



Project Evaluation

Gloucester Time Bank:

Older People Social Prescribing Project

by CG Consulting

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1. SUMMARY

“I just loved very day, every day coming here and I do mean that Reyaz.”

Fair Shares Gloucestershire commissioned CG Consulting to undertake an evaluation of their Gloucester Time Bank Older People Social Prescribing Project (funded by the Dunhill Medical Trust), focusing on the first three years of delivery, from January 2017 to December 2019.

The project aimed to address two connected issues affecting older people in Gloucester: ill health and social isolation, whereby older people seek health advice and support, masking the underlying need relating to their isolation and overall wellbeing.

The project set out to utilise time banking and related social activities to help older people in Gloucester to build their social networks, and to improve their community participation, reduce isolation and improve overall wellbeing.

The evaluation was undertaken through:

- Data from the Time Online database
- Interviews and case studies with 22 participants (facilitated by Fair Shares staff)
- Individual interviews with staff

The evaluation aims to:

- Explore the delivery of the project, and identify the activities with the greatest impact
- Evaluate the success of the project in terms of term and outcomes
- Provide recommendations for the future of the work

In summary, the project has succeeded in reaching the target group despite wider challenges with social prescribing within the county, delivering a wide range of activities and achieving the intended outcomes. The original plan for older people progressing from groups to core time banking did not work as intended, but instead created small hubs of time banking within the activity.

In developing the programme, it is recommended that the organisation continue to offer a wide range of groups and encourage the informal exchanges between people attending. Ideally, the groups would secure funding for the whole offer, but it is recognised that this is not always achievable.

Whilst the funding ended in December 2019, it is worth noting that the evaluation was written in May 2020, during the Covid-19 pandemic which will undoubtedly affect future delivery of the programme.

2. BACKGROUND AND CONTEXT

FAIR SHARES GLOUCESTERSHIRE

Background

Fair Shares was established in 1998 as the UK's first time bank. The organisation is built on the principle that it is the little things that can make a big difference, providing people with a way to share their skills and experience, Fair Shares brings people together, building stronger more resilient communities.

The mission is:

Fair Shares brings people together through the sharing of time, skills and acts of kindness. Our time banks recognise that everyone has something to contribute. We connect people to share their experience and knowledge to support each other, building friendships and changing lives.

The vision is:

We believe everyone has something to offer, and though the giving and receiving of time, we can build a place where we all help each other, create friendships and learn new skills. Everyone feels connected and valued, sharing what they can to build stronger communities.

Activities

Fair Shares runs a range of community based projects that use reciprocal volunteering to reward people for the time and effort that put into their neighbourhood including:

- Community time banks in Gloucester and Stroud
- Training and mentoring for marginalised young people
- Regular groups and activities for vulnerable and isolated people including older people and those with long term health conditions
- Projects for older people with dementia, including walks and reminiscence activities

Fair Shares reaches marginalised people, primarily:

- Disadvantaged young people, particularly those who are NEET
- Isolated adults with disabilities, mental health issues and / or long-term health conditions
- Older people including those who are frail and isolated

Their work benefits people in a number of ways:

- Reducing isolation, developing friendships and networks of support
- Providing the opportunity to contribute to the community, as well as accessing support
- Developing skills and experience
- Increasing confidence and wellbeing

The activities are located across Gloucestershire, primarily in Gloucester and Stroud District, and the organisation has contact with 600 people, of which 250+ are actively involved each year.

Gloucester Time Bank

Fair Shares has been working with communities in Gloucester since 2000, and has an active time bank. Alongside this, a range of groups and social activities are delivered (partly as a result of the Dunhill Medical Trust funding). The time bank is located at Chequers Bridge Community Centre, with a DIY and woodwork shop, and access to a community kitchen and a nearby allotment. The time bank engages 400+ people in total (150+ on a regular basis). A recent review found that 56% are aged 50+ and 31% have a health condition (albeit self-reported and likely to be an under-representation).

CONTEXT

The Gloucester Time Bank engages the city's diverse community, which can be characterised as 'working class', being large mainly white social housing estates, and diverse ethnic, multi-cultural areas, all in close proximity.

The Time Bank covers the areas of the city which are most deprived (Barton and Tredworth, Matson and Robinswood and Podsmead). One of the wards (Podsmead) is the most deprived in Gloucestershire, and is in 10% most deprived neighbourhoods in England.

Gloucester

Gloucester, like the rest of the country, has an ageing population, and the number of older people increased by 28% between 2007 and 2017 (far beyond the national average of 23.3%). In addition, the Gloucester population is projected to rise by 69% between 2016 and 2041. In 2019, there was an estimated 21,114 older people in Gloucester city.

Census data indicates that 21.1% of older people in Gloucestershire experience a long term illness or disability that limits their day to day activities.

The *County Council Gloucester City Population Profile (August, 2019)* notes that:

- Life expectancy for both men and women is lower than the county and England average
- Gloucester has the highest prevalence of people with moderate and severe levels of frailty in the county
- 10.3% of older adults have a Long Term Condition, and 17.2% of people have caring responsibilities
- Gloucester has more 'High Intensity Users' (of CCG services) than the county (with 2.13 patients per 1,000 in Gloucester, with just over 1 across the rest of the CCG). The rate in the Inner City Primary Care Network (where the Time Bank is located) is 2.18.
- The Time Bank is located in the Inner City Primary Care Network, where older adult have on average 2.5 long term conditions per patient, and higher than county prevalence for all conditions other than cancer and depression. The report also notes that nationally people with long term conditions account for 50% of all GP appointments
- Isolation has been identified as a priority for the Gloucestershire Health and Wellbeing Board after a survey of a sample of adult social care service users found that only 49.2% have as much social contact as they would like

In addition, the latest JSNA report indicates that an estimated 12,700 older people (aged 65+) in the county often or always feel lonely, and the biggest contributing factors are poor health, relationship status and living area.

Health and Loneliness

The Campaign to End Loneliness highlights the link between loneliness and health, with people at most at risk of loneliness having poor health, sensory loss and loss of mobility. Loneliness also has a negative impact on health and wellbeing including:

- Increased likelihood of mortality (26%)
- Greater risk of cognitive decline
- Being more prone to depression, with one study indicating a 64% increased chance of developing clinical depression
- Affecting independence, with increased GP visits, higher risk of falls and early entry into residential or nursing care
- Increased risk of developing coronary heart disease and stroke, and high blood pressure

- Being risk factors for the progression of frailty
- Older patients living alone are 50% more likely to access emergency care services and 40% more likely to have more than 12 GP appointments

Social Prescribing

A key impetus for this project was the Social Prescribing pilot in Gloucestershire which was launched in 2014 in two areas, and ran for a year, supported by the Prime Minister's Challenge Fund.

It is important to understand the changes that took place with the county's approach to social prescribing, which took place alongside this work.

The successful pilot was then rolled out to all 81 practices in Gloucestershire from March 2016, primarily aimed at 'frequent attenders' – vulnerable and at risk groups and those with long term conditions. From March 2016 patients in all 81 practices in Gloucestershire were able to have access to social prescribing.

An evaluation found that:

- GPs were the main referral sources for the project
- 48% of people were referred for mental health and wellbeing
- There was a significant increase in mental health for participants
- There were lower emergency admissions rates for participants
- There was a reduction in patient encounters with GP services for participants
- The cost of the service was £480,819, with an initial return on investment of 43p for every £1 spent on the social prescribing service, with additional social returns (estimated at £1.26)

In addition, Gloucester City Council found that 75% of referrals in their Social Prescribing pilot (see above) were self-declared as isolated or lonely.

In 2017 (when this project started), after the initial pilot and roll out of the Social Prescribing Service, this became part of a new 'Community Wellbeing Service' which combined social prescribing with community capacity building. This effectively merged the Village and Community Agent and Social Prescribing Services. In Gloucester this is now delivered by the charity and social enterprise 'Home Group'.

The impact of these changes seems to be that the change moved the focus away from GP surgeries, and there was an overall loss of both structure, and link to the health sector. The council (along with many others) has lost a great deal of funding, which means that many roles and activities have been merged. In speaking to Fair Shares staff, it seems that the intention is still there in terms of social prescribing, but not the resources to deliver in the way that the pilot and initial roll out intended, which clearly affected referrals.

This is backed up by the *County Council Gloucester City Population Profile (August, 2019)* which notes that "... the referral rate to Social Prescribing services per 1000 population for Gloucester City is one of the lowest. Given the high levels of high intensity users, prevalence of life style related conditions and multi-morbidity it could suggest there is still considerable opportunity in this area."

3. PROGRAMME REVIEW: DELIVERY

OVERVIEW AND TARGETS

Overview

The project was run as part of the Gloucester Time Bank, and aimed to address the social and emotional needs of older people with health issues, which it was then expected impact on their health, and demand for wider services.

Delivery Model

The project aimed to build social networks and introduce people to time banking, as a sustainable source of support through a staged approach to engagement:

- **Reach**
The project planned to reach isolated and lonely older people who have additional health issues, and whose social and emotional needs are not being met. It was anticipated that they would be reached through referrals and awareness raising, working with organisations including GP surgeries involved in the Social Prescribing pilot, and voluntary sector organisations such as Village Agents, the Independence Trust, the Nelson Trust and Turning Point.
- **Initial Engagement**
Older people would then receive significant levels of support to encourage and facilitate engagement in social activities (i.e. building trust in the organisation, or practical support such as a buddy or transport) including ad hoc social events and the informal Lunch Club, either regularly or on an ad hoc basis as they built up confidence.
- **Group Activities**
Older people would then build confidence to engage in the group activity programme with opportunities to attend a weekly Lunch Club and / Craft Group. The activities would be delivered to encourage older people to be active participants, for example helping to prepare the lunch, set tables, or sharing their skills with others.
- **Time Banking**
Older people would then progress to one to one time banking activities as their trust in the organisation, and their confidence grows. The original model set out that initially this would be with people that they have met through the group activities and then eventually through the core time bank with people that they have not yet met.

Although not a strict pathway, Fair Shares anticipated that older people would progress through these phases, depending on their needs and confidence levels. This approach aimed to introduce people to time banking gradually, helping those with the lowest confidence and highest support needs.

The model incorporates the core values of time banking and co-production, where participants actively participate in the development and delivery of services, rather than being passive recipients. Fair Shares is founded on the belief that the real wealth of their communities is the people and the skills they bring and they value everyone's skills and contributions equally. The organisation also has a focus on building enduring relationships, and that healthy communities are built on trust, and that trust is built through meaningful interactions with each other.

Targets

The project aimed to reach 80 people over the three years, with 20 people being reached in Year 1, and 30 per annum in Years 2 and 3.

A further target was for 80% of participants (64 people) to have regular involvement with the project, measured as participation for 10 out of 13 weeks per quarter.

BENEFICIARIES

Numbers

Over the three years the project reached 102 older people, meeting the target of engaging 80 people over its lifetime.

Target Group

The project intended to reach older people who have additional health needs, and who are lonely and / or isolated and in need of emotional and social support. The project clearly succeeded in reaching this group, even if the referrals through social prescribing did not work as intended (see next section).

The table below shows health issues disclosed to staff:

	Year 1	Year 2	Year 3
Older People Reached	22	48*	32*
With mental health issues	11	10	12
With learning disabilities	7	4	4
With physical disabilities	9	14	20

*including 12 older people in sheltered housing (10 in Year 3).

It is worth noting that some older people did not initially disclose any health or mental health issues, either because they downplayed the importance of these issues generally, or because they were reticent to share this information. Therefore, it would be reasonable to assume that the vast majority had issues which impacted on day to day life. In the interviews with participants 73% of people disclosed physical and / or mental health issues, even in short interviews.

The vast majority of all participants were also isolated and lonely - 95% of those interviewed referred to loneliness and / or isolation. The vast majority live alone. The interviews evidence that the loneliness and isolation had a significant impact on their mental health and day to day lives.

"Life before was like basically shut indoors most of the time, most of the time as a matter of fact."

"It got me down mentally and I didn't want to come out the house or doing anything anymore and I had disabilities."

In addition, most of the people were also affected by wider issues such as poverty, educational disadvantage, living in an area of deprivation. Most people are living on a basic pension and have to manage their money carefully to make ends meet.

Finally, it a notable achievement is that the project reached a genuine 'mix' of people and personalities. Of the interviews with participants, 55% were men, and 45% were women, which goes against the traditional view of volunteers as older woman.

The staff at Fair Shares emphasised that although this project was targeted at older people, it takes place in the context of a range of intergenerational activities, with a mix of older and younger people. The organisation explicitly didn't want to develop activities which are only for older people but to bring people together across generations. This is also valued by the participants – many of them would not consider themselves as older people.

"It's just nice to sort of be out in a different community ... I was a bit restricted to the fact that all my neighbour's quite elderly ... Not to be rude about that but it's nice to sort of met other young kids."

DELIVERY

The model envisaged initial support to engage in social activities, with older people building confidence to take part in a range of activities. The final 'phase' was that older people would progress to individual time banking activities, engaging with people from the wider time bank.

Overall, delivery took place as expected, exceeding the initial plans for group activities, which has been central to the success of the project.

Reach

It was originally envisaged that referrals would come via GPs as part of social prescribing activities, but changes to the delivery of the wider Social Prescribing work in the county meant that this was not feasible as a main source of referral. Referrals from GPs was very inconsistent, and in reality there were few referrals as a result of a GP intervention.

However, this did not affect the reach of the project, and in some ways the wider referral mechanisms, 'word of mouth' approach and regular outreach by staff meant that they were able to engage with harder to reach older people.

Referrals did come from a range of sources including Community Agents, Barnwood Trust (a local charity that supports people with disabilities), Gloucester City Homes, Occupational Therapists, Age UK Gloucestershire, Gloucestershire Community Wellbeing Service, Occupational Therapists, adult social care and other organisational partners.

Statutory services (beyond Social Prescribing) did refer people to the project, but these referrals were not always appropriate or in the spirit of the project. For example, often Adult Social Care referred people with complex needs (such as hoarding) wanted Fair Shares to provide a solution (such as clearing an entire house). In some cases, referrals had such high levels of support needs, that they could not participate in the groups (although some did if accompanied by a carer or support worker).

Some people experienced a significant life event which led to them finding Fair Shares. This includes the end of relationships, bereavement, health issues and redundancy.

"Well I wasn't doing anything. I'd been made redundant ... and really my health had deteriorated, I had a heart attack and a stent fitted, I sort of come to a cross roads where I was

just sort of staying indoors, not doing much and getting a little bit depressed and things like that. And then I knew I had to do something about it”

However, the key impetus for people joining the project was social isolation – however it is clear that, without the support and continued engagement by staff and other participants, many people would not have actively participated in the project.

Engagement

The participant interviews showed that of equal importance to the referral source is the initial support provided by Fair Shares. A common theme was that they received support from someone in the early stages, whilst they built up the confidence to attend – this varied from another participant or a member of staff.

Fair Shares staff recognise that for older people who are lonely, have a range of difficulties and are lacking in confidence, a referral is not sufficient to engage them in the project. Staff are proactive at keeping in touch with people after the initial contact and make an effort to really get to know people so that they can support them appropriately to attend activities. In some cases this involved regular conversations with staff, and proactive contact from Fair Shares before joining in. Fair Shares see this as a core part of the process and understand that people need time and support before they feel comfortable in taking part.

For example, the Time Broker worked with older people at the Duke of Beaufort sheltered housing complex, and very gradually built up trust from visiting them. Initially they were offered a trip, and then contact was sustained with the older people, who are now slowly starting to get involved in the activities.

When people first come, other participants work hard to be inclusive and make sure that people feel welcome, and there a real sense of pride that people can take on this role and support newer members. Many participants then feel comfortable taking on more responsibility within the groups, then helping other new participants when they join.

Group Activities

The organisation originally planned to develop a Lunch Group, with a second potential group focusing on arts.

Over the three years, they exceeded this aim, with five groups in total and seven activities each week:

- Weekly Lunch Group, cooking and providing a community lunch (Mondays)
- Art Group, bringing people together particularly those who would not have the confidence to join a social group (Tuesdays)
- Allotment project, involving people with mental health issues, resulting in a good understanding between participants and genuine friendships in a safe space (Thursdays) – this has been extended to 3 days per week from January
- Woodworking project, involving older and younger people who learn and share basic woodworking skills (Mondays, Thursday and Fridays)
- A new upcycling group started in September 2019 held at a local partner venue (GL Communities (Wednesday)), with the intention of the sessions at different venues every 6-8 weeks



Monday Lunch Club



Allotment Group

Fair Shares also offered a range of regular trips and activities which are clearly valued by the participants, both as a gentle introduction to other people and the opportunity do something that would not otherwise be possible.

"It's the only time I've gone on trips or to a restaurant, or this, that or the other with people, because when you're on your own it is very, very difficult, and loneliness is a hidden killer"

Throughout the interviews people spoke warmly about the trips, Christmas dinner and the annual holiday. The importance of these cannot be underestimated, and they have a real role in creating a sense of community amongst the participants, and in bringing real joy in the lives of people who face a range of challenges and difficulties. For example, it is clear from the participant interviews that the annual holiday to Bournemouth was incredibly important to those who went, and they liked to discuss their shared memories of the trip, whilst looking forward to future trips.



Annual holiday to Bournemouth

There is no doubt that the wide range of group activities was central to the success of the project, both in terms of 'having something for everyone' but also enabling people to engage in multiple activities and feel a real sense of belonging at Fair Shares. It is possible that this would have happened with just the Lunch Group, but much less likely. The level of activity mean that the base at Chequers became a real hub for the participants.

Time Banking

The final phase in the work was for older people to support each other through time banking, and then progress to the core time bank, helping those they have not met.

Very few older people have progressed to the core Time Bank (although some have) – instead, people have taken part in a range of groups and activities. The approach has worked in that people have built confidence to take part in other activities, although perhaps not in the way originally envisaged.

Most of the older people took part in a range of activities in Fair Shares, but this tended to be other groups or going on day trips, or the Fair Shares annual holiday. Of the older people interviewed 27% took part in one activity, and 22% took part in more than two activities. Therefore, the model did work in that people progressed in terms of engagement and confidence, but this took part within the range of activities.

There is also evidence that within the groups, there was informal time banking taking place, on an organic level. People offered lifts and support to each other, as well as offering practical and emotional support to each other outside of the groups, but most did not see this as formal time banking, just helping others.

“Lunch group and pool group and trips and outings and things like that. But when I’ve got my week off, which is in two weeks’ time, then I’ll be able to try and do a little bit more, but I sort of go round and see Jamie and that lot, because he’s on his own and he’s only got his carer at home sort of thing so I’m more like a friend to Jamie sort of thing than go out and see him like Bank Holiday ... And I spent a few hours with him on my birthday just before, in between Christmas and New Year as well ...

...The Bournemouth trip, like again with the friendship, the groups, the going out, the helping. Jamie giving his carer that little bit of a break, cos she’s like 24 hours with Jamie sort of thing. She wants to enjoy herself sort of thing as well. So when we went to Swanage, then I was with Jamie so it gave the carer chance to mix with other like ladies and females in a group etc and I would look after him”

Whilst the project has developed in a different way than anticipated, this does not mean that the work is not successful, or that there has not been progression. Instead, the wide range of groups has created its own community, which can only be seen as a sign of success.

Challenges

The project has not been without its challenges, although it has worked to overcome these.

The key challenge faced was the change within the Social Prescribing Service. Fair Shares had strong relationships and referral mechanisms with both the Community Agents and the Social Prescribing Service, but following the merger many staff moved on. This meant that new relationships had to be forged with a team with a wider remit, and different priorities, which affected referrals to the Fair Shares project.

This meant that the team had to invest considerable time in re-building relationships with staff throughout the project, so that they could understand the project, and make appropriate referrals. However, the organisation has strong networks across Gloucester and although this

meant that the project had to adapt to these changes and increased workloads, it did not affect the success of the work.

Other issues have been difficulties in securing ongoing funding. Initial funding from the Dunhill Medical Trust provided a core of support which enabled Fair Shares to secure matched funding and extend the group provision. It is key that the groups continue in their entirety as a means of providing the community and wealth of engagement for participants. Although Fair Shares has been successful in securing funding for individual element of the work, securing ongoing funding for the entirety of the project has faced difficulties (ranging from a funder losing the application for a number of months, and another supporting the organisation but choosing to support the work in Stroud rather than Gloucester as was applied for etc.), which have been exacerbated by Covid-19, with many potential funders halting their programmes.

4. OUTCOMES AND REVIEW

OUTCOMES ONE: SOCIAL NETWORKS AND LONELINESS

The project aimed to increase social networks and reduce loneliness.

Delivery

The range of groups, activities and trips provided ample opportunity for older people to increase their social networks and reduce loneliness. The groups and base at Chequers provided people with a place to go to, and the support from staff and other participants helped to build networks and friendships.

73% of the participants interviewed took part in more than one activity in the time bank only 27% took part in one activity, and 22% took part in more than two activities.

Impact

Of the participants interviewed, 95% made new friends as a result of the project, and it is clear that the work helped to reduce significant loneliness and expand their social networks (or in many cases develop social networks when previously they had none).

Many of the older people were clearly very isolated before joining the project, and there is a real sense that the work provided a 'new lease of life' for them.

"Monday is my only social day, so rather than going to bed or whatever, I like coming down here to Chequers/Fair Shares mixing with people, talking with people. Even if its only for a few hours. Nobody likes being on their own do they."

"Because without Fair Shares I would be stuck at 'ome. I would have nobody, only family which don't bother with me that often. It's getting me to socialise with people, interact with others"

OUTCOME TWO: COMMUNITY PARTICIPATION

The project aimed to increase the involvement of older people in their local community.

Delivery

The project has clearly increased the involvement of older people in their community, and created a sense of community through the range of groups and activities.

The base at Chequers has become a hub of activity for the older people, as have the other sites such as the allotment. There has been interaction between groups with people taking part in a range of activities, and the wider ethos of the organisation means that there is no labelling of people as volunteers or beneficiaries, with people helping out as they can.

Each of the activities provides opportunities for older people to contribute to the work, whether through welcoming new members, setting up tables, cooking, or providing advice and support to others. This approach is key because it ensures that the older people have agency and control over their engagement, and the opportunity to contribute to their community. This undoubtedly makes it easier when people also need support.

Impact

Of the participants interviewed, 82% specifically said that the project had increased their sense of belonging – however, the wider transcripts show that the vast majority feel a real sense of ownership and community through the work.

"I can walk in town now and I can put my hand up to a few people, you know, which I wasn't doing."

"But, generally you just feel like part of a little community, I suppose. A bit of a team, community type thing going on. It's quite nice cos you work along different types of personalities and people with different issues you know, problems. Loads of recovery from whatever, you know, so. That's one of the nice things about it. You meet some really nice, like younger people, or like I said, people of different ages. It's really nice, yeah."

"Well the best thing for me, as I said really is, feeling like I'm part of the, something I think that is going on down there, really is special. Nice being part of that. Nice to develop the friendships and a bit of knowledge as well, where we can do something, for other people. When that's possible that's nice. You know, it makes you feel good. So a mix of things really, no one particular thing. But, it's been great coming here, make friends and just do stuff, yeah. Rather than reading and just shut away or anything."

"Just feeling included really ... Its nice just to, even today walking around back here and somebody shouting out "What you doing 'ere" and do you know what I mean, and that kind of belonging. It is the belonging I think which is nice."

OUTCOME THREE: HEALTH AND WELLBEING

The project aimed to improve health and wellbeing, and reduce dependence on other services

Delivery

The project succeeded in reaching older people with a range of health issues, including both physical and mental health difficulties, and in many cases people had a range of health issues often both physical and mental.

The delivery of the work addressed health issues in a number of ways, and the approach meant that this was different for each person. For some, they took part in regular exercise (through the allotment or even walking to activities), for others their wellbeing was improved through having meaningful activities to take part in or social engagement, and many felt a renewed sense of pride in their participation.

Impact

Of the participants interviewed, 55% said that the project had improved their health and wellbeing. It is difficult to show a reduction in dependence on health and other services, but there is clearly a correlation between the participants taking part and feel more positive about their lives, and their lives having more meaning.

"It's certainly my mental health, it's improved a lot, cos I used to suffer from depression and now I got the confidence to be – Yeah, I'm going to do that."

Many people have significant health conditions that the project could not feasibly improve, but some felt that their health was deteriorating less than it would have done otherwise.

*When asked if their health would have deteriorated more quickly without being involved:
“It possibly would have done, because I probably would have been just focusing on my illnesses and things like that, if I had nothing else to focus on. Yeah, for sure it would.”*

“When you got mental health issues you just think the whole world is against you, nobody really understands and you, a lot of people isolate themselves, they don’t want to talk about it because they think they’re the only people. So this has been a turning point for me.”

“I thought that was it. I thought my time was limited. And then I came to Fair Shares. It’s totally changed my way of thinking. I feel a lot better in myself now. I don’t feel low or useless or anything like that.”

Case Study: Andy

Andy came to Fair Shares after other day centres he attended closed down. Although he was involved in various activities, *“I say to myself I really haven’t got a friend ... I’m not an easy person to get on with.”* Andy had struggled with mental health issues since he was at school, and found it hard to get along with people.

Andy said that as well as craft skills, he had learned a lot about communicating with other people, and appreciated that he had the opportunity to learn from his mistakes as part of the project. He talked about having a fall out with a couple of people, and that instead of being told he couldn’t come, he was given another chance, and he now enjoys helping others: *“If I can see some up I help people out like. If they want, say they want a ruler I go and fetch it for them. It’s like that. I know where everything is.”*

Andy is now an important member of the group:

“Well she’s made me a mentor.

(How does that feel for you?)

Proud. It makes you proud. Makes you think you are going up somewhere. You are a reliable person. Makes you feel reliable.”

At the start of the interview when Andy talked about his life before Fair Shares he characterised himself as someone who didn’t feel part of a community, and who fell out with people, struggling with his mental health issues on his own. By the end of the interview, he describes himself differently: *“I think I gets on with people mostly”* – being part of Fair Shares has enabled him to develop a more positive self-identity.

The role that Fair Shares plays in his life is undeniable:

“Sometimes I walk here which gives me exercise. Sometimes it’s the only place I walk to ... Its a reason for me to get up and get out. Some days I never get out of bed until 2 o’clock because I don’t have any reason to. But coming here gives me a reason to shower and get ready and leave house”

OTHER OUTCOMES

The project also resulted in other outcomes which contributed to the wellbeing of the participants.

Learning New Skills

Analysis of the interviews with participants showed that 22% learned new skills through the project, ranging from cooking, to woodwork to health and safety.

“Also I took a Health and Safety course, didn’t I. I passed that. 80% I got ... I was really chuffed with meself”

However, a far greater number learned personal development skills and 77% of participants interviewed referred to feeling confident and proud as a result of the

Helping Others

A clear theme in the interviews was that many participants did not see themselves as beneficiaries in a project, but as volunteers who help others. Analysis of the interviews with participants showed that 55% referred to helping other people and this was a clear source of pride for many people.

“Volunteering for Fair Shares gave me a pip on me shoulder. Gave me some-at I was proud of. And I do mean that... You gave me a chance to pay back all the kindness I’ve been given.”

SUCSESSES

There is no doubt that the project has been successful and in particular in:

- Reaching very vulnerable and marginalised older people.
Although the Social Prescribing referrals did not work, this did mean the organisation building its wider networks and reaching more people through word of mouth, which possibly reached people who would not have otherwise heard about the project.
- Building a community
The work has not only reduced isolation, and created networks of support but the groups have been a real community, where people have a strong sense of belonging. For some of the participants it is clear that Fair Shares is the one place where they have this sense of belonging.
- Approach
The approach – from the initial support in engagement to the active participation of older people – means that people gain a great deal from taking part. There is very little sense of the work providing traditional day centre activities – instead these are co-produced by the older people who feel a real sense of ownership over the work. The older people are active participants – not volunteers, not beneficiaries – but people working together to build a community.

5. RECOMMENDATIONS

There is much to recommend with this work but the key recommendations are:

- **Funding**
Although this is dependent on funders, it is recommended that funding be found for the entirety of the groups and activities because it is the range and wealth of offer that is beneficial for the older people. The danger of piecemeal funding is that some groups are able to continue and not others, which jeopardises the current success of the work.
- **Approach**
The approach should be built upon, particularly the support for people to attend, but there should be less concern about whether the participants form part of the core time bank. They have created their own community and informal time bank, which should be recognised in its own right.
- **Monitoring**
The monitoring of the work presented challenges for the organisation, partly in terms of informal activities not being captured. The organisation has developed a bespoke monitoring system based on time banking, but the increased activities through groups means that this is not able to capture the range of activities now on offer. The monitoring should therefore be reviewed to check how this can be addressed.