribute a questionnaire to the members of the class to find out how satisfied they were with the classes set up by the DEL Project. Christine, Stella, Sylvia and Terri met with the six residents who took part in the class as well as with Maria their Warden. They explained why they were there and invited the six participants to fill in the questionnaire which they all willingly did.

All of the participants attended the classes because of a combination of health and social reasons to help with their mobility and for company.

They all expressed a great deal of satisfaction with the classes and felt that they had definitely benefited from them. Five felt that it had certainly made a difference to their lives and three said that they had made friends through attending the classes. They commented that:

The exercise class is an excellent way of starting the week and we feel it is a great benefit to all who take part

It makes a very enjoyable morning

Were this not done in a group I would not do the exercises. I look forward to the classes every Monday – now my sight is impaired all help is gratefully received.

They were particularly full of praise for Tonya the instructor saying:

Tonya is a first class teacher – very experienced she knows each participant's health problems and has a particular knowledge of cardiovascular problems. She is encouraging, helpful and good natured and knows each participant's health and mobility limit.

In my opinion the most impressive aspect of the provision made has been the quality of our tutor. Tonya is obviously highly skilled, good humoured and caring. The group look forward eagerly to our weekly sessions with her.

2 Friday Club, Goldsmiths.

Background

The Friday lunch club started in January 2007 in response to a need for an alternative type of facility to a more traditional day centre setting. The lunch club is run in an existing facility, the Goldsmiths Community Café which is in the heart of a busy and varied centre catering for all ages.

The previous work of the project had identified a number of older people who were eligible for day care placement but refused the offer for a number of reasons; but it was thought that they would still benefit from a hot meal and access to other facilities. The lunch club could also meet the needs of older people identified as at risk of malnutrition (without any underlying medical concerns) by providing them with a well balanced hot meal in a more relaxed and homely

setting. Members of the lunch club also have access to support from the project workers who can identify any other unmet needs.

OWN's visit

Three members of OWN visited Goldsmiths Community Centre on 23rd February 2007 to observe the Friday Club activities and to distribute a questionnaire to those attending to find out how satisfied they were with the club set up by the DEL Project. Christine, Stella and Sylvia socialised with the eight people who attended the club. After the bingo session they were able to chat over lunch. They explained why they were there and invited the eight participants to fill in the questionnaire which as with Rothsay Court they all willingly did.

The main reason stated on the questionnaire for attending the club was the opportunity to go out. Many also had health problems and in some a specific disability. What was clear was that, for many, transport was an essential element.

They were all very satisfied with their day out at the club and the opportunity to socialise. They enjoyed the lunch, which they thought was very good value for money. Some were new to the club but those who had attended previously felt that they had definitely benefited from attending. Four felt that it had certainly made a difference to their lives and seven said that they had made friends through attending the classes.

They commented that:

You get to have a meal with other people instead of having a meal alone at home. Very pleasant to be here – people most helpful- go out of their way e.g. come to talk to you if you are sitting on your own. And they provide transport

It gives me somewhere to go and meet people. Because, otherwise I would just be at home with nothing to do or nowhere to go.

Ros's work for them on their behalf was much appreciated:

If you took Ros away that would be it. She works really hard for the benefit of all the elderly people – all the different groups of older people. I've never heard anyone say a bad word about Ros – she's fantastic, always pleasant. Everyone always has a good word to say.

Two people commented on the closure of CEL classes at Goldsmiths Community centre:

Its tragic that a local place that does exercise classes, craft, two outings a year and other things is to close.

There used to be a lot of good classes in Goldsmiths Community Centre I used to do needlework They are just trying to take everything out of the area. I get panicky on buses and trains and live in the pre-fabs so a local place is essential.

The swimmers

11 people had chosen to go swimming each Friday at the ‘Pavilion’ in Bromley. Some of them come back to The Goldmiths Friday lunch club afterwards to join in the activities there. One of them noted the importance of transport for this:

We would not be able to go without the transport. Lewisham Community Transport provides the minibus, with pick up points at Goldsmiths community centre and South Lewisham Health Centre.

We do aqua-aerobics with a tutor then swim afterwards freely before the children come in. Everyone enjoys it.

3 The Line Dancing group

Background

This group began as a result of a small amount of funding in 2005. The class was initially held at Wesley Halls and has always been a very full and lively class with approximately 45 people attending regularly. Although it is a very physically active class the age ranges from between 55 to 90. The class was relocated from Wesley Halls in March 2007 to the newly built Downham Leisure Centre where it has continued to grow proving to be a very valued class by both its members and the leisure centre.

OWN's visit

Own members Stella and Carol visited this very lively and active group who meet at Downham Leisure Centre every Tuesday from 10.30 to 12 30 for a session of line dancing. OWN members were made to feel very welcome. Stella and Carol noted the following:

It was a pleasure to visit this group, everyone was having a great time and all being very friendly together, they even had more than usual male participants.

In general there was a 'feel good' atmosphere to this group. People joined in and left at will, it was all very laid back. Some re-cap teaching was done but mainly all just joined in and followed along. Getting out, meeting people and exercising in a happy atmosphere was paramount to the members.

The location was central to Downham and was well served by buses which meant that it was very accessible. The Leisure Centre was a very pleasant venue and there were other useful facilities within the building such as a Library, a film club, a swimming pool as well as a GP surgery.

Forty questionnaires were distributed and all were returned completed in fact we didn't have enough for everyone.

The members of the group were relatively fit although they were keen to exercise. All the responses to the questionnaires were very enthusiastic. They appreciated the friendly approach of the tutor and valued the tuition they received. And there was a sense that they all helped each other out. They enjoyed the company and felt that the exercise was good for their mobility. As one dancer put it:

It's great for exercise and it's an excellent opportunity to meet people and make friends.

They were all very positive about the group one saying:

It's the best thing since sliced bread!

4 Seated exercise group

Background

The seated exercise groups held at the South Lewisham Health Centre have been running for several years. The ISB funding allowed the project to increase the number of classes from 2 to 4 to help bring down the considerable waiting list. As the groups are held in a health

centre there is an excellent link with the GPs and Practice Nurses based there who are the main referrers to the group.

The seated exercise group is in complete contrast to the line dancing group and is aimed at people with limited mobility. It focuses on balance and maintaining mobility and increasingly falls prevention programmes.

OWN's visit

The particular group that was visited by OWN members Joan and Thelma takes place every Wednesday at the South London Health Centre and caters for people who are less fit than the participants of the Line Dancing group. It is a smaller group with 10 participants present on the day that Joan and Thelma visited and joined in with the group activities. They have an instructor Tonia who designs the exercises to suit their particular needs. Joan Noted:

The age range of the group was varied - there was a great atmosphere and they were all very supportive of each other. Tonia the instructor appeared to be aware of each clients problems and gave each one encouragement. The exercises were surprisingly energetic for a sitting down group.

Thelma and myself joined the group and found we had muscles we never knew existed!

Interestingly the predominant reason for attending this group was on health grounds and four out of the ten (40%) had been referred by their GP which was not typical of the overall referrals recorded on our questionnaires which was only 10%.

All the participants were very positive about the group and felt that their mobility was improved by their weekly exercise and many said that they had also made friends.

5 The IT group

Background

The IT group runs at the new Downham Leisure Centre every Tuesday between 10.30 and 12.30. The group initially started with a tutor, Chramayne, who was kindly supplied by CEL. Charmayne left sometime ago but the group, by then, felt confident enough to continue without a tutor. Patricia Forster (Manager of the IT Suite) is always on hand to offer support to the group and they are also now sufficiently skilled to help each other out.

OWN's visit

Stella and Carol were the OWN members who visited this group. In fact when Stella and Carol arrived they felt as though they were intruding as everyone was busy and didn't want to be interrupted. However people were very happy to talk at coffee break time and the five people all filled in our questionnaires.

The focus of this group was clearly different from all the other groups that we attended. Stella and Carol noted:

This is a small IT group of 7, although only 5 attended today. They do their own thing, so there is no actual teaching but there is always someone there to give help if required. There's not a lot of socialising going on except at coffee break.

Their main reasons for attending were to get out and use the computers. They were all very positive about the group and although they did not receive direct tuition they were appreciative of the help that was available, As one noted:

Nothing is too much trouble if help is needed – it is a pleasure to be in this class.

The group use the sessions to pursue individual interests for instance to trace long lost relatives or for emailing loved ones abroad. This can take on special importance when family members who are a long way away such as in Australia experience ill-health. Others in the group were using the computer for social history to find out more about their locality or family history.

The next Section presents the more detailed analysis from the qualitative telephone and face to face interviews.

Section 5: The qualitative data

The findings from the telephone interviews are presented first using six vignettes to illustrate the range of views expressed. This is followed by an analysis of the face to face interviews which explores the findings through eight case studies.

1 Telephone interviews

Eleven interviews were conducted by phone using a telephone interview schedule adapted from the postal questionnaires (see the Appendix). Ros Spinks first obtained permission for someone from OWN to ring the client to ask about their views on the help they had received from the DEL project. Then two OWN members conducted the interviews on the phone using a speaker phone so that one person could ask the questions and another note down the replies. This method allowed us to gather more information than we could get from the postal questionnaires. However it was, as described in the methods section, time consuming to set up as a call had to be made to make an appointment to ring at a specific time and then people were frequently not at home when we rang at the appointed time.

As we found from the questionnaire analysis most of those interviewed by phone had either been introduced to the DEL project by a friend or neighbour or had referred themselves after seeing an advert or flyer in a public place such as a library.

They were helped by taking them out of their homes at least once a week into company to attend a range of classes, groups, clubs and one off trips. These were designed to meet their needs for exercise to increase or maintain their mobility; to combat loneliness and social isolation; to feed their minds as well as their bodies. Some of the groups they attended are discussed in the previous section of this report.

All felt that they had benefited from the help they had received. And all felt that the project had made a difference to their lives. This was mainly in terms of improving their social life and helping with mobility problems.

Involvement with the project had opened up other opportunities for some of those interviewed. This was because they had gained in confidence and had the courage to take part in other clubs and activities. Most expressed the view that they did not know what they would have done without the help they received from the project. They all expressed a great deal of satisfaction with the help they received.

The following vignettes demonstrate the satisfaction expressed:

Mrs Beswick’s husband died and she was feeling very lonely. Her friend told her about the health classes but there was a waiting list so she decided to use her own initiative and go along anyway and was

accepted. She loves the classes and enjoys the company. She now feels less isolated and confident enough to look for other classes.

Mrs Clover moved to Catford and was also feeling lonely because she was visually impaired and so found it difficult to go out on her own. She was introduced to the health group by a friend and she has been attending for over a year. She goes to the swimming group and the luncheon club at Goldsmiths. She finds the others in the group particularly friendly and helpful especially enabling her to see the instructor at the swimming group. She feels that if she did not attend these groups she would be depressed and isolated.

Mrs Johnson is 90 years old. She has arthritis and is hard of hearing. A friend introduced her to the health group and she uses dial-a-ride to get to the group. She enjoys the contact with other people and finds that her arthritis has improved in the year that she has been attending the group.

Stella Clarke is a confident and independent 86 year old who makes a point of going out every day because she lives alone. She lives a short walk from the Catford centre and attends the keep fit class. She enjoys the friendly atmosphere of the class and enjoys the company at the club.

Mrs Coleman has been attending groups provided by the project for over a year and she doesn’t know what she would do without it. She was introduced by a friend. They pay 20p for a cup of tea and

socialise and any money left over is put towards a dinner for them all once a year. She has also noticed some physical benefits with real improvements in the suppleness of her shoulder. She sees the group as something to get up in the morning for.

Carol Shaw had a brain tumour removed a year ago. She was not confident in going out or doing routine jobs around the house and her physiotherapist suggested that she attend the hydrotherapy group organised by the DEL project as a partnership venture with Lewisham Churches Care (Area 2 LAA). She was taken to the hydrotherapy group by Kerry and now gets into the pool on her own. She is getting her confidence back and enjoys socialising with others and is also cooking her own meals.

2 Case studies from the face to face interviews

As well as the telephone interviews we carried out face to face interviews which allowed us to collect more detailed information about the help received from the DEL project. The interview schedule for these interviews is also presented in the Appendix. Although these interviews proved to be quite difficult to set up we were pleased to have interviewed 19 people either in their own homes or at one of the centres where they attended a class or group activity. One interview was conducted in Sainsbury's cafeteria on one of the shopping trips. From these interviews we have written up eight case studies which

illustrate the range of help and experiences of those who were interviewed.

The first five had very positive outcomes.

Iris

Three operations on her hips and feet had left Iris unable to walk properly. She had a home carer from an agency who did some personal tasks for her such as washing. Iris also attended a number of befriending groups and went on trips through the DEL project to get her out of the house and into company. It was through this regular contact with the DEL project that a couple of potential emergencies were averted. During one of the groups Iris mentioned that a gas engineer had condemned the fire in her front room and switched it off for safety reasons. He had left her with a heater but it was not sufficient. She was not sure when the Gas people would be back to fix her heating so as it was winter Val at the DEL project arranged for Iris to use the Age Concern heater loan scheme to sort out her immediate problem. Val then liaised with the local authority gas section to make sure that Iris was treated as a priority due to her age and physical limitations.

The second problem related to Iris's carer. Iris was concerned that she was not being treated well. Also a number of people at the Goldsmith's group commented that she was not looking as smart as usual. When Val spoke to Iris about this it was clear that there were a number of problems between Iris and the carer which needed to be

addressed. Val liaised with the Care Agency who arranged for her to have a new carer who Iris is much happier with. The DEL project was able to act on her behalf because she was known to them so in effect they were acting as her advocates.

Iris is very happy with the opportunities that the DEL project has opened up for her for getting out and enjoying herself. She says she has met people she would not have known otherwise and now has something to get up for. She is very happy with her new carer.

Irene Workman

Irene who is 88 years old has osteo-arthritis and walks with a stick. She has throat problems which makes talking difficult for her and in 2005 she had pneumonia. She had been a carer first for her mother and then for her husband who died fifteen months ago. Now she lives alone and due to all that she had been through over the last few years she was hesitant to venture out. Although she has two sons they both live a good distance away and they were worried about their mother and discussed with her the possibility of residential care. Irene really did not want this.

The Occupational Therapist at Lewisham Hospital contacted the DEL project and Valerie visited her at home to see what they could offer. A range of activities were organised for her to get her out and into company. Transport was arranged for her to attend Tai Chi classes as well as the DEL and Lewisham Churches Care joint Friday lunch

club. And she is taken shopping with transport when she needs it and accompanied to the opticians and library from time to time. She was also provided with some gadgets such as a raised toilet seat and a tea-making aid.

She said that at first she found it difficult to settle in the various groups after being confined at home for so long and didn't persevere with the Tai Chi class. But with encouragement from Ros and Kerry she did carry on attending the other groups and has since joined an art class as well as a computer class.

Irene is more than happy about everything that has been done for her. She says that it has brought her out of her isolation and she has become much more confident. She is now on the committee of Lewisham Churches Care. She believes that none of this would have been achieved if Ros and Kerry had not persevered with her and kept in touch.

Stanley Banks

Stanley Banks is a war veteran who enjoys relaying his experiences and is currently writing a book. Consequently this interview took longer than usual as the OWN interviewers exchanged stories and reminisced about the past.

Stanley has several health problems. He is arthritic and has breathing problems and has had skin cancer. He has a hearing problem which was being reviewed soon. He is currently worried about a family

dispute but is resolved to make amends in the near future. He lives alone and has one son who lives in Canada who visits once a year and another son a little nearer in Eastbourne.

Stanley was referred to the project by Age Concern because of his health problems. Val and Ros visited and were able to help in a number of ways. Ros noticed that his bedroom carpet was threadbare and quite dangerous so she arranged for it to be replaced by lino which was laid through the ‘Handy persons scheme’. The project also sorted out his telecommunications problems as his main line telephone was out of order which meant that his linkline was in-active. Ros liaised with linkline and his landline service provider which was the Post Office to ensure that the phone link was repaired as a priority due to Stanley’s ill-health and reliance on the linkline in an emergency. Also Val arranged for him to have a mobile phone as well so that now he can keep in touch with his relatives and as he says the mobile phone is also a lifeline in case of emergencies.

As well as this immediate and practical help Val arranged for Stanley to attend the Friday lunch club where he would be sure of getting a good hot meal. This he enjoys a great deal and at the last meeting he made a speech thanking everyone at the club. The interviewers concluded that he was a happy man who obviously enjoys his life now that he is being looked after despite his health problems.

Emily

Emily's husband died seven years ago and since then she has been alone in her house. She had a fall which unnerved her. She heard about the Downham project at the local club that she attended. Ros met with her and referred her to Lewisham Churches Care befriending group where Kerry arranged for her to attend a weekly falls prevention exercise class for a group of people who have problems with falling. She said that the exercise class had made her more confident about moving about and had helped her to get out and about and meet people. She also enjoys the social activities that go with the falls prevention group and she has made a small circle of friends through the group. She said that she was very happy with the help she had received and that she felt that there was always someone available to help if needed and this made her feel more confident.

Thelma

Thelma also attends the Wednesday falls prevention exercise group. She is partially sighted and was at risk of falling. She found out about the Downham ISB project from the Talking Books Library which had a leaflet about the project. She found the people at the project very friendly and helpful and through it was introduced to various groups including a T'ai Chi group as well as the falls prevention group and

she had also been on outings to the coast and to shows. She was more than satisfied with the help she had received. Most of all she valued the contact with people saying *it has brightened and broadened my life.* If the project hadn't been there she said that she would have *stayed home and been miserable and lonely.* Thelma has been involved in the project for two years and says that she is *still gaining enjoyment.*

The next two case studies although having some positive outcomes demonstrate that the project has its limits.

Lizzie

Lizzie was becoming increasingly anxious about her ability to manage to live in her own home and applied for attendance allowance to the Town Hall. They referred her to Age Concern who told her that she unfortunately did not qualify. Age Concern then referred her to the DEL project to see if they could help her.

Lizzie felt that to enable her to continue to live alone in her own home she needed help with housework, gardening, window cleaning and shopping. She also had a problem with the drains. Lizzie's house was privately owned, not a council property and so it was not possible for the DEL project to deal with the drain problem. In fact getting help with household chores and gardening has proved to be difficult for the project to arrange. A local voluntary scheme to provide gardening help to older people did not materialise which was disappointing for

everyone at the time but Lizzie has finally been put in touch with a gardener.

Lizzie was provided with help with shopping which has proved to be extremely useful. She is picked up from home once a week and taken to the local Sainsburys with a group of other older people. They have lunch in the restaurant there and then do their shopping before being taken home where their shopping is despatched into the house. This has made significant improvements to Lizzie's life and although her other needs for home maintenance have not been dealt with Lizzie now feels more confident about staying in her own home. She has made friends through the shopping trips and generally feels more supported. When asked what she would have done without the help from the DEL project she said that she would probably have had to go into sheltered housing.

Mrs Taylor

Mrs Taylor is 85, she is very anaemic and suffers from arthritis in her back, neck and leg and she as she says gets puffed out. She lives alone but her daughter visits daily. It was her daughter who got in touch with the DEL project to see if they could help when Mrs Taylor was discharged from hospital following treatment for her anaemia. Her daughter was concerned that she might fall, particularly going upstairs and although her daughter visits daily she isn't there all the time to supervise her and although her mother has 'linkline' as she says this wouldn't prevent a fall.

Kerry (Area 2LAA) and Sonia (OTA-DEL) visited Mrs Taylor at home and organised a grab rail in the toilet but the request for a stair lift could not be expedited by the project as the queue could not be jumped. The waiting list for assessment of need for a stair lift was 14 weeks.

Mrs Taylor's daughter takes her shopping so other than arranging for Mrs Taylor to go out from time to time, which she enjoys, the help she could get from the project was limited as her need was very specific.

Mrs Taylor's daughter thinks that the budget for chair lifts would be better administered locally – in this case by, as she said, by the friendly DEL project who have a personal, holistic approach to people in their area and whose clients are more familiar with them. She maintains that because Social Services have a much bigger area to cover they could only see her mother as an 'anaemic/arthritic' rather than a whole person.

The last case study shows some of the very intensive work that is sometimes carried out by the DEL project on behalf of their clients.

George

George is in his late fifties with serious, multiple problems. He had worked hard all his life, and in spite of periods of redundancy and enforced unemployment, had supported his family financially until April, 2006 when his last redundancy pay ran out.

His adult children had their own problems. His wife had a job. But none of the family spoke to George who lived in one room of their council accommodation.

The shared tenancy arrangement and breakdown in communication had meant that his wife paid her half of the rent while George was unable to pay his; but because there were wage earners in the home, George was unable to claim housing benefit for his share. There was an imminent threat of bailiffs and eviction. George had also run out of income for food. He said he had reached the stage of needing to *raid my wife's fridge.*

He sought help from Catford Disability Coalition who gave advice, sign-posting George to the relevant benefit offices. He fruitlessly tried to engage with the Benefit office on his own, finding the forms and jargon overwhelming. This led to an increase in the panic attacks and paranoia from which George suffered and further raised his level of anxiety.

George was told about the Downham Health Project from a member of his church who made the initial referral to Ros on his behalf. An interview in Goldsmiths Community Centre with Val, a part-time support worker, was arranged. This took place in November '07 and Val has remained in support since then, sometimes in person, sometimes by phone, sometimes working flexible hours according to George's need and appointments.

Val believed that it was imperative to address the immediate acute problems of eviction, food and family communication – none of which George was able to deal with alone. Then once the short-term crisis had been addressed, she would help George in tackling the long-term, underlying problems, including his mental health issues.

She was able to delay the eviction and re-negotiate rent arrears, speaking to family members individually; then secure a crisis loan, steer George through the Benefit system, staying alongside him in the queue as an advocate, and negotiate potential alternative accommodation through MIND. The treatment for George's mental health problems was more difficult to address with a current waiting list of one year for the recommended counselling.

Val made suggestions to tackle George's social isolation. He sampled the Friday Lunch group, enrolled at an Art class and now enjoys the Bellingham Wellness Health and Fitness centre and tea dance. There is hope that he will soon have his own accommodation.

When asked of what benefit he believed the Project had been, he said that without it he would have been on the street with his furniture in a skip.

"*I went from zero to hero. Val was the hero.*"

Section 6: Themes and issues

This final section of this monitoring and evaluation report draws out the themes and issues that have arisen from the data that we have collected from the older people who have been helped by the DEL project. Essentially we have been listening to the voices of the users of the service to find out what they think about the help that they have received. As outlined in Section 2, we have done this using both quantitative and qualitative methods within the tradition of participatory research involving local older women as peer researchers. The themes to be discussed here are:

- the project as a vital community resource,
- the nature of the benefits that the users have identified generally,
- the specific benefits derived from attending groups and classes,
- the value of one-to-one work,
- experiences of using the shopping bus
- the quality of the staff
- limitations of the project

The project as a community resource

The referrals data from the questionnaires (see Table 1 Section 3) show clearly that the project is a vital resource for this community of

older people. The fact that 80% of referrals were generated by friends, neighbours, family or self referrals indicates that it is a service that is known and valued in this community and recommended through local networks. In the qualitative interviews people talked about belonging to the project and seemed to have taken ownership of it. It is valued because it is accessible and the services are flexible and tailored to individual needs. It is a community resource that would now be sorely missed because clearly a large number of people have already benefited from it.

The general benefits that users have identified

The levels of satisfaction with the help received is extremely high as the quantitative data from the questionnaires shows. From the qualitative data the benefits we have documented from listening to the users are tangible benefits to their health and quality of life. These are:

- Physical, in terms of improved mobility, see the vignettes from the telephone interviews with Mrs Johnson whose arthritis has improved and Mrs Coleman whose shoulder is now more supple. Improvements in nutrition were also noted; see the case study of Stanley Banks and George.
- Mental, in terms of relief from loneliness, social isolation and depression, see the vignettes of Mrs Beswick, and Mrs Clover. Increases in confidence and self-esteem were also noted, see

the vignette of Carol Shaw and the case studies of Emily and Irene Workman.

- Social, in terms of increased social activity and friendships made, see the vignettes of Mrs Clover and Mrs Johnson.
- Financial, in terms of helping with the benefits system, see the case study of George.

It is known and well documented (Sidell 1995) that older people are particularly prone to mobility problems and poor nutrition; they often suffer from loneliness, social isolation and depression and they can feel very vulnerable due to a lack of self confidence and low self-esteem. Bringing about improvements in all of these areas represents a great deal of preventative work and is indeed an achievement.

The specific benefits derived from attending groups and classes

These benefits could be divided into direct and indirect benefits.

Direct benefits mentioned by many of the users were derived from getting out regularly, being in company, friendships, skills developed and the benefits of exercising under supervision. Section 4 on the group work demonstrates these direct benefits.

The indirect benefits are more subtle but represent a vital preventative component of attending groups. Many talked about a sense of belonging and the sense of security that came from knowing

that somebody would listen and act on their behalf, see the case study of Emily. Belonging to a group could be a lifeline when things go wrong – a good example of this is the case study of Iris. For others like Thelma it brightened up her life and stopped her from being miserable at home and for Irene Workman it took away the threat of going into residential care.

The value of one to one work

An important aspect of the way the project works is its holistic nature. When people are assessed it is not just for a specific presenting problem but their whole needs are taken into account. So for instance Stanley Banks got his bedroom carpet changed, his telecommunications and linkline sorted and a hot meal every Friday. In George's case, his pending eviction, serious income shortage, some of his family difficulties as well as his need for social stimulation were all addressed.

The experience of using the shopping bus

Lizzie among other forms of help was provided help with her shopping. As noted in Section 2: The Methodology, two of our members became actual participant observers on the fortnightly shopping bus which takes people, who for one reason or another are

not able to get to the shops on their own, to the local supermarket. Our members were most impressed by this service. They thought that the staff were extremely helpful and paid attention to every detail such as checking the seat belts on the bus, seeing the heavy bags of shopping in and out of the coach and even rescuing the pound for the trolley at the end of their shop. They also carried each person's shopping right into their houses and if necessary up steps to a flat. As well as providing a vital service in maintaining independence by enabling people to do their own shopping it was also a social occasion because after doing their shopping everyone had lunch in the supermarket café.

The quality of the staff

There was unanimous appreciation of the work that Ros and her central staff carried out on behalf of their clients. It is worth repeating a comment written on a questionnaire which was echoed many times in the course of this survey:
I can't speak highly enough of Ros who takes all our comments on board and where she can acts upon them. She really seems to have our interest and welfare at heart and we can't thank her enough.

Ros has managed to recruit and train local people to work with her who have a detailed knowledge and understanding of the local area. In general the key workers seem to be valued because they are pleasant and helpful, flexible and practical; they respond to needs,

they persevere and don’t give up on people and they work in the evenings if needs be.

Section 4: The Group Activities documents the way that group participants appreciated the group facilitators who are greatly valued for their expertise as well as their friendliness and patience.

It is clear from the data that we have collected that the quality of the staff, both central and in the groups, is key to the success of the project.
The personal contact and the relationships that they have built up with their clients are central to the trust and sense of ownership of the project which was demonstrated many times by the respondents to our survey.

Limitations

Two of our case studies demonstrate the fact that the project cannot always meet the expectations of people who contact them for help. This can lead to frustrations both for the project staff and the clients. The case of Lizzie, for example, illustrates how some services such as household repairs and gardening can be difficult to access for the project because they are dependant on voluntary groups who were not always available.

Another potential resource that the DEL project could have drawn on was the rich variety of adult education classes that used to be available in the Borough but no longer exist. This was mentioned by

some of the people who attend the DEL groups. This lack of alternatives also means that it is vital that the groups that DEL provide continue as without them there is little else available for older people.

The case of Mrs Taylor was frustrating because the need for a stair lift could not be met by the project as the budget for stair lifts was not within their control. As Mrs Taylor's daughter said, it would be much better if it were administered locally by people whose clients and their individual needs are more familiar to them and who take a personal, holistic approach. However both Lizzie and Mrs Taylor felt well supported in other ways by the project.

Conclusions

Overwhelmingly we found that the clients who have been, and continue to be, helped by the DEL project are extremely satisfied with the help they get. Their health and quality of life had improved both in terms of their physical health and mental wellbeing. Many said that they did not know what they would have done without it and some were clear that they would have had to go into some form of institutional care.

Through our user satisfaction survey we can certainly verify that two of the three stated objectives of the DEL Project are being well met.

These are:

- To improve the quality of life of the older people referred to the project by developing services and activities to support them to remain independent and/or continue to be involved in the life of their communities;
- To provide flexible and individualised packages of support to older people in need as an alternative model of supporting independence and assessing this approach in a broader setting.

The third objective *to explore any potential savings made through the earlier identification of older people in need and supporting them* is beyond the scope of our survey. We cannot, nor did we set out to demonstrate direct savings to the health or social care budgets but it is clear that the preventative work that is carried out through the project must at some level have a beneficiary impact on the statutory services.

What we can demonstrate is that the project is of immense value to the users of the service in terms of improvements to their health and wellbeing.

Appendix

Lewisham Older Women's Network

Members of the research team belong to the Lewisham Older Women´s Network. OWN is a voluntary organization founded in 1993 which aims to research and lobby on issues of importance to older people, especially older women. Its work has included published studies of Health, Housing, and Lifelong Learning as they impact on the lives of older people. Recommendations have been circulated locally, nationally and internationally; some are now incorporated into service plans.

Fundamental to OWN's involvements has been enthusiasm for policies to promote wellbeing and independence for older people. Nationally, OWN has taken part in the "Better Government for Older People" consultation. Regionally, its views have been sought on Social Care and Health; and locally members participated in the development of Lewisham´s "Community Strategy".

The document search for an earlier project had included studies of the "National Service Framework for Older People" (DoH 2001), "Older People – Independence and Wellbeing" (Audit Commission 2004) and "Older People Shaping Policy and Practice" (Rowntree Foundation 2004). Having learned a great deal about policy recommendations, and the value of inter-agency cooperation and

preventive work, it was therefore deeply satisfying for OWN to be invited to evaluate this current project.

OWN members bring to their projects a lifetime of experience - of family life, professional work, community involvements. Now, in later years, they too experience the challenges of “ageing well”. Most are in their seventies or early eighties. These are some of their stories and experiences of monitoring the Downham Elderly Health Project.

Ellen had wanted to be a Dress Designer at school and age 14 was accepted at Art college. Her head-teacher refused to approve the transfer, directing Ellen to a ‘more appropriate’ commercial course. There followed a working life in Insurance. For many years she belonged to a Dancing School – acrobatics, ballet and tap. Increasing disability was to scupper the dancing, but Ellen kept up her interest in other ways. On her retirement, this included volunteering with Age Concern and OWN whose Management Committee she currently chairs.

Ellen believes her own mobility problems and need for practical help have increased her sensitivity to the situation of many of the clients. She conducted a number of the face-to-face interviews – in ground floor accommodation where there was nearby parking, and in the café at Sainsbury’s Saver Centre with clients using “the Shoppers’ Bus”.

Henriette was brought up in occupied France, raised a family in Lewisham, taught French and, on retirement, became active in politics, a school governor and founding member of OWN. She has been involved in all its research projects for over 15 years and with her IT skills, has served as secretary for some time.
Henriette teamed with Ellen in interviewing.

"*It gave an insight into the services offered to old people- some to help them socialize and others giving practical help with various situations."*

Recently her husband has been seriously ill in hospital and, given her time-consuming journeys to long, daily visits, she agreed to let us refer her to the Elderly Health Project to see if there was any additional support available. At 81 she has appreciated her fortnightly place on the shoppers' bus – research in action.

Sylvia W came to London from Jamaica in 1974.
"Name the job, I've done it; state –enrolled nursing, then machining, catering, looking after family. "

Sylvia joined OWN on retirement some years ago, saying how enlightening she had found interviewing elderly people in sheltered accommodation. Other new experiences included learning IT, a helpful skill in recording her work. In 2003 she represented OWN and its Lifelong Learning research team at the Commission for the Status of Women in New York. Sylvia describes how these unexpected and

exciting experiences have boosted her self -confidence. She has not enjoyed the best of health these last years, but still attends the fortnightly project meetings where she appreciates *"planning and delegating done in a professional manner".*

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Sylvia R also from Jamaica, has lived in Lewisham since 1959 where she married, brought up her family, worked in a Bermondsey factory, then 'did 21 years at the Ministry of Defense', working nights for the last seven so that she could care for her sick husband during the day. She joined OWN on retirement about six years ago as a recent and deeply bereaved widow:
"I needed to meet people, to talk. It's nice to know you have someone to talk to and that you can go out and meet other people."

The support of her church, the Calabash club and OWN's research demands helped Sylvia move on. In evaluating this present work, her gentle smile, kindness and interest have been valued qualities, particularly in the visiting of groups - a welcome diversion from all those postal questionnaires.

Joan knows the Project area well, as a wife and mother, a neighbour and social worker. She was familiar with the many practical issues that older people can face through her work with Social Services and as a key member of OWN research teams investigating Health, Housing and Social Care. She joins a number of OWN members in belonging to Lewisham Pensioners' Forum which upholds and campaigns for pensioners' rights.

During the lifetime of this Project, Joan has been an experienced and sensitive listener, qualities that have been invaluable in face-to-face and telephone interviewing. In visiting groups, her sense of humour and willingness to have-a-go have contributed to some lively reporting.

Terri also lives in the Project area and is familiar with many of its strengths and problems from her own experience and her extensive voluntary work with the Tenants' movement , the Police Consultative Committee and much more. She chairs our planning meetings. Terri's commitment to the work, the Project and the elderly people interviewed has been exceptional. She and Joan completed many of the interviews after following up busy staff from whom they needed information, then sometimes spent much of the afternoon listening to the stories of clients who rarely had visitors or just wanted to talk. Reminiscence had its place in the interview process.

"We found the background information given, particularly from case-workers, very helpful. In listening to our interviewees, we could ourselves recognize the symptoms of depression following bereavement, the need to adjust mentally as well as physically to disability; the necessity of acceptance that life has to change but the importance of having a choice; we felt tuned in to the same wave-length."

Carol lives in nearby Catford, brought up a family and spent her working life in Education administration. On retirement, she wanted to

‘continue to be active, to be helpful to the community.’ She gave voluntary administrative support to C.A.B. in Bromley and to Age Concern and OWN in Lewisham. As an easy listener, she has also conducted interviews with Stella.

“*When participants spoke to us about the assistance that had been given to them, I felt a sense of satisfaction that they were freely talking to us and discussing their individual situations.”*

Interviewees, she found, were quite often not able to differentiate between the different agencies that had organized the support they had received. It was important just to let people talk then pick out what was needed from all that had been said.

Stella brought up her family, worked in a bank and has been a widow for many years. She enjoys a range of activities and appreciates how important it is to continue to be involved. She greatly enjoyed OWN’s Lifelong Learning project and found this one a new and different experience. Stella is our Project secretary and has been engaged in all the different ways of collecting information. She believes it has been important

“..to treat everybody as an individual, to listen with patience. Some find it hard to communicate; others might need help to focus on the questions asked. I have met many people facing the pressure of trying to get help; sometimes it can be a battle to get information unless the kind of help this project offers is at hand.”

Thelma first came from Guyana in south America in the 50s, returned, lived a family life and came back in 1976. Widowed 20 years ago, she was still studying and working to support her family. Since retirement, she joined a number of groups, which she says keeps her busy - notably the Pensioners' Action Group which she chairs. This has involved lobbies on behalf of elderly people at the House of Commons and the European Parliament in Strasbourg.

Thelma has been a member of OWN for three years, has been interviewed by the local and national press and addressed a national conference on Lifelong Learning from the perspective of older people. Of this present work she says,

"I am enjoying every minute of it, especially feeling an affinity with the older people who use the Downham Project. "

In recent months we have welcomed **Elizabeth** following her retirement as Principal Policy officer with the local council. She serves as our Treasurer and, alongside the staff team at the North Downham Training Project, has given valuable help in producing this report.

Lewisham Older Women's Network
c/o The North Downham Training Project
r/o 103 Boundfield Road
London SE6 1PF

Dear 3rd December 2007

Re: Enclosed Questionnaire

We understand that during the past months you may have used the services of Ros Spinks who belongs to the Downham Elderly Health Project. Ros may have made suggestions, put you in touch with a group, contacted agencies for you or helped in some other way. We hope this was useful for you.

The government are very interested in the work of the Health Project in our area and would very much value your own views on the benefit if might have been to you personally.

We are an independent voluntary organization who have been asked to monitor the Health Project, and we can do this if people who have had a service from Ros can tell us if or how it was helpful.

We would be very grateful if you could give us your views by filling in the enclosed questionnaire. You could talk it over with a relative or friend if you needed help with it. A stamped/addressed envelope is enclosed, which we need returned by:

Friday 21st December 2007

If you are able to help us, thank you very much.

Yours sincerely,

(Older Women's Network)

Questionnaire

OWN Lewisham are carrying out research to find out how the Downham Ageing Well Project is helping people. We understand that you have been helped by the project and so we would be grateful if you would take a few minutes to answer the following questions:

1) Who put you in touch with the project?

Please tick any or all of the boxes that apply to you

1 Friend or neighbour ☐

2 A family member ☐

3 Your GP ☐

4 Your health centre ☐

5 The hospital ☐

6 Social worker ☐

7 Mental health team ☐

8 Voluntary worker ☐

9 Age concern

10 other (please write in below)

2) What was your/the reason for approaching the project?

Please tick any or all of the boxes that apply to you

1 Health issues ☐

2 Housing problems ☐

3 Disability ☐

5 For company ☐

6 Mobility/transport ☐

7 Opportunity to go out ☐

4 Benefits ☐ **8** other (please write in below)

✎

3) How satisfied are you with the help you received?

On a scale of 1 – 3 please tick which box applies to you

1☐	**2**☐	**3**☐
not satisfied	fairly satisfied	very satisfied

4) Was it what you had hoped for?	yes ☐	no ☐
5) Do you think you have benefited?	yes ☐	no ☐
6) Has it made a difference to your life?	yes ☐	no ☐
7) **Have you made friends through the project?**	yes ☐	no ☐

If you have any further comments about the help you received please write them in the space below.
(continue overleaf if necessary)

✎

Thank you for your help.

Telephone Interview Schedule

Part 1: Introductions

Hello my name is…… and I belong to the Lewisham Older Women's Network.

I think that Ros Spinks has talked to you about our work and about how we are carrying out a research project to find out how the Downham Ageing Well Project is helping people.

She said that you had agreed to be interviewed over the telephone, is that right and is this a convenient time for you? (If not arrange another time)

This is quite an informal interview. It's just to get your views on the help you have received from the Project and generally find out what you think about it.

I have a colleague with me who is also a member of OWN and …….is going to take notes for me.

Can I just check that I've got your name right?

Can I also check with you that Ros at the Downham Ageing Well Project helped you by……

I've got a list of a few questions but basically I'm interested in your experience of the Project.

Part 2: Questions about referral

1) Who put you in touch with the project?

(Tick any or all of the boxes that apply)

1	Friend or neighbour	☐	**5**	The hospital	☐
2	A family member	☐	**6**	Social worker	☐
3	Your GP	☐	**7**	Mental health team	☐
4	Your health centre	☐	**8**	Voluntary worker	☐
			9	Age concern	☐
			10	other (please write in below)	

2) What was your/the reason for approaching the project?

(Tick any or all of the boxes that apply)

1	Health issues	☐	**5**	For company	☐
2	Housing problems	☐	**6**	Mobility/transport	☐
5	Disability	☐	**7**	Opportunity to go out	☐
6	Benefits	☐	**8**	other (please write in below)	

Part 3: Questions about experiences of the Project, satisfaction and if and how it has helped.

I want to ask you now how you got on at the Project, what they did for you and if and how it helped you.

3. You were offered ……(use the information from Ros).

4. Was it what you had hoped for? If not ask why?

5. Do you think you have benefited from your contact with the Project?

If yes, ask how.
If no, ask why.

6. What difference has the help you got from the Downham Ageing Well Project made to your life?

7. What would you have done if the Downham Ageing Well project hadn't been there?

8. Has it opened up any other opportunities for you?

Prompt: Joined any classes or groups? Improved your mobility?

9. Have you made friends through the Project?

10. So in general how satisfied are you with the help you received?
On a scale of 1 – 3 which applies to you

1☐	**2☐**	**3☐**
not satisfied	fairly satisfied	very satisfied

11. Do you have any suggestions for improving the service?

Thank you very much for your help.

Interview guidelines

Page 1: Introducing ourselves

Hello my name is…… and I belong to the Lewisham Older Women's Network.

This is ……. who is going to take notes for me.

I think that Ros Spinks has talked to you about our work and about how we are carrying out a research project to find out how the Downham Ageing Well Project is helping people.

She said that you had agreed to be interviewed so thank you very much for coming today/letting me visit you.

Can I just check that I've got your name right?

This is quite an informal interview. It's just to get your views on the help you have received from the Project and generally find out what you think about it.

I've got a list of a few questions but basically I'm interested in your experience of the Project. It's just your views really.

Can I check with you that Ros at the Downham Ageing Well Project helped you by……

Name: Research No:

Page 2: Questions about referral, first impressions and expectations

1. Can you tell me how you heard about the Project?

2. Did you get in touch with them yourself or did someone else suggest it?

3. What was your/the reason for approaching them?

May need to prompt here:

Were you having problems with …(use the information from Ros to prompt appropriately)

4. What kind of help were you hoping for?

5. What happened next after you contacted the Downham Ageing Well Project?

Prompt:

Did someone get in touch with you?
Did they come to you or did you go to them?
How soon did you see someone?

6. Can you tell me what your first impressions were?

Name: Research No:

Page 3: Questions about experiences of the Project, satisfaction and if and how it has helped.

7. You were offered …..(add information from Ros) Can you explain to me what happened?

8. What did you think of this?

9. Was it what you had hoped for?

If not ask why?

10. Do you think you have benefited from your contact with the Project?

If yes, ask how.
If no, ask why.

11. What difference has your contact with Project made to your life?

12. What would you have done if the Project hadn't been there?

Name: Research No:

Page 3 continued

13. How satisfied are you with the help you received?

14. Has it opened up any other opportunities for you?

Prompt:

Joined any classes or groups?
Improved your mobility?

15. Have you made friends through the Project?

16. Is there anything else you would like to say about your experiences with the Project?

17. Do you have any suggestions for improving the service?

GLOSSARY

CEL	Downham Ageing Well Project
DEL	Downham Ageing Well Project
DETR	Department of the Environment, Transport and the Regions.
DoH	Department of Health
ISB	Invest to Save Budget
LAA	Local Area Agreement
OT	Occupational Therapy
OTA	Occupational Therapy Assistant

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OWN Preparation and Training Day
for
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