



Glasgow Association For
Mental Health

Later Life Matters
Evaluation

April 2012 – February 2016





GAMH | Later Life Matters

Evaluation

February 2016

Collaborate Consulting Ltd.

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Purpose of this report & methodology

In commissioning an external evaluation at the end of year three of the project, GAMH sought to provide an objective analysis of the effectiveness of the service, the extent to which it is meeting the needs of service users and carers and achieving agreed outcomes.

This evaluation is intended to provide an analysis of the work undertaken and provide observations on the development of the work during the final phase of the funding as well making suggestions for how the project could be supported in the future.

Desk research

The project has been very proficient at gathering evidence from service users and referrers on an ongoing and regular basis. The monitoring reports to the Big Lottery in particular have provided a rich source of information.

Much of this report is a distillation and analysis of previous reports which have been completed by the staff.

Desk research has also included an analysis of reports from various staff and Advisory Group meetings as well as all associated service user paper work

New evidence has been gathered to verify what had already been noted and recorded by the staff team methods include:

- One to one interviews with service users and carers
- Sessions with the Tuesday group

- Sessions and meetings with the Later Life Matters Project team, senior staff and senior GAMH staff
- Email questionnaires and phone calls with referrers and Advisory Group members

Collaborate Consulting Ltd would like to thank all the people, especially Later Life Service users, who offered their time and co-operation in assisting with the preparation of this report.

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Background information: an introduction to Later Life Matters

Context

The Scottish Government's action plan for 2009-11, "Towards Mentally Flourishing Scotland" recognised the importance of identifying the particular needs of older people and the provision of appropriate services as part of improving the lives of older people experiencing mental health problems.

The "Towards a Mentally Flourishing Scotland in Later Life Action Plan 2010" also recommended the need to:

- develop community initiatives to reduce isolation and loneliness in older people and enhance social support for older people at risk of mental health problems
- create within communities the supportive infrastructure that promotes the participation of all older people
- adopt a facilitative approach to all older people accessing physical and mental services and the need to promote opportunities for vulnerable groups of people in later life to access money and debt management education, advice and support

The Scottish Government's National Outcomes include:

- Older people living in Scotland are valued as an asset, their voices are heard and they are able to enjoy full and positive lives in their own home or in a homely setting
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need
- We live longer, healthier lives
- We have tackled significant inequalities in Scottish society

Optimising Older People's Quality of Life, An Outcomes Framework NHS Health Scotland in 2014 describes the current situation thus:

What is valued by older people is remarkably consistent – self-determination, involvement in decision-making, personal relationships; social interaction; good environment/home; getting out and about; accessible information and financial security.

The Later Life Matters (LLM's) Project sits within these national contexts and has grown out of a number of GAMH initiatives.

In 2006 consultation began the building of an evidence base into mental health and wellbeing in later life. Various projects and programmes have been delivered including:

- SCOPe – a befriending service for older people
- Building Bridges Art Group
- Calm Project – complementary therapies and mindfulness
- Brighter Futures – peer networking
- Story Telling Group
- Wah Kin – Chinese health group

Funding for this work has come from a variety of sources including NHS Health Scotland, Lloyds TSB, The Alliance and the Big Lottery.

A Later Life Advisory Group which includes GAMH staff, social work and health staff professionals, representatives from other voluntary organisations as well as older people and carers has overseen and developed this older people's work strand within GAMH.

In 2012 and in response to a growing demand, additional Big Lottery funding was secured for five years to establish the Later Life Matters Project (LLM).

The aim of LLM is to help older people to maintain their independence at home and become better connected to the community.

Later Life Matters offers support services to older people who are experiencing or recovering from mental health problems. The support offered is personalised to meet individual support needs. Each person is assessed and if appropriate, a personal support plan is agreed. LLM supports each older person to reach outcomes they have identified. Support is offered to help build confidence and encourage participation. Depending on the agreed outcomes one to one support and / or group support is offered.

Summary of key points

“An organisation which is sensitive to the complex needs of older people with varying degrees of mental health issues”

Overview

This has been a very positive experience for the consultant, unusually so, from his experience. Later Life Matters continues to be extremely well received. Staff, service users, referrers, - across the board, everyone is full of praise for the work which is done.

There is a real feel good factor which is tangible when speaking to both service users and staff. An infectious, positive ‘can-do’ approach has generated a very successful project.

The project is highly regarded for both the quality and delivery of its service. The service is also making significant impact in improving the lives of older people with mental health issues.

Evidence gathered by the consultant verifies what has previously been reported by the staff. There are a few minor suggestions about what could possibly be improved. Otherwise, the project is highly effective and very efficient in its use of resources.

Position

The project occupies a unique position in that it is successfully meeting the needs of older people with mental health problems. There is often a combined detrimental effect from both stigma for many service users, as an older person and as someone with poor mental health.

Many other funded services for older people are targeted at people with dementia. Other ‘mainstream’ projects for older people do not have the expertise GAMH has in addressing specific mental health concerns. For this generation of older people it has not been at all easy to discuss their mental health.

Being with other older people within GAMH means that there are shared interests and common experiences across the groups of service users who come together. This helps to validate their experiences and gives them an important sense of belonging. The development of a peer group is important as the service users had become too old for other ‘Adult’ services.

Being older is a not a disability, but it does bring other health challenges. Likewise there are particular issues around older people’s recovery, not least the loss of friends and family members.

As a third sector project a more practical approach can be adopted than from some NHS and Social Work services. As a client said, “The CPN’s are good but they’re concerned with my condition and assessing my mental health. Later Life Matters is about me. I see my CPN more when I’m not well.”

The project delivers different outcomes for each person. This is a truly person centred approach and one-to-one service means that a range of benefits can be delivered. These can vary from people who are quite distressed and agoraphobic and need support at home to people who are seeking things to do in their local community.

Many service users commented on the fact that LLM gets them out of their house and into the wider community. Other services are more likely to come into their home which although convenient, can keep them indoors.

Services

The project provides three key programme strands for service users:

1. One-to-one support which includes information and advice and enabling older people to access a wide range of opportunities and activities in their communities
2. Group participation which meets at Trongate 103 on a Tuesday
3. Health & Wellbeing Group which meets at various sports and leisure centres across Glasgow on Thursdays

The services accessed are agreed through comprehensive assessment processes.

Facts and figures

From May 2012 – October 2015 a total of 213 people have been referred to the project. Referrals come from a range of sources including Community Psychiatric Nurses (CPN’s), Social Work, GP’s, Housing Associations, other GAMH projects and families as well as by self-referral.

Over the three and a half years, 101 people have directly accessed services from the project. As at October 2015, there were 46 active service users.

The project is funded to support people with functional mental health issues. People do not take up the service for a variety of valid reasons e.g.

- service not required
- inappropriate service for their needs and health
- in hospital
- live out with the Glasgow area
- below age criteria
- sign posted to other more appropriate specialist services

Service users' ages range from about to be 65 years old to over 90. In each of the four years, the majority of referrals are in the 65-69 year age band.

Women significantly outnumber the men.

Service users are being referred from across the three sectors of Glasgow – North West, North East and South.

LLM was required to provide a service to 35 people in its first year. This rises to 45 service users for years 2-5.

The number of discreet service users for each year indicates that the service is exceeding these original targets.

Achieving outcomes

The project is primarily required to achieve two key outcomes agreed with the Big Lottery:

- ✓ *Older people with mental health problems will have improved health and wellbeing which will contribute to them living independently in their own home*
- ✓ *Older people with mental health problems have improved social connections and links with their community*

The project has been very successful in achieving these outcomes. It is also very apparent that many other additional benefits and impacts have been delivered as a result of the project's services.

When service users from across all of the project's strands were asked how they thought or felt they had benefited, their comments include:

- It certainly changed for me, I have met friends, I feel so much better
- It makes you want to get up and get out – I now go to a club as well
- The company - gets us out – everyone is the same boat – we all understand one another
- You think you're the only one with depression
- Nice to get out and meet others with similar problems
- I have a spring in my step
- Builds my confidence
- I have more patience and time for others
- I know if have any problem I can speak to staff

- If I'm worried about something I know that I don't have to deal with alone
- Being able to laugh
- My daughter knows when I've been to the group because my voice is cheerier and I'm chattier
- I am not so lonely now
- I'd still be sitting in the house feeling sorry for myself
- It is a long day if nobody visits
- Family said it's the best thing you ever done – I don't worry anymore
-
- I have slept all night! I have that feeling that I want to get out
- My anxiety calmed down a bit
- Makes me a good listener
- Big changes for me - I couldn't go out but now I come to the group
- I am confident getting in to town now
- I can now go on public transport but I couldn't before
- I didn't know half the things that were out there until GAMH told me about them

Many other positive impacts have been identified as a result of the project's work. Three key areas which are over and above what was intended emerge as being especially pertinent:

1. *Feeling valued as a member of a group*
2. *Increased physical activity*
3. *Broadening experiences and being open to learning*

These are explored in more detail in the Outcomes section from page 43.

Efficiency, effectiveness and equity

It is clear that much of the project's success is due in no small part to its scale. The size of the groups on Tuesdays and Thursdays allow for meaningful participation and the development of a true group identity.

If even a few more service users joined, there is a real danger that the essence of what makes the groups work could be lost.

Likewise if the staff were spread too thinly across the city supporting a larger client base, it would be extremely difficult to build and maintain the levels of trust and depth of relationship that have been developed.

The often fragile and low levels of confidence in the client group necessitates solid one-to-one relationships and that any groups are small and friendly enough to be accessible.

The best things about Later Life Matters

In conclusion, an analysis of evidence gathered previously, together with new information for this report suggests that there are several key distinct positive features:

1. Getting out of the house
2. The staff's dedication and support
3. Making new friends
4. People supporting each other
5. Getting one-to-one support
6. Getting to try new things

These were shared with and verified by members of the Tuesday Group. They also prioritised the following as their main needs:

- *Getting out of the house*
- *Managing my mental health*
- *Having a structure to my day / week*
- *Getting more physical exercise*

Summary of recommendations

Short term service development suggestions

Ensuring that the project is reaching as diverse a range of service users as possible is an ongoing challenge.

Men's participation

There are undoubtedly older women in Glasgow than men and this is reflected within the project whereby many more women are accessing support.

The Physical Activity Group on Thursdays goes some way to addressing this gender imbalance. However, it would be worth considering and bringing forward new activities exclusively for men.

A city wide information gathering across communities, i.e. not just with the existing LLM male service users, is needed which could be followed up with specific pilot 'projects' to test uptake and engagement.

However, further consultation with existing male LLM service users could identify perceived barriers and offer suggestions for more targeted services and activities.

Other 'younger' existing male service users within GAMH could also be included in a wider consultation programme. Likewise, it may be beneficial to work directly with referring agencies to identify potential male service users and new ideas.

Black Minority Ethnic (BME) community members

Traditionally stigma around mental health has been an even greater problem within BME communities. LLM has previously worked successfully with the GAMH BME Carers Group. However, accessing older BME service users remains a challenge. There is an added gender dimension for many older BME people. They are simply not comfortable in mixed sex social situations.

A similar approach could be taken to that for engaging more men. Further research with referrers, particularly in the South of the city may prove fruitful. Developing stronger links with local organisations in Pollokshields and Govanhill could help. The South East Integration Network is a good starting point for sharing information and exchanging ideas. LLM staff could use their participation in the Network to explore new service developments.

Lesbian Gay Bisexual Transgender (LGBT)

Older people from the LGBT community often face additional barriers and discrimination when they access services. Research has shown that many people go back in to the closet for fear of further prejudice. If people are also coping with mental health issues, then their situation is made even worse.

LLM staff have established contact with the LGBT Health and Wellbeing Project in Glasgow. A new LGBT Age project has produced a toolkit which helps organisations review their practices, systems, paperwork and procedures. LLM continues to pursue links with this initiative.

Thursday physical activity programme

Some service users commented that they felt a little unsure about attending the physical activity programme. A reason expressed a few times was the fact that it took place in different locations across the city. Not only did they not like the idea of it not being in a fixed place, but they also felt slightly anxious about travelling to unknown premises.

Some 'improvements' to publicity may help. It appears that not all service users are aware that a one-to-one dimension exists whereby people are accompanied to new or unfamiliar venues without the expectation that they would have to join in.

The thought of attempting physical activity was also a little daunting for some, even though they know it would be beneficial. By emphasising the social dimension, i.e. the group getting together prior to participating in any activities, some of these concerns could be addressed.

Similarly if the programme was shared well in advance with people who have yet to show an interest or attend, this could help.

Evaluation practice

It is evident that the project is making a much wider impact than may originally have been intended. As LLM begins to plan for beyond the five year Big Lottery grant, it would be beneficial to develop a Logic Model.

Logic Models are becoming increasingly used in the third sector, having already been established in the health sector. They can assist in understanding the ways in which the will deliver our desired outcomes and impacts. They consider what has and will influence project planning, what resources are to hand and the priorities of stakeholders and service users.

Logic Models can help to:

- Develop a shared understanding of work
- Plan new 'projects'
- Provide a roadmap for measuring success
- Identify potential risks

They demonstrate the causal connections between identified needs, project outputs and activities and impacts. They also encourage the development of outcomes into short, medium and long term achievements. These can assist in demonstrating valuable progressions over designated periods of time.

The requirement to link specific activities with particular client groups can also help to address gaps in provision and encourage positive action and targeting.

The Individual Recovery Outcomes Counter (IROC) is an outcome measurement tool created by Penumbra in order to measure the recovery journey of people who use services.

LLM has recently adopted IROC materials and criteria. This will offer the opportunity to gather even more sophisticated information to evidence the full impact of the project.

While some service users appreciate the visual images and scoring grids, it is important to note that others prefer the dialogue / conversational approach that staff have always used. The nature of mental ill health can of course mean that scores can vary according to how the client feels that day and therefore are not necessarily accurate on their own.

As a result of this evaluation, greater use is already being made of the database and intelligence held by project staff.

Good demographic monitoring and the analysis of client trends are key components in providing evidence of need for future planning purposes.

The gathering of more in depth qualitative evidence from referrers on the impacts they have witnessed would also be beneficial in assisting with building a case for continued service provision.

Long term development and sustainability ideas

Further details on these ideas are included in the final section of this report.

LLM is in a positive position financially in that it is currently wholly funded by the Big Lottery. As is common across the third sector, any future funding is likely to come from a variety of different sources.

Indeed many funders will only provide support if other investment has already been secured. It would be expedient for GAMH staff to approach the final year with this in mind.

It is doubtful that one exclusive funder will be found. As this report demonstrates, the project does impact across a range of different areas and themes, each of which could unlock specific funding streams. In terms of future planning, this is an undoubted strength.

Re-shaping Older People's Services / Third Sector Transformation Fund

As is evidenced elsewhere in this report, the work of LLM sits very well within the overall aspirations of the Glasgow City Integrated Care Fund.

There will probably be a stand still budget which means that it is unlikely that new bids will be invited. However, some other projects have not always continued with their agreed programmes. The fund is managed by VAF and supported by the Early Prevention Group which is chaired by the Head of Health Improvement & Inequalities, CHSC Partnership.

As the LLM Project Leader attends these meetings, it would be beneficial to discuss any possible funding resources that may become available.

A potential new 'project' could see LLM supporting other funded older people's projects to be better able to work with and meet the needs of service users with poor mental health. Stigma around mental health remains an issue in some 'mainstream' older people's projects and very few staff or volunteers have expertise in working with such service users.

Service developments

Several ideas emerged during this evaluation and the following three were prioritised by the service users:

1. Drop-ins / outreach services across the city
2. More befriending services
3. Increasing the work done with people before they are discharged from hospital

Collaboration and partnerships

The project has effective working relationships with a wide number and range of organisations across the city. See page 41 for more details. Many of these other organisations are directly benefiting from Later Life Matters by accessing service users they may have found very difficult to reach on their own.

It would be beneficial to initiate exploratory discussions around how some of these could develop into practical partnerships for the future. By undertaking joint planning in the final year of the project, it should be possible to identify new ideas and potential funding sources.

What could be achieved together?

‘Expansion’

Given the co-relation between efficiency and effectiveness, one potential way the project could ‘expand’ would be by establishing additional alternative groups to the current Tuesday and Thursday programmes. Perhaps these could be on Mondays and Fridays. Some service users commented that weekends could often be a long time to fill. Therefore activities on Fridays and Mondays may be very beneficial in terms of providing even more structure to the week.

Consider the project as separate distinct strands

The project is making an impact in many different ways across several contexts, for example:

- Older people
- Mental Health
- Physical activity
- Health + nutrition
- Arts + culture

Similarly, concentrating on specific geographical areas in the city would enable further discussions with Housing Associations, Thriving Places initiatives and other ‘place based’ services about establishing local hubs.

As outlined elsewhere, discreet programmes could be developed for men and people from BME communities.

Rather than seeking financial backing for a ‘generic’ service as at present, it may be effective to build a new funding jigsaw by securing support for specific ‘projects’ or initiatives under the LLM umbrella.

LLM should start evidencing impact in the final year against these suggested headings, building an evidence base and researching how these aspects could be developed further.

GAMH context

Values

LLM work sits within a wider GAMH context. GAMH has been providing social support services to the people of Greater Glasgow since 1978, promoting the principles of equality, human rights and social justice.

GAMH provides support to people experiencing mental health problems and their carers in Greater Glasgow. GAMH is committed to the principles of recovery and to raising awareness and understanding of mental health and well-being.

GAMH promotes the mental health and wellbeing of people and their communities. The organisation creates services and opportunities which assist people who have lived experience of mental ill health and their carers to live the lives that they want to live.

GAMH is working towards the time when all of Scotland's people will achieve full and equal citizenship rights, regardless of their mental health status

All of the organisation's activities are underpinned by a set of values:

People First: We are many sorts of people with different backgrounds and histories. We all have the right to an identity separate from symptoms, diagnosis, illness or disability – we are not our labels – everyone has the right to have their identify respected.

Experts by Experience: People are experts in their own recovery and wellbeing. They have within them the strengths and potential to find solutions to their own problems.

Equality and Social Justice: Are essential for recovery and wellbeing. Everyone should have the chance to make the most of their lives and their talents. People in recovery should have the same choices and opportunities as everyone else.

Significant Others: The contribution of family, friends and peers to the recovery and wellbeing of people with lived experience should always be recognised and valued.

Participation, Partnership and Collaboration: Services, organisations and the wider community are resources for recovery and wellbeing. They in turn benefit from the significant contribution that people with lived experience make to their development and direction.

These values set an important base from which LLM can flourish. Staff, volunteers, and more crucially service users, know that the wider organisation exists to support them.

As outlined elsewhere, this clearly makes a difference to both the LLM staff team and service users. Statutory agencies can seldom adopt such an approach. Many community based projects, especially those for older people are often focused on service delivery and 'health' issues rather than rights and values.

LLM service users highlight feeling valued, not judged, having time to be themselves in a safe environment.

The Care Inspectorate's report on GAMH in August 2015 gives the service these grades:

- *Quality of care and support* 5 Very Good
- *Quality of staffing* 5 Very Good
- *Quality of management and leadership* 5 Very Good

The report summary states that, "The service has a clear focus on service user participation and inclusion. People supported by the service are consistent in their views that their experiences and personal outcomes have been improved through the intervention and support of GAMH staff. The organisation works hard to improve mental health and wellbeing for all people affected by mental health problems. This is done through a wide range of innovative programmes and activities. The underlying values of the organisation are very well demonstrated in day-to-day practice."

It concludes that, "GAMH is a highly valued and important organisation for the people who it supports as well as the staff that it employs. The focus on improving outcomes for service users is embedded within the service. This is achieved in a way that demonstrates respect for service users and recognises their potential "to live the lives they want to live".

These findings are all the more significant at a time when third sector organisations face impending cuts and uncertainty. Maintaining staff morale and motivation is even more important when people are feeling insecure.

Being part of GAMH clearly contributes hugely to the success of LLM. The service users and staff both benefit.

Often independent community based projects can struggle to inspire their staff and empower their service users. They can become too insular and disconnected from the wider strategic environment.

There is no danger of that happening within LLM. The 'parent' organisation nurtures development and progression.

Participation strategy

The beneficiaries of LLM are actively involved in determining how the project operates.

The active engagement of service users in the planning of activities once again sits within a broader GAMH policy framework.

GAMH

Participation Strategy

Aims + Outcomes

Aim 1: Maximise people's sense of control and choice in the services they receive

Improve the assessment and planning process

Increase awareness of the recovery process

To expand people's involvement in shaping services and opportunities

Aim 2: Encourage people to become effective contributors and active participants in the organisation

To increase the influence of GAMH members on the current and future direction of the organisation

To promote leadership capacity within the GAMH membership

To maintain positive employee/employer relations

Aim 3: Support people to become effective contributors and active citizens in their communities

Increase people's awareness of their rights & responsibilities

Increase people's engagement with local opportunities to further their priorities and interests.

Increase people's participation & involvement in civil society

Within LLM, service users and staff explore possible activities during review/development meetings and this informs the activity programme.

For example, the activities programme is now shorter with varied activities arranged. Older people who attended the activities commented that they preferred three weeks of one activity followed by something different. The schedule was subsequently adapted to take this into account.

Ideas for workshops, sessions and activities are also discussed and agreed in advance with the full group.

The Thursday opportunity was more challenging to establish with some of the older people being unsure about taking part in physical activities. However numbers have increased following discussions about activities being set at a pace to suit everyone and how older people could become more confident about attending leisure centres, often for the first time.

The group's perceptions and lessons learned have provided valuable intelligence for Glasgow Life about how to engage effectively with older people with mental health issues.

Advisory Group

An Advisory Group was established to oversee GAMH's Later Life services. It meets several times a year.

The group comprises of service users, carers, social work and health staff and representatives from other voluntary organisations. This group enables LLM to reflect on practice and explore ways of developing services.

The project has had the opportunity to look at its model of service delivery over time and has worked hard to develop and amend in order to better meet the needs of service users.

The Advisory Group monitors progress and suggests and discusses potential developments. The expertise and knowledge of Group members means that important links can be made to other initiatives in various older people's and mental health settings.

The Group has also provided a valuable strategic overview within GAMH for its work with older people; sharing ideas and creating synergy across the city.

Advisory Group members also provide further verification of the project's effectiveness. As one member said, "It is clear in meeting service users within the Advisory Group that they benefit from both peer support and understanding from others who attend but also from the staff expertise and knowledge in terms of the barriers faced in trying to recover."

The Later Life Matters staff team

Throughout this evaluation the staff team have been universally praised. Several service users wanted the Evaluator to know how good the staff were. For service users who are used to dealing with a variety of agencies and organisations, this is significant. As one client said, “These staff aren’t like those I meet elsewhere. They really do care.”

Service users report that it is the staff team that makes Later Life Matters different:

- *Nothing is ever a problem*
- *I know they are always there for when I need them*
- *I can phone any time*
- *I feel safe with the staff*
- *They instill confidence*
- *The staff make the group a success, you’re welcomed with a smile*

Working with the staff it is clear that they are not only dedicated and committed, but they also have an infectious positive ‘can-do’ attitude. This reaps huge benefits for the service users. There is a strong team spirit and staff have a good understanding of the individuals they work with.

The scale of the project means that there is a depth of engagement with service users, often absent in larger projects. The staff team genuinely know the service users well, their needs, issues and concerns. Excellent team communication means staff are kept up-to-date with any changes in a service user’s circumstances and condition.

Provision of 1 to 1 support develops confidence, builds trust and makes it easier for individuals to attend opportunities. Staff offer reassurance and a smooth transition into the group.

There is a staff rota across the project’s service users and activities. This helps to prevent service user dependency on individual team members and also strengthens the team’s understanding and ownership of the project’s different elements.

The staff themselves commented on how they too benefit and learn from the project’s activities.

As one team member said, “Working in this project has changed my perception of older people in many ways e.g. they also want to have fun and enjoy life.” The honesty and openness of many service users has been noted.

The team identified many motivators – tangible rewards that they observe from their work.

These include:

- ✓ Seeing service users happy and motivated in the group
- ✓ Service users' increased ability to cope
- ✓ Seeing service user friendships developing
- ✓ Hearing their stories and how far they have come
- ✓ Service users' confidence and self-esteem growing
- ✓ Increased independence and motivation
- ✓ Service users moving forward and enjoying life
- ✓ Hearing service users laughing again

There is a dynamic co-relation between the staff feeling that they are making difference and the service users' benefiting from the team's dedication.

A member of the Advisory Group stated that the service is staffed with experienced and knowledgeable workers who are skilled in working with older people who are experiencing anxiety, depression, mood changes and the impact of social isolation on the ability to continue to cope at home. "The staff have real expertise and knowledge in terms of the barriers faced in trying to recover."

A key role for the team is to research and find opportunities which the service users can then access. This has brought the staff face-to-face with some of the discrimination the service users face. They report that some services are very patronising to older people and that many people have very old fashioned perceptions about older people.

Likewise in the wider community, staff state that a lot of people don't understand mental health that well, they think it's just a bad day and that it will get better.

Project activities and outputs

Service users are initially offered an assessment. The focus is to build their confidence and daily living skills.

The project offers a range of services to support individuals, such as:

- Increasing sense of wellbeing and feel more confident
- Creating opportunities to build networks in the local community
- Assisting with welfare benefits and housing issues
- Working to build a sense of home

Project processes

Highly effective systems and procedures are in place to assess and support service users. GAMH use a strengths based practice approach which builds on positives that service users identify.

A holistic self- assessment process focuses on strengths, interests, abilities, capabilities and beliefs. It includes baseline information on housing and income as well as current support networks.

Service users are asked to grade themselves using a 1-10 scale against several key areas which include:

- ✓ Confidence when meeting people
- ✓ Confidence to take part in activities
- ✓ Level of contact or involvement with others
- ✓ Knowledge of local community
- ✓ Feeling of belonging in local community
- ✓ Knowledge of other services e.g. health, social work, money advice
- ✓ Ability to maintain contact with other services
- ✓ Mental health and wellbeing
- ✓ Ability to manage day-to-day life within own home

A Personal Support Plan is prepared and a written agreement signed by the service user. These clearly outline service users' desired outcomes and how the project will work to support them.

Each service user has a three month review and thereafter six monthly reviews are held. However should the need arise a review can be held at any point. Later Life Matters also have an evaluation form which service users are asked to complete at various points. They are asked about their mental health and wellbeing and how the project had supported them to meet their identified outcomes.

One-to-one individual support

"I thought I would never find my way back"

The project originally began as a one-to-one service and this remains at its core. LLM delivers different results for different people. The nature of a truly person centred approach and one-to-one service means that a range of benefits can be delivered.

These can vary from people who are quite distressed and agoraphobic and need support at home to people who are seeking things to do in their local community. Others have good and bad days. Some aren't interested in attending group activities while others wouldn't miss their weekly get together.

Many service users commented on the fact that LLM gets them out of their house and into the wider community. Other services are more likely to come to them which although convenient, can keep them indoors. Carers, cleaners and people to do the shopping can all inadvertently contribute to people feeling disconnected from their community.

As suggested above, the nature of the one-to-one support varies according to the needs and circumstances of each client.

Several service users reported that they can't talk to their families about how they feeling. They don't want to worry them or they don't understand. As some-one said, "I didn't know who to turn to."

Perhaps the most important role the service provides is that of being a constant, caring presence. One service user stated that for them the service was a safety net to avoid any serious episodes happening. Others that, "The staff keep an eye on you to make sure you're alright" and "If there are any triggers, staff pick up on them quickly and help keep people out of hospital."

Staff initially focus on service users circumstances and identify what issues may be preventing them from doing certain things.

Help with debts was mentioned several times, for example:

- *They've helped me money wise, my papers are now all sorted*
- *They sorted my bills, saved me money*
- *They really helped me with my debts. I'd got ill thinking about them and when I'm depressed, I spend on my credit cards*

Other people have been supported to switch energy providers and are now on much better tariffs, saving them considerable amounts of money.

Some service users have, with their agreement, had Doctors' appointments made for them which they say they had been putting off.

Getting out of their house and participating in local community activities is the main aspiration for many service users. Some have been supported to join classes and workshops, others to attend church and yet more to be able to have a meal or a coffee in a restaurant. Depending on each person's assessment, these can all be very big steps representing major progress.

The project's approach is to work with people, researching what is in their community and then enabling them to make an informed choice.

Tuesday Group

The Later Life Matters project initially offered one to one support to older people with mental health problems who had been referred for support within the community. Staff spent time building a relationship with and encouraging older people to re-engage with their community. The support offered was varied to meet individual needs and was focused on daily living tasks which would enable older people to remain at home and live independently in their community and improve their sense of wellbeing.

As the referrals increased a working group meeting was arranged to explore the possibility of developing group support and how this should be organised. The working group members were a mix of service users and staff who discussed possible venues and how the group support would be organised.

Group support commenced in March 2013 and has developed very successfully every Tuesday at Trongate 103, an arts venue in the city centre. On average 15 service users attend each week and a strong group identity has been forged.

The programme

The programme is organised in blocks a few weeks ahead, it includes information sessions on topics such as nutrition, diabetes, smoking cessation, alcohol awareness, hearing impairment and oral health.

Further activities from an extensive programme include:

- confidence building
- mindfulness training
- relaxation sessions

- women's safety
- stress management workshops
- arts and crafts
- music workshops
- IPad time and games
- reminiscence and storytelling

The group also arrange events such as Halloween and Christmas parties and outings to concerts, museums and various places of interest throughout the city.

The activities programme is now shorter with varied activities arranged. Older people who attend the activities had commented that they preferred three weeks of one activity followed by something different. The schedule was adapted to take this into account.

The programme is highly regarded by the service users.

One of the developments was a multi arts project. Through consultation with the service users it was decided to engage a local writer/playwright to facilitate service users writing stories about their youth. The enthusiasm of the writer enhanced this experience and he encouraged people to not only use their literacy skills but to join in with the drama sessions before hand.

A local visual artist was contracted to work alongside the group to help illustrate their stories. This led to the production of a booklet "*Reminiscence of Days Gone By*" with older people's stories and art work presented which was launched August 2015.

This project delivered many benefits and several group members commented on how it had enabled them to try and succeed at activities they would previously never even have considered. Members are very proud of the booklet – tangible evidence of their achievements. Some people also read out their stories at the booklet launch and GAMH AGM – another significant milestone in their growth in confidence.

Health & Wellbeing Group

A Sporting Memories initiative encouraged reminiscence and discussion about sports led to exploring sport/games/exercise classes with Glasgow Life and the subsequent creation of a Health and Wellbeing Group.

After consulting with service users it was recognised that a number of the individuals wanted to participate in structured physical activity to improve their physical health and as a result improve their mental health and wellbeing. Staff recognised that this would be a great opportunity to link individuals into their local community to reduce isolation, increase their social networks and provide structure to their week.

Service users advised that with the support of staff and their peers they would like to access taster courses in their local leisure centres. However, they felt intimidated walking into leisure centres due to a number of factors e.g. very large busy areas, many young people, noisy, which made them feel self-conscious and also many were unsure about what activities would be appropriate for them due to mobility issues etc.

Staff liaised with the programme officer based at Bellahouston leisure centre and discussed issues facing the service users. A taster programme was developed which was sufficiently flexible to meet a range of service users' needs. This included an induction day where individuals were given a tour of the leisure centre, registering for a leisure card and the opportunity to ask questions. They discussed any concerns they may have which was extremely useful and gave service users reassurance and confidence to return and get involved in their taster sessions. Taster sessions included gym induction, badminton, tai chi, health walks, outdoor gym and swimming. After the 12 week course a review was held with the service users to discuss how they felt about the programme and any benefits they had noticed.

Over time numbers have increased following discussions about the activities being set at a pace to suit everyone.

The programme

The programme now takes place at a wide variety of venues across Glasgow, including: Pollok Leisure Centre, Bellahouston Leisure Centre, the Palace of Art and Bellahouston Park, Glasgow Green, Kelvingrove Park, Hollywood Bowl at The Quay and Soar at Intu Braehead. Activities have included: walking, cycling, tai chi, badminton, gym and easy exercise, ten pin bowling and indoor golf, indoor and lawn bowls, line dancing and tea dances.

After participating in the taster programme individuals felt confident enough to try lots of new activities such as indoor bowling. Some service users have become involved with a local cycling project, while others participated in a 4k walk in support of raising awareness of issues around suicide.

The physical activities have also been further enhanced by talks about nutrition and the importance of keeping good physical and mental health.

Targets and service users

From May 2012 – October 2015 a total of 213 people have been referred to the project. Referrals come from a range of sources including Community Psychiatric Nurses, Social Work, GP's, Housing Associations, other GAMH projects and families as well as by self-referral.

Over the three and a half years, 101 people have directly accessed services from the project. As at October 2015, there were 46 active service users.

The project is funded to support people with functional mental health issues. People do not take up the service for a variety of valid reasons e.g.

- service not required
- inappropriate service for their needs and health
- in hospital
- live out with the Glasgow area
- below age criteria
- sign posted to other more appropriate specialist services

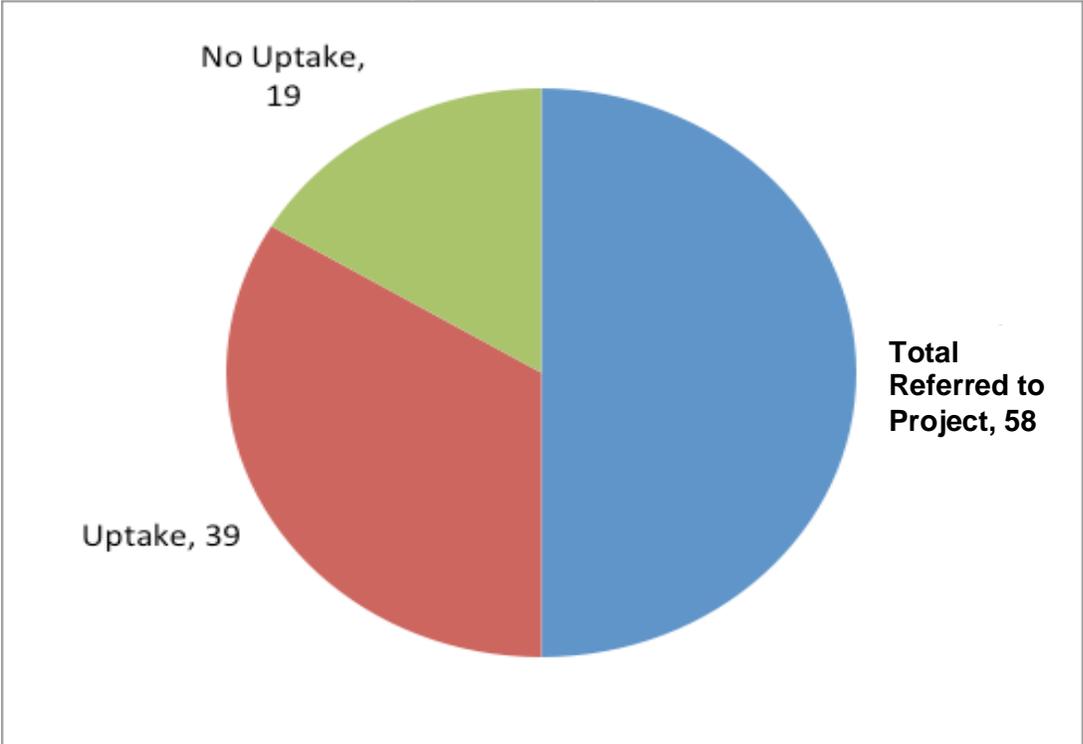
Changes in Glasgow City Council's services for older people resulted with an increase in referrals for people seeking a service from LLM. Not all were appropriate.

Service users' ages range from about to be 65 years old to over 90. In each of the four years, the majority of referrals are in the 65-69 year age band.

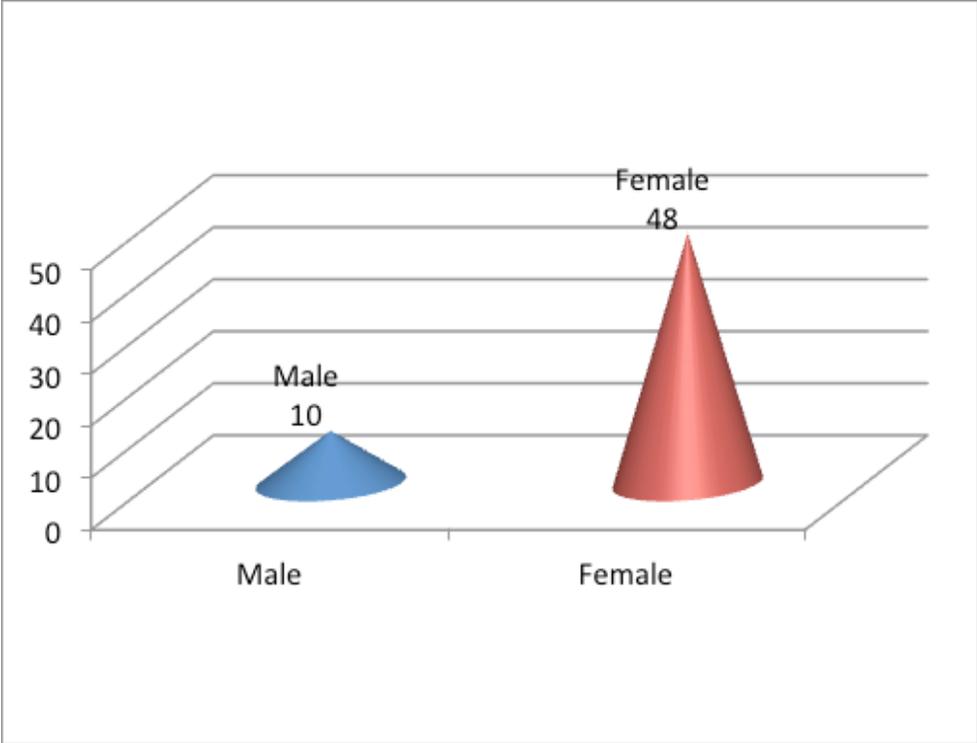
Women significantly outnumber the men.

Service users are being referred from across the three sectors of Glasgow – North West, North East and South.

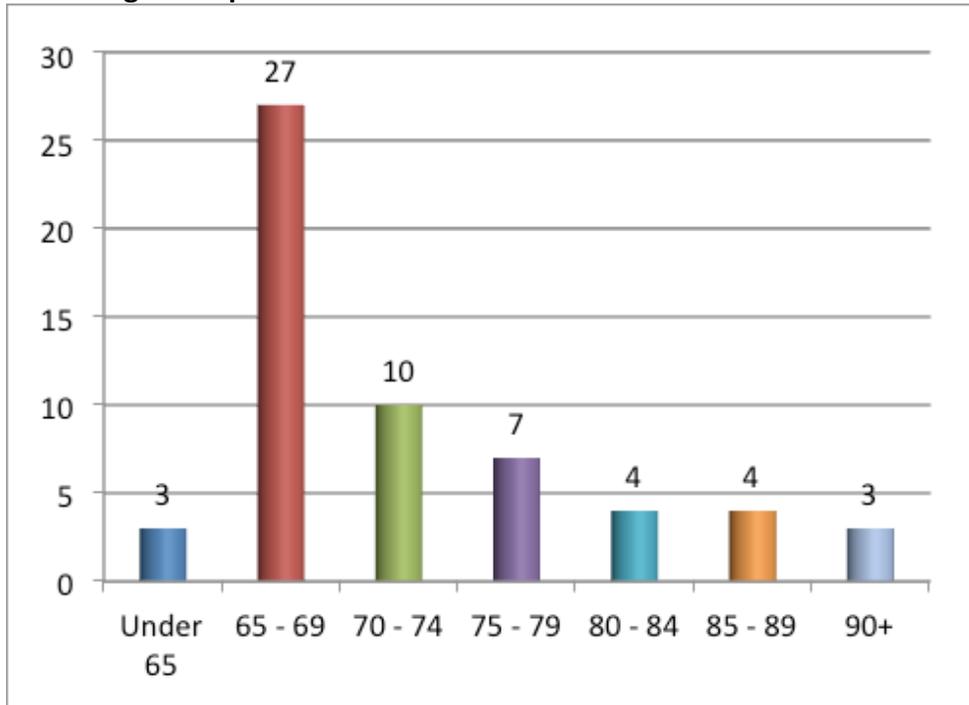
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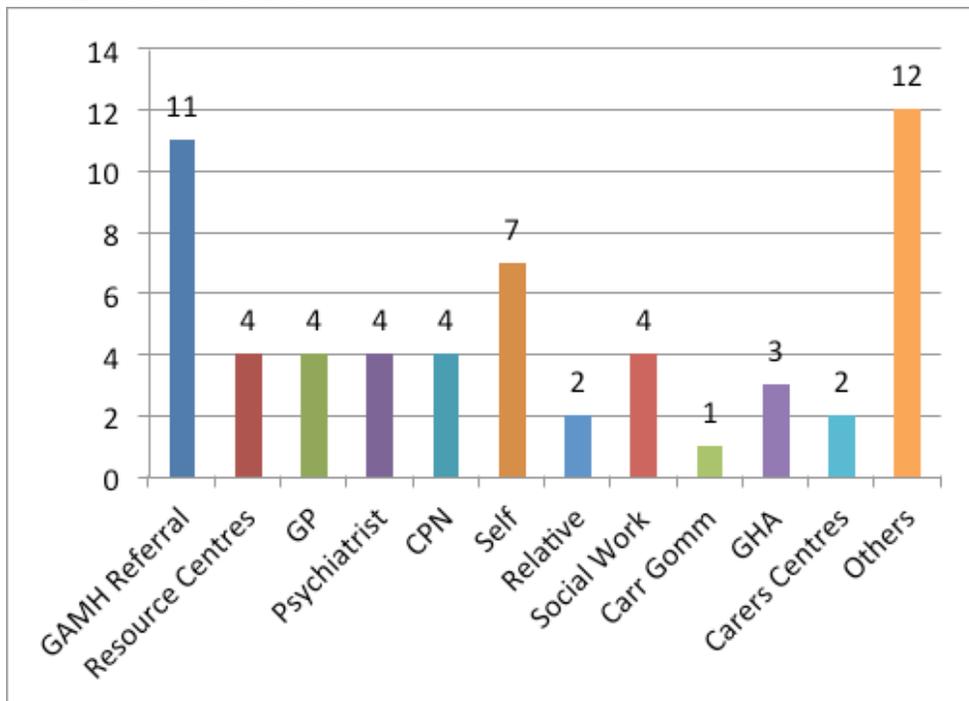
Year 1: Gender



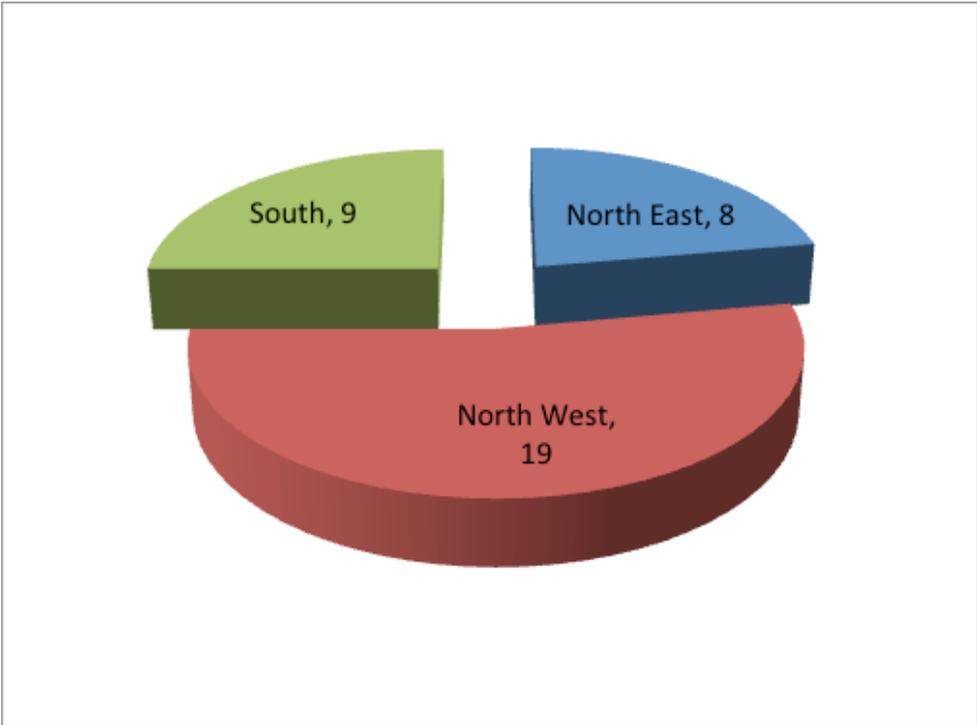
Year 1: Age Groups



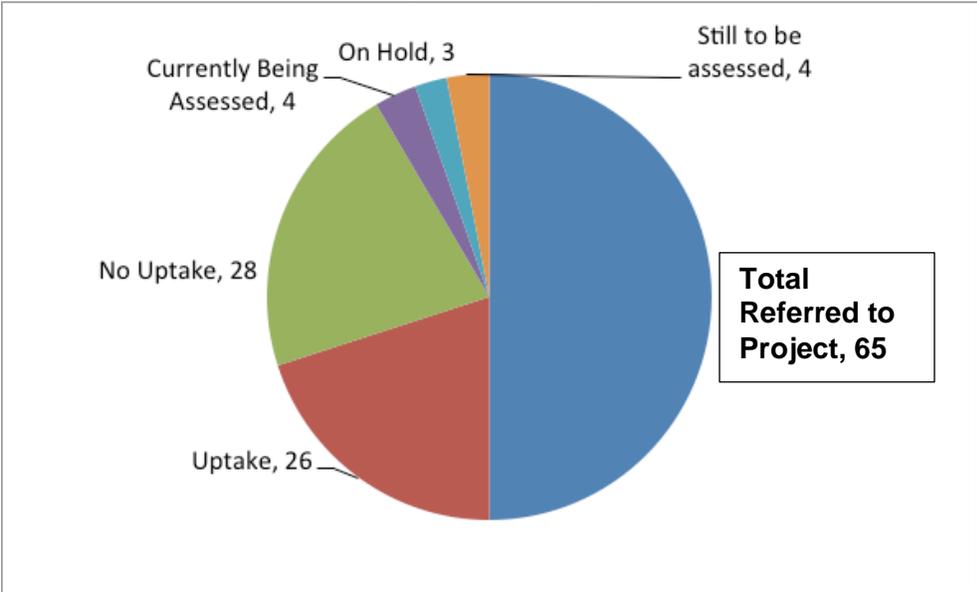
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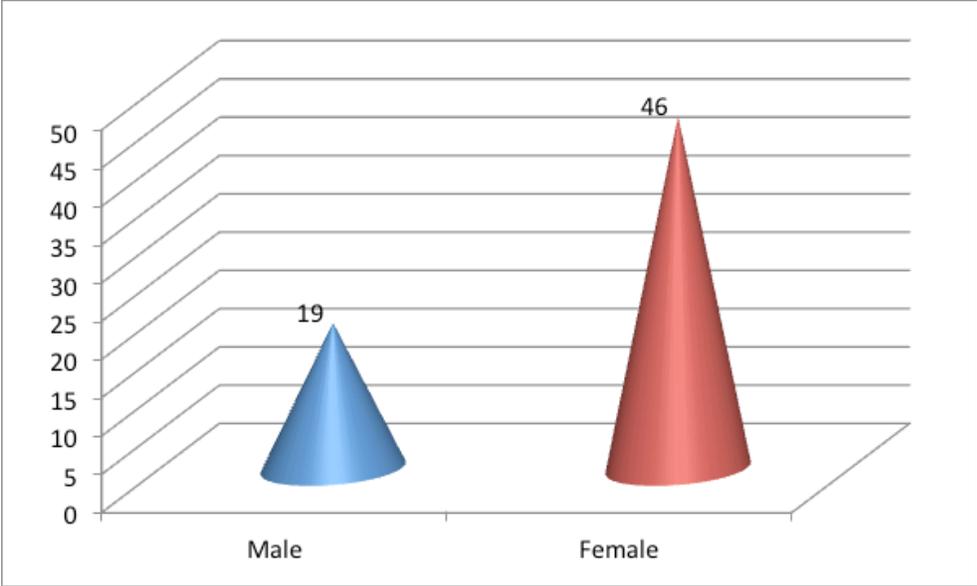
Year 1: Referral Areas



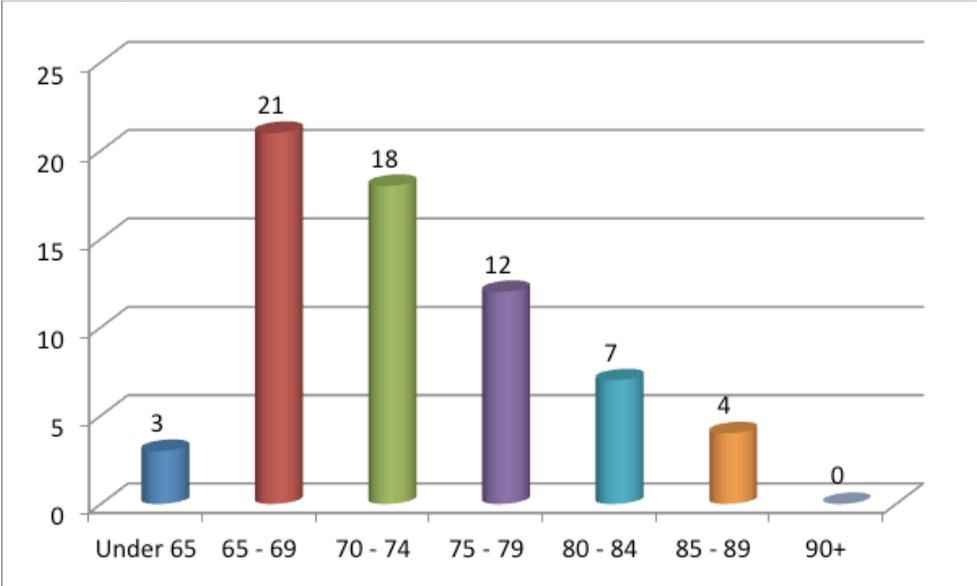
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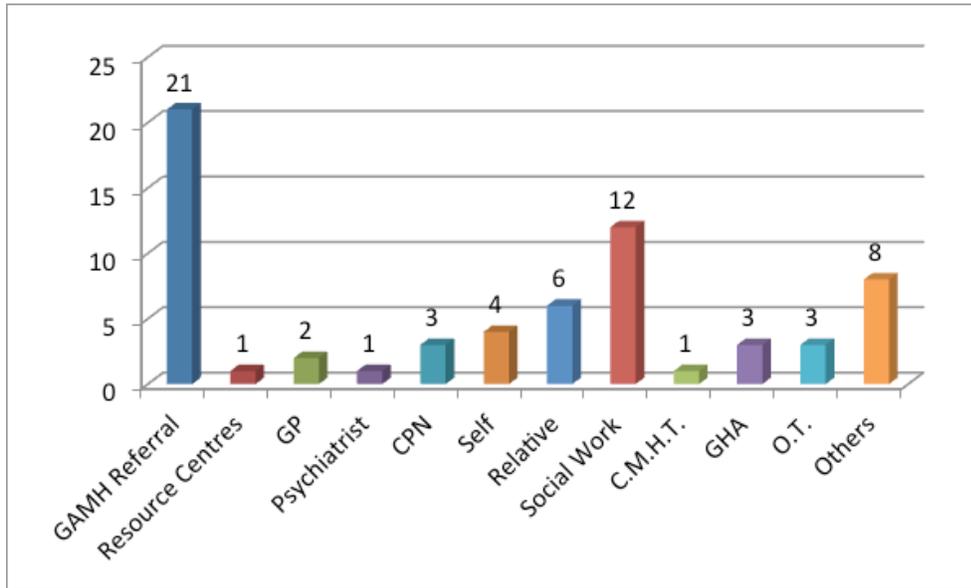
Year 2: Gender



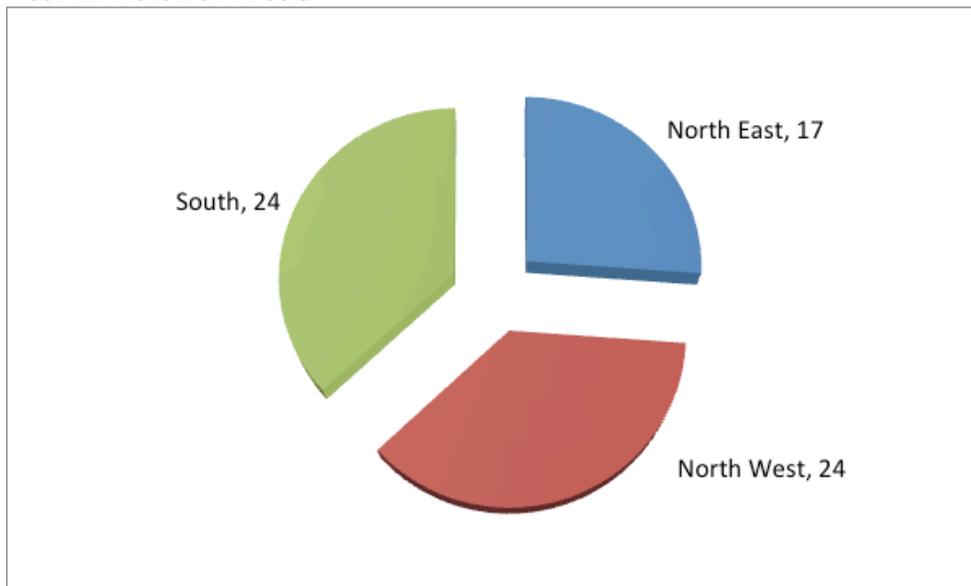
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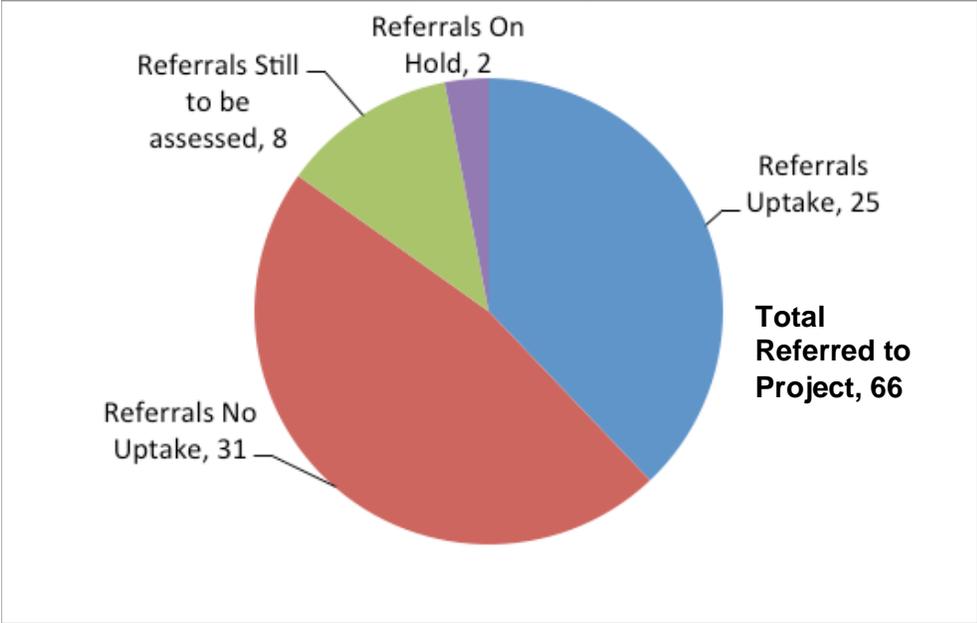
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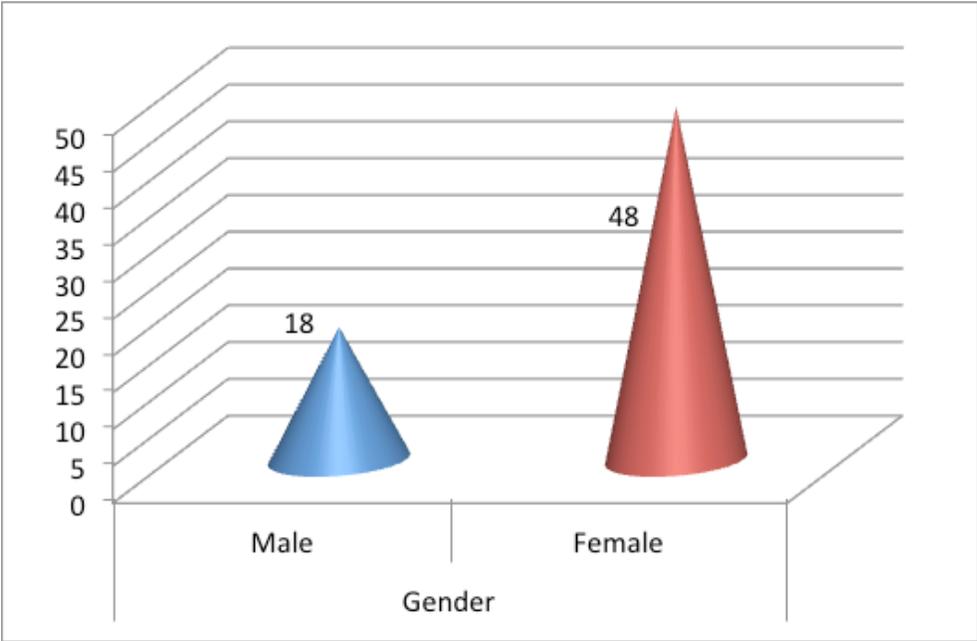
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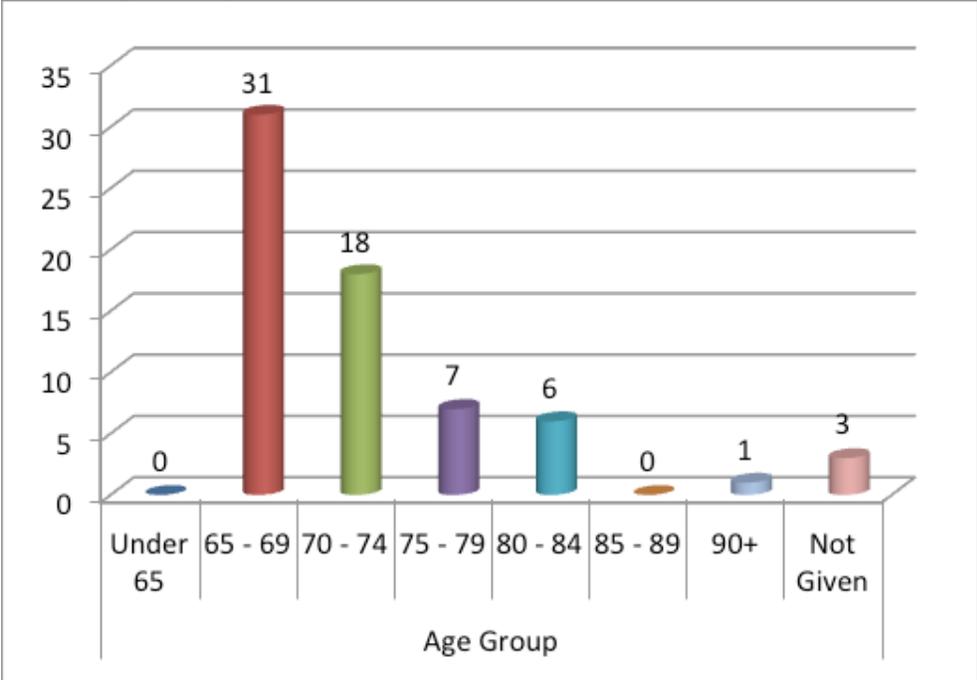
Year 3: Referrals to Service April 2014 to April 2015



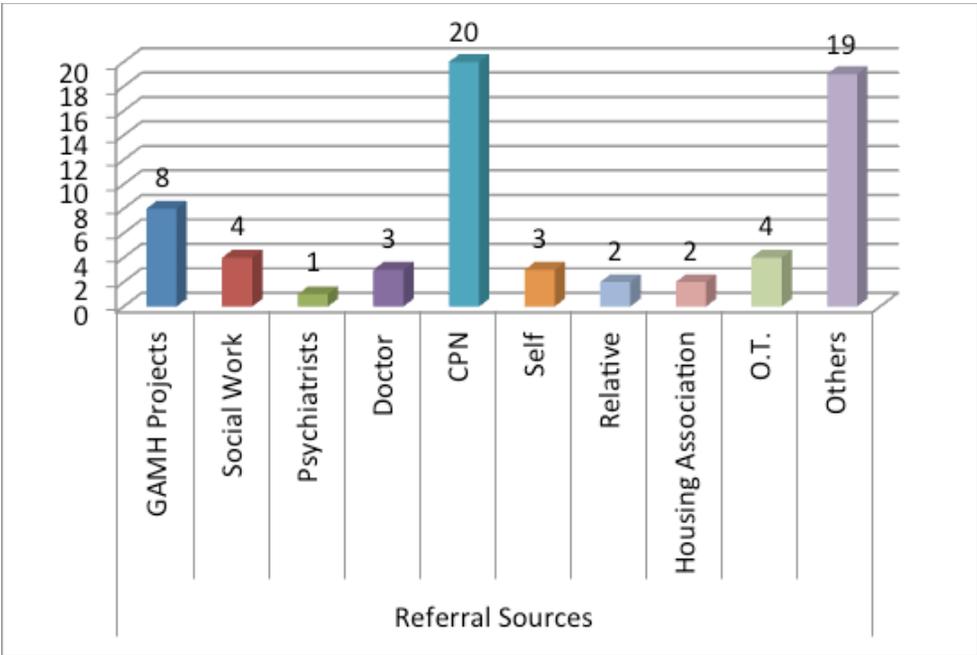
Year 3: Gender



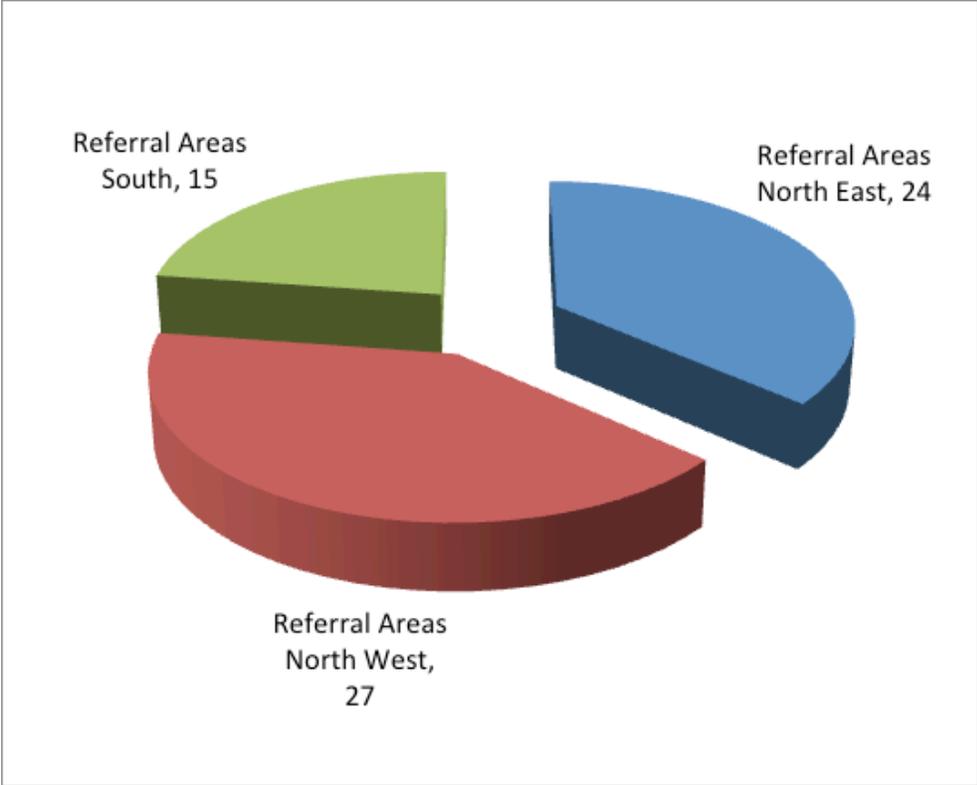
Year 3: Age Groups



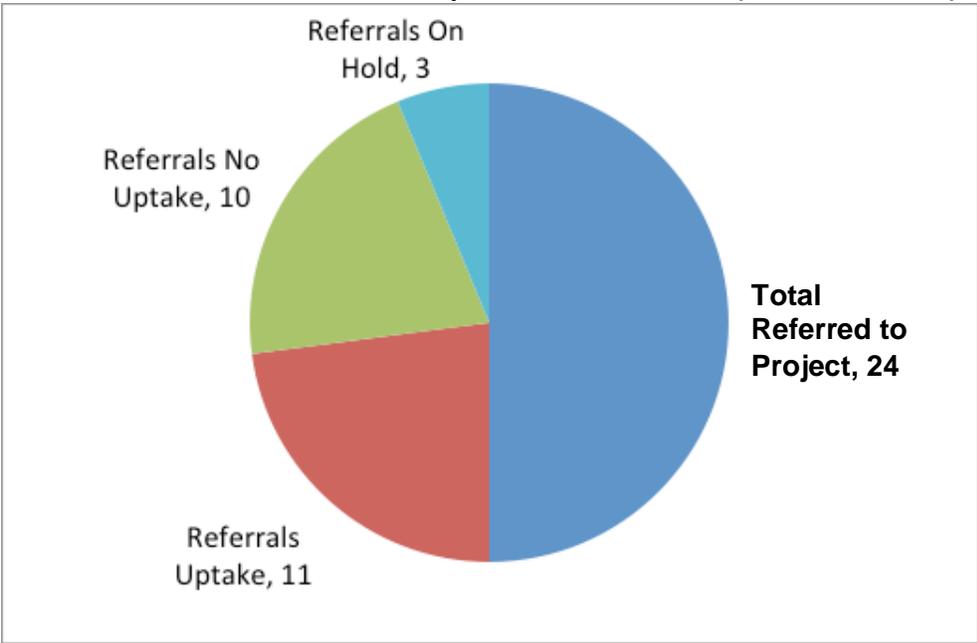
Year 3: Referral Sources



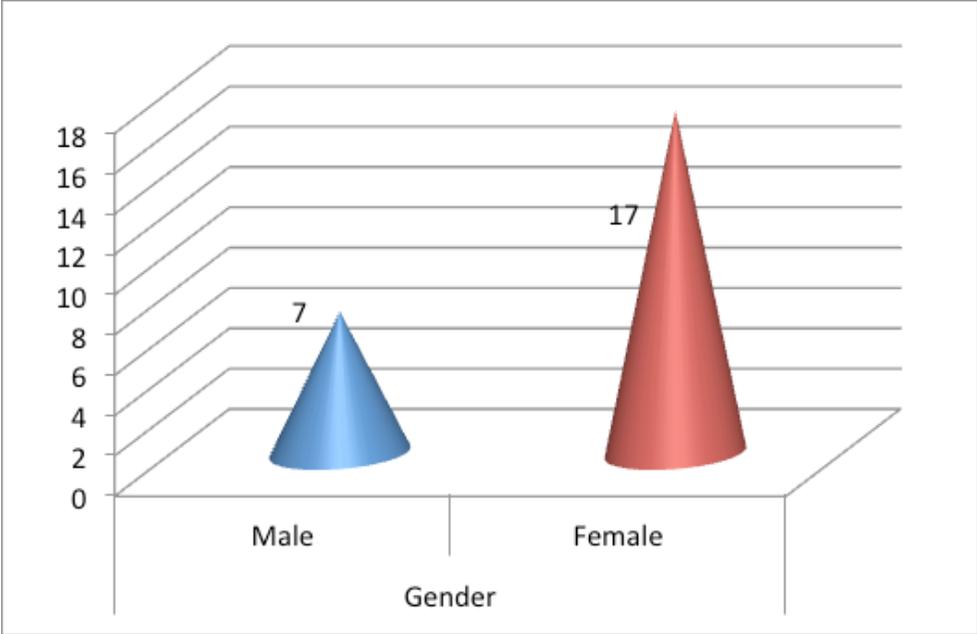
Year 3: Referral Areas



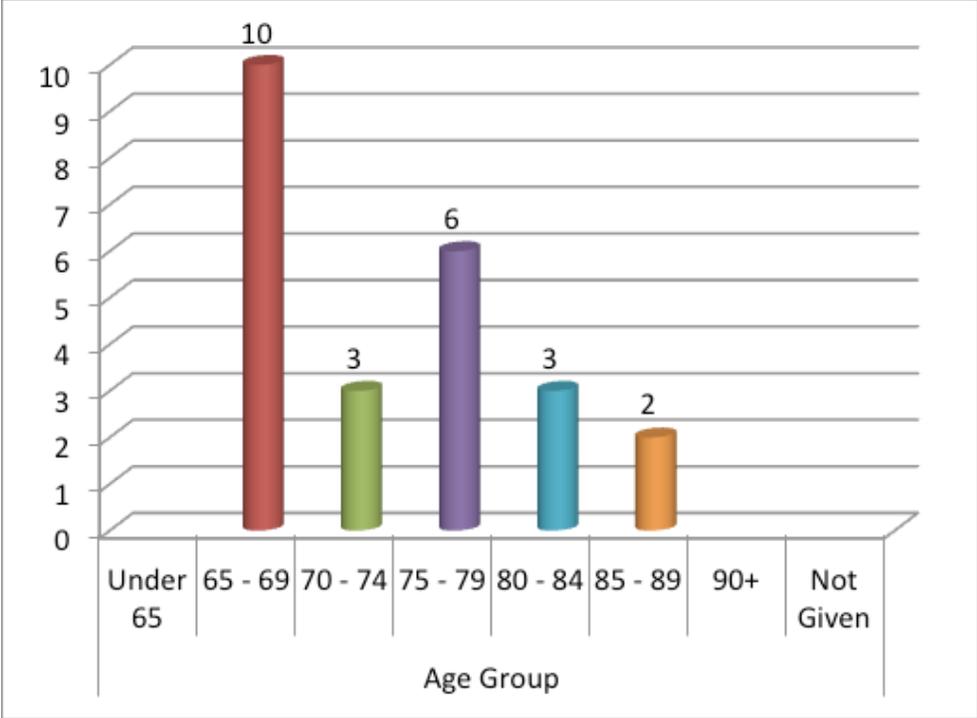
Year 4: Referrals to Service 23rd April to 22nd Oct 2015 (first six months)



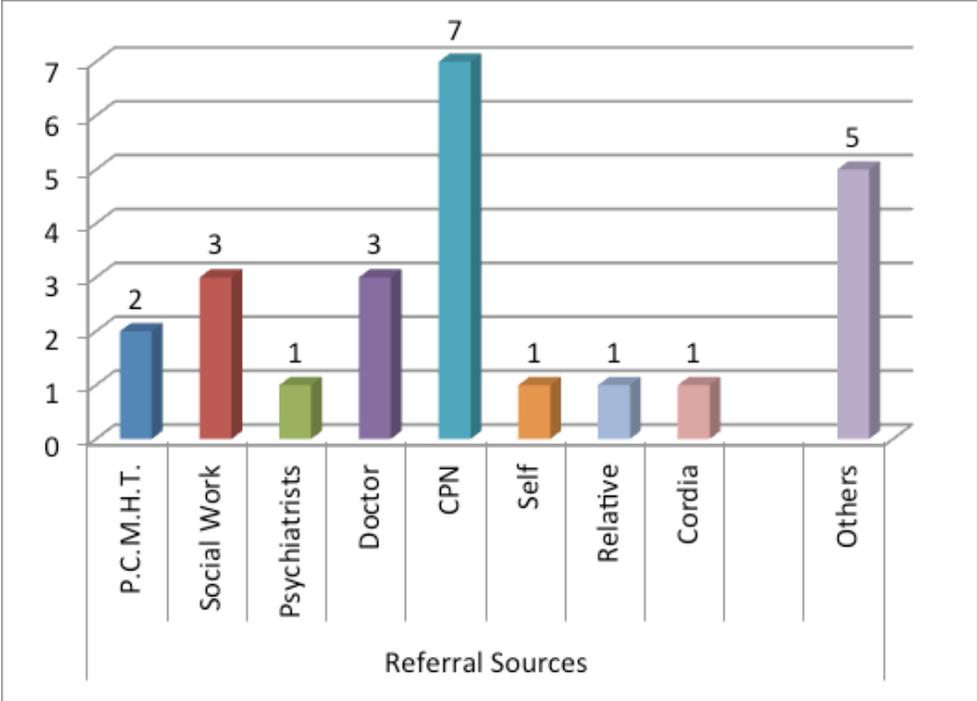
Year 4: Gender



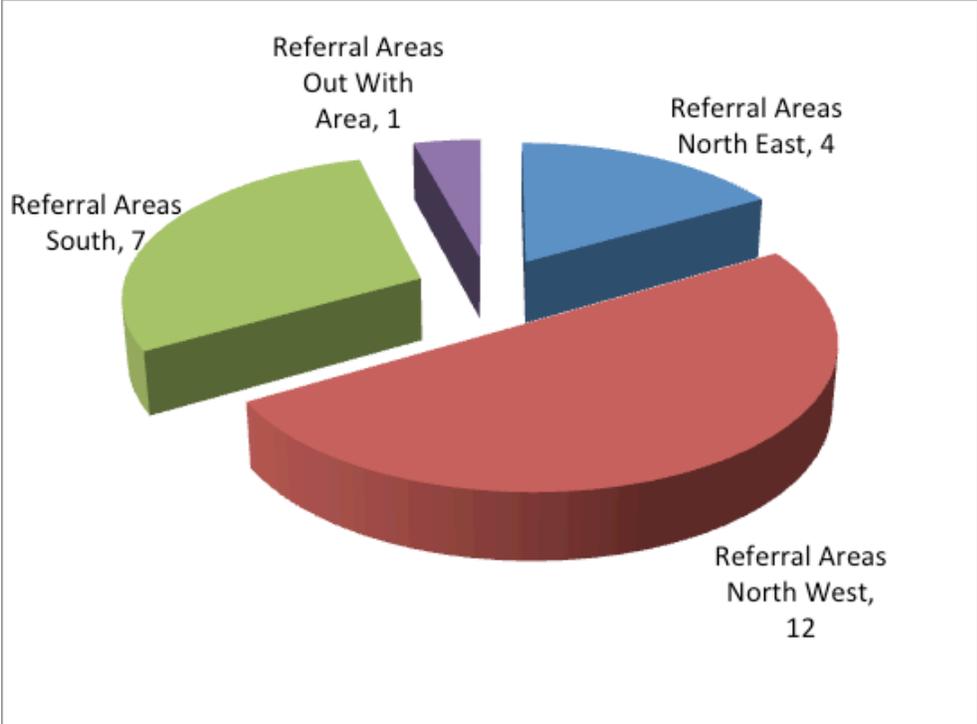
Year 4: Age Groups



Year 4: Referral Sources



Year 4: Referral Areas



Current Service users

The characteristics of the current cohort of 46 service users (October 2015) are as follows:

Year of Referral

Year 1:	9
Year 2:	12
Year 3:	10
Year 4:	15

Gender

Male:	8
Female:	38

Age Group

65-69:	25
70-74:	9
75-79:	8
80-84:	4

Referrers

Feedback and evidence has been gathered from a range of referrers across each of the four years of operation to date. These include CPN's, Housing Associations, Resource Centres, Citizens Advice, Addictions Services, Carers and other GAMH projects.

People are being referred primarily because they have underlying mental health issues or are socially isolated. They need emotional support and encouragement to participate in meaningful activities.

LLM is also recognised as an organisation which is sensitive to the complex needs of older people with varying degrees of mental health issues.

Referrers report high levels of satisfaction and benefits for the people they have referred. Samples of comments made are:

Quality of service

My client was very complimentary about the support received from GAMH and her worker

My client has complex case/care needs however the team are quick to respond to changing needs, updating the CPN as necessary

Excellent Service – staff having a comprehensive knowledge base for older adults encountering mental health difficulties

Service user has appreciated having 1:1 support at home while recovering from surgery

Key worker has developed good therapeutic relationship and is providing structured input which is beneficial

The individual is building up a positive and supportive relationship with the service

Impact and benefits

My client is benefiting enormously from the structure GAMH has provided for her

Client is extremely happy with the support from the service and appears much happier

She has been enjoying attending the group as she is interested in mindfulness and it is getting her out of the house".

Tenant very happy, he was referred to falls team who were very helpful

Service user is now linking in with other services in the local area

Service user now attends a group each week which she thoroughly enjoys

Service user is now attending classes in the local community centre as a result of support

Individual has increased opportunities to socialise

She is benefiting from being referred to LLM, meeting like-minded people of her age

My sister being supported by Later Life Matters has benefited greatly and she is now tackling her alcohol problems and improving her fitness

Signposting and partnerships

The project has worked with a large and diverse range of organisations across the city. The nature of these relationships is dependent on the needs of individual service users.

Staff continually research opportunities and then support and enable service users to take up a service or join an activity. Specialist advice is also sought from appropriate organisations to add to the staff team's knowledge and to provide service users with the best service.

Representatives from several relevant organisations have also given presentations and led sessions with the Tuesday Group.

Services

- Meal Makers (volunteers provide a meal with social contact)
- Food Train (shopping service)
- The Good Morning Service (telephone befriending service)
- Rainbow Care Befriending
- Home visiting Library Service
- Social Care Direct
- My Bus (Transport service for those with mobility issues)
- Care and Repair (Handyman service)
- GAMH Carers Project (Carers Support)
- Royal Voluntary Service (befriending and support to attend hospital appointments)
- Community Addiction Team
- Mount Befriending Service
- North Glasgow Steamie (laundry service)
- Cook and Care (delivers home cooked meals)
- Visibility (support for blind and visually impaired people)
- Community Connectors (signposting and support)
- Advocacy service
- Society of Social Services (charity to access funds to purchase furniture etc.)
- Chest Heart & Stroke Scotland (charity to access funds)
- Newby Trust (Charity)
- Glasgow City Council-Community alarms
- Second Opportunities (access reduced priced white goods)
- Local Fire Stations (fire safety checks)
- SACRO (removals and decorating)

Classes

- Glasgow Life (exercise classes, tea dances, arts and crafts)
- Connects Project- Partick Annex (classes for over 60s / link worker)
- Whiteinch Centre (various classes)
- Heart of Scotstoun Centre (various classes)
- Rosemount Learning Centre (education)
- Easterhouse Women's Centre (various classes)
- Elderpark Craft Café (art project)
- Glasgow Learning (literacy project, computer classes)

- Lambhill Stables (various classes)
- Reidvale Centre

Clubs and groups

- Greater Easterhouse Supporting Hands (GESH) (lunch clubs, women's and men's groups)
- Drumchapel Home visiting Service (lunch club and befriending service)
- GOPWA (day centres and lunch clubs)

Counselling and therapies

- Macmillan Holistic Service (counseling, advice line and holistic therapies)
- Lifelink (counseling and holistic therapies)
- COPE Scotland (counseling, CBT)
- Cruse Counseling Service
- CALM Project (Mindfulness and holistic therapies)

Advice

- Shelter Money Advice Service
- GHeat (fuel advisors)
- GHA Fuel Advisor
- Citizen Advice Bureau (debt management)
- Glasgow City Council- Welfare Rights (debt management/benefit appeals)

NHS

- Health Improvement Team
- Falls Prevention Team

Achieving outcomes and delivering benefits

This section summarises some of the evidence gathered both as the project has been operating and specifically for this evaluation.

The project is primarily required to achieve two key outcomes as agreed with the Big Lottery:

1. Older people with mental health problems will have improved health and wellbeing which will contribute to them living independently in their own home
2. Older people with mental health problems have improved social connections and links with their community

It is very apparent that many other additional benefits and impacts have been delivered as a result of the project's services.

The comments included are intended to give representative flavour of what is being achieved.

Outcome 1: Improved health and wellbeing which will contribute to living independently

What follows is a sample of some of the evidence previously gathered by the staff team

Indicator: Older people with mental health problems self-report improved mental health and wellbeing

Older people supported by the project have commented that they have increased confidence, feel more able to cope with day to day living, feel less stressed and have increased motivation.

I am not that frightened lonely man I once was. I now walk down the street with my head held high

If I hadn't had Later Life Matter's support I would be confused and let things go or be in hospital

Even from the first meeting I felt better as the staff came out and chatted to me and in between crying I was able to explain what was happening

I'm so grateful I got in touch with them. I have got my confidence back and definitely manage my panicky feelings better than before

I still have some bad days when I become agitated but even then they are not as bad as they use to be as I know I can contact GAMH and they are good at speaking to me and help me to feel calm again

Since I received support from GAMH I feel I have a purpose in life. I feel less isolated and I don't feel the four walls are coming in on me anymore. I am now living a life and not just existing

Indicator: Older people with mental health problems self-report increased ability to maintain independent living within their own home

Older people have commented that they:

- Have improved daily living skills
- Have improved budgeting skills
- Are able to keep appointments
- Are more confident shopping/cooking
- Are able to travel independently
- Are motivated to maintain their home

I no longer panic about bills and money....I now open letters

Indicator: Carers, family members and referrers report improved mental health and wellbeing and increased ability of older people to maintain independent living within their own home

Carers, family members and referrers report positive feedback about the service.

Staff have supported my sister to sort out her rent and council tax which stops her worrying

*Support from GAMH has been a lifeline for *****. Her mental health has improved as she is now more motivated and is not isolating herself as in the past she refused to leave the house*

Verification

Further evidence gathered during this evaluation through 1:1's, group discussions and participatory activities verifies what the staff have been reporting.

These comments are concerned with the achievement of the overall outcome rather than the specific indicators above.

I have a spring in my step

I've lead a very restrictive life and I've surprised myself that I can do what I have

I was just isolated in the house in my pj's

I have more respect for myself and others for all they have been through

I take more enjoyment from things now

You know you're feeling better when you want to get up and do things

My daughter knows when I've been to the group because my voice is cheerier and I'm more chattier

I used to be very house proud but I just couldn't be bothered and lost interest, I now have that back

Outcome 2: Improved social connections and links with the community

What follows is a sample of some of the evidence previously gathered by the staff team

Indicator: Older people with mental health problems self report improved links with their communities

The Thursday group opportunity is community based and older people are encouraged to join organised activities. A number are now using their local leisure centres and taking part in activities.

My family say they now have to book an appointment with me to make sure I am at home

Older people have reported that they feel better connected with their community and have increased knowledge of what activities are available.

I now have that the confidence to go out. Having activities planned encourages me to get out of the house

I now attend a local exercise class, which I thoroughly enjoy. I attend church, groups within GAMH and take part in a local walking group

Indicator: Older people with mental health problems self report improved social connections

Staff keep up to date information about local activities and will support older people to attend any activities they feel able to take part in.

I wouldn't have been out of the house if it wasn't for the service

Many of the older people supported lack confidence to go out and therefore the support is offered in their own home and builds up to the worker and the service user going out together. Staff are able to identify resources within the local community and will accompany service users to attend these supports if required. This helps the service user to gain confidence and feel that they can attend groups on their own.

At first we went short walks, which enabled me to gradually build up my confidence in going out. My worker asked me what things I enjoyed doing. With this information she returned, presenting a range of activities within my local community.

I feel a lot more confident now I have started seeing my friends again and going out and about

I'm more active and sociable, out meeting friends and managing to keep to a routine

I now mix with others which gives me a purpose to go on

Indicator: Carers, family members and referrers report improved social connections and links with the local community by older people with mental health problems

Family members report that previously when they phoned the person they were caring for they were usually at home and feeling isolated. Now some report that they see such a positive change, "The project has opened my mother's life up so much more, the support gives her a purpose, getting her out of the house."

A Social Worker advised that a family confirmed that they were, "Well pleased with service, client now talking about re-connecting with her church, even going out for a coffee occasionally"

The project helps to take the burden off the family, they have their own lives too.

Verification

Further evidence gathered during this evaluation through 1:1's, group discussions and participatory activities verifies what the staff have been reporting.

These comments are concerned with the achievement of the overall outcome rather than the specific indicators above.

I'm confident now about going on buses

As a carer we can get under each other's feet. My wife getting out the house and meeting other people is a big help

It helps you feel not so lonely and keeps you in contact and up to date with what's happening in Glasgow

When I come in to town to the group, I look round the shops too

You look forward to going out

I'm out nearly every day of the week now

I've become more involved in the housing and met my neighbours

I attend the community garden where I've met others with the same interests

I didn't know half the things that were out there until GAMH told me about them

I can now take my grandchild to school

It makes you want to get up and get out – I now got to another club as well

I do yoga, banjo, meditation, you name it!

Observing changes in each other

In addition to considering how they might have benefited from being involved with LLM, attenders at the Tuesday group were asked, “What changes have you noticed in some of the other people in the group?”

While there was no shortage of direct testimony of how people themselves had benefited, these additional comments offer further insights into how effective the project has been. They also re-enforce the value of recognising how other people’s improvements can be inspiring.

Many people commented on the increase in confidence of others in the group. They speak more to others and join in as a result of being less anxious. Seeing other people sing, dance and laugh can be therapeutic in itself.

Some attenders have been paying more attention to their appearance. They are better dressed and have had their hair done.

*I see such a difference in ****, he has come out of his shell. He was one of four people who got up and read their stories out in public. He is much more confident*

***** was very quiet. She now comes round asking everyone how they are*

***** talks much more and helps people come out of themselves*

Additional outcomes and benefits

Many other positive impacts have been identified as a result of the project’s work. Three key areas which are over and above what was intended emerge as being especially pertinent:

- Feeling valued as a member of a group
- Increased physical activity
- Broadening experiences and being open to learning

Group identity

For the service users who attend the Tuesday group, it has become the main source of recovery or maintaining good mental health.

Often when people are mentally unwell, they can become less aware of others, far less their needs. Empathy can be difficult to maintain when life seems challenging.

The inclusive nature of the group has enabled people to feel valued as individuals and valuable as peer supporters.

Staff gain tremendous satisfaction from seeing each service user motivating, encouraging and welcoming new people to the group and watching how people support and encourage each other.

Making new friends has been cited as a major change for members who attend the Tuesday group. People phone each other, offer support and meet up to do other things on other days of the week.

It's certainly changed for me. I met friends, I feel so much better

My friends from the group phone me to check how I am

We help one another – a real joint effort

Everyone is in the same boat, we all understand one another

We've discovered things about each other – shared stories

Meeting everyone at the group has made me realise everyone has come through difficulties

I recognise that coming to the group has made me appreciate the value of people and happiness

It's made me a better listener

I have more patience and time for others

Physical activity

Research has long proven the links between the benefits of exercise and good mental health. Regular exercise has been proven to reduce stress, ward off anxiety and feelings of depression, boost self-esteem and even improve sleep. Older people, irrespective of their mental health need to keep physically active in order to prevent many conditions from occurring.

Service users offered evidence of their paying more attention to their physical wellbeing:

After gym induction I have started going to gym and swimming and keeping fit and I am now doing more exercise

I can now play bowls

I now feel more physically fit

I am not in as much pain and that improves my mood which makes me feel more motivated about life in general

Now able to walk for longer without having to stop to catch my breath"

I realise leisure centres are for everyone

I do tai chi – it makes me feel better

I learned tai chi through GAMH and now I teach it to others

I go to strength and balance every Friday – it's an exercise class

New experiences

Several service users commented on how rewarding it was to be able to try new activities and learn new skills. The variety on offer in the group sessions on Tuesdays and Thursdays may initially challenge people's perceptions of what they can achieve, but it also proves motivating.

Likewise many of the community based opportunities that people are supported to pursue are new to them.

With support from the staff and other members, service users have demonstrated that they are prepared to participate in new experiences.

Doing different things like arts and crafts, I hadn't done that before

I've done things I never dreamed I would

It's brought me out of myself

I never thought we could do it – publish the booklet and read out stories

Glasgow Third Sector Transformation Fund indicators

The evaluator previously provided Monitoring & Evaluation consultancy support to 18 separate older people's projects in Glasgow. As part of his contract he worked with representatives from the projects to create sets of indicators which could be used to evidence progress towards achieving the four desired outcomes.

It can be challenging to combine a person centred approach with a consistent means of measuring progress for a group of service users.

These indicators were primarily designed to be 'internal' to the projects and intended to assist with reviews and evidencing change in written reports in the future – i.e. they are what people could write about as having changed for the older people. These indicators are also available on the VAF website.

The indicators are qualitative and designed to be used as a pick and mix set – some appropriate to some people, others not.

The evaluator shared these with the Later Life Matters staff team. Using the indicators as a checklist, staff agreed that all of them except those covering Volunteers and Intergenerational work could be applied to their service users.

1. Improve the health of older people and /or their families and carers

- Improvements / more attention to appearance
- Eating more healthily
- People buy healthier foods
- Improved diet / better nutrition
- Improved concentration
- Taking less pain killers
- Less GP appointments
- Service users receive better quality of service from other organisations
- Attending exercise classes
- Being more physically active
- People are more mobile
- Greater confidence / self esteem
- Greater sense of wellbeing
- Anxiety and stress reduced for carers / families
- Improved family relationships
- Respite for carers / families – rest/sleep, able to attend own appointments
- Increased access to other services – podiatrist, hearing + falls clinics etc.

2. Reduce social isolation of older people

- Joined other groups – name them!
- Attending / greater use of other services – Food Train, Transport, Good Morning – name them!
- Developed new friendships
- Increased social life
- People are going out more out with our group/activity
- People get out of the house more
- Increased participation in activities
- Participation in trips and outings
- People feel a sense of belonging
- People become volunteers

3. Increased independence and resilience for older people and / or their families and carers

- Feeling good about going out
- New interests developed
- Increased enthusiasm
- People feel more positive and motivated
- People can cope with change and new things – fear of the unknown is removed
- People feel a sense of achievement
- People make more informed choices
- Reduced reliance on Social Work and NHS services
- People feel empowered and more in control of their lives
- People are less aggressive and /or negative

4. Build capacity of individuals and communities to be more connected

- People look out for each other
- People communicate more - conversation, use of phone, texting, email, skype, social media
- People enquire about and access other services / activities – name them!
- Participation in inter-generational activities
- People feel that they have given something back to their community
- Volunteers have more structure and purpose in their lives
- People feel valued and included
- Increased visibility / identity of older people in the community

Service user stories: provided by LLM staff

'A' was in deep depression, feeling hopeless and having lost all motivation. Most of her days were spent in bed, feeling unable to wash and dress. She avoided contact with everyone even her own family, and was unable to leave the house because she was frightened of meeting friends and neighbours - she didn't know what to say to them.

At breaking point, 'A' went to her GP and was referred for counselling which did help but she was still unable to get on with her life. The counsellor spoke about GAMH and she agreed to be referred, meeting staff from the LLM project. 'A' was very nervous, but she got to know and trust the staff and this allowed her to feel confident enough to start dealing with issues.

With the project's help, 'A' slowly started going out into the local community and eventually felt better about going in and out of her front door. She also started working in her front garden again which felt really good, as this was something she'd felt unable to do for a number of years. As time went by, her confidence grew and she started using public transport, with support. Now 'A' uses public transport on her own rather than relying on her husband to take her around. Eventually 'A' felt able to join a Later Life Matters group.

With support from family and GAMH, 'A' now feels that she has woken from a long sleep and has her independence back which is really important to her. 'A' now enjoys spending time with family and friends and feels that life is worth living once more.

'B' was in hospital about 3 years ago. He'd got quite bad; frightened to go out, panicky. A drink made it a bit better. He knew that wasn't the answer. He knew his health was suffering. He panicked when the home help came. He felt awful. He just wanted to be left alone. He cancelled appointments with the doctor and the hospital. It just all caught up with him. He wasn't looking after himself. He wasn't in touch with his family or close to anyone.

A nurse referred 'B' to GAMH who came to see him at home. That led to 'B' getting a befriender through the SCOPe project. He remembers being panicky and nervous when he first met her but soon they were getting out and about, walking and going on the bus to the shops. 'B' hadn't been on a bus for about 2 years. He likes seeing all the changes in the city - it takes his mind off any problems.

When the LLM project started at GAMH 'B' started to get some more help. He was really worried with bills and letters, just putting them away and not dealing with them. 'B' is now on top of payments and the project helps with any letters that come in and phone to sort things out. 'B' now attends regularly, meeting people at events, like the Christmas party. He enjoys these things very much. He gets to all his hospital appointments, has new glasses and managed to get to the dentist for the first time in three years. 'B' has got his confidence back and definitely manages his panicky feelings better than before.

'C' was enjoying life as a mum of two children, taking them swimming and dancing, and lots of walks along the beach. She joined a ladies club, swam and danced and played golf. Life was energetic and full.

The violence at home gradually got worse. 'C' had no money of her own and nowhere to go, no one to turn to. A breakdown led to 'C' ending up in a psychiatric hospital on strong psychiatric medication which affected everything about her - her appearance, her body and suffering severe stomach pains.

'C' was caught in a cycle of violence and admissions to hospital, while trying to care for two young children without any help for the next five years – she eventually threw her husband out. He asked for the children which 'C' agreed to as he was going to live with his mother. That didn't last as his drinking and violence continued. 'C' had started afresh back in Glasgow, on a nursing course, and so the children came and joined her. 'C' qualified and worked in a geriatric hospital; the children were doing well and settled at school. 'C' was medication free and back to her old self.

All was well until her husband made contact and within a short time that took its toll and 'C' suffered another breakdown. After another spell in hospital, 'C' was talking to the housing officer saying how she wasn't managing herself. She was so tired. She felt bedraggled and unkempt. Her children were now working and studying away from home so she was on her own. The housing officer suggested contacting GAMH and so 'C' went round to see the team in the South who were really helpful and supportive. They sorted out her benefits and saw her regularly each week. After a while 'C' started going to a group which gave her support from others experiencing something similar to her and she didn't feel so isolated. 'C' still gains support from people in the group and many have become her friends.

'C' is now gaining support from GAMH Later Life Matters to keep on top of benefit and housing issues, to find and try activities and increase her social network. She has attended a new art class which has a cheery atmosphere and got back to swimming. She has also tried other art activities and met up for socials and walks.

The project gets 'C' out the house and she doesn't feel so alone or isolated. She knows that GAMH and Later Life Matters are there and she phones regularly with any problems - helping her not get into the dilemma she was in before.

'D' first encountered depression when her father died. She was 14. When 'D' turned 21 her depression became so severe she was admitted to hospital. Recently hospital admission for

depression became more frequent as 'D' reached a stage of life where she didn't have a family to care for, a job to go to, no one to turn to and felt no purpose in life anymore. 'D' had a feeling of loneliness and fear, like she was caught in a vicious circle that nobody understood. Each time she was discharged from hospital she was given support for 6 weeks but once the support stopped she found herself feeling lonely, isolated and struggling to go out. This would lead to another dose of deep depression and re-admission to hospital.

In 2012 'D' spent 5 weeks in hospital. When she was well enough to be discharged her CPN discussed what support opportunities were available which included a new GAMH project for people over 65 called Later Life Matters. Shortly after the CPN contacted GAMH two project workers from the Later Life Matters project visited. The workers told 'D' about GAMH and the support on offer, asking question about 'D' herself to put a future plan in place - setting small achievable goals. At first this involved short walks which enabled 'D' to gradually build up her confidence in going out and the opportunity to get to know one another and learn about things 'D' enjoyed doing. The project worker came up with a whole list of activities within the local community and information on other opportunities within GAMH.

When 'D' read about the opportunities within her community, she wanted to take part but didn't have the confidence to go on her own. The project workers were very understanding and accompanied her to the activities until she felt comfortable enough to go herself. 'D' now attends a local exercise class which she thoroughly enjoys. She attends church, groups within GAMH and takes part in a local walking group. These opportunities have lifted her mood and allowed her to meet people that she feels comfortable with. In addition, 'D' was recently matched up with a befriender through GAMH's SCOPE Project and this will give her the opportunity to go out once a week to places of interest.

Since receiving support from GAMH 'D' feels she has a purpose in life. She feels less isolated and the four walls aren't coming in on her anymore. 'D' now feels she is living a life and not just existing. 'D' says the practical and emotional support that she has received from GAMH staff has allowed her to reach a place in her life that she never believed would be possible.

Potential future developments

Sessions were held with senior GAMH staff, the Later Life staff team and the Tuesday Group of service users to explore how the project might develop beyond the initial Big Lottery support.

Discussions and activities focused on project development and re-design: not just more of the same. This was based on everyone accepting that the project was already operating its existing activities very effectively.

The following were considered: What do the service users need? How might service users' needs change over the next 5 years? + What support services could meet those needs?

Potential changes

Scotland has an ageing population. Between 2000-2027, the number of people over 65 is expected to nearly double in size. (*Optimising Older People's Quality of Life, An Outcomes Framework* NHS Health Scotland)

The LLM staff identified these factors as being relevant in terms of predicting what may influence their work:

Demographic and health changes

- More older people living longer 90+
- Not as much family support
- Physical health deteriorating
- Physical needs may become more demanding

Increased demand and diminishing resources

- Less funding and resources
- Less rehabilitation into their own homes from long stay hospitals
- Less support services
- Build and rebuild older people's confidence as they will have to cope at home due to pressure on services
- Increase demand for services

Less stigma

- ✓ People will be more open about discussing their mental health
- ✓ People more aware of mental health so more demand for services

Technology and on-line

- Knowledge and use of technology will be second nature

Client needs

This list was prepared by the staff team. It represents their professional observations and assessments of what older people with mental health issues need from a service such as LLM.

- Getting out of the house – not feeling trapped
- Life skills
- Coping with daily living and tasks
- Making links with GP
- Making links with Mental Health Team
- Individual 1:1 support
- Signposting to other services
- Feeling part of a group
- Confidence
- Advocacy
- Managing mental health
- Being prompted and motivated
- Structure to the day /week
- A sense of purpose
- Having needs recognised
- Socialising
- Debt management
- Connecting with community
- Physical health & wellbeing
- Good diet
- Believe they can get well again – having hope
- Ability to move forward

Priority needs

The Evaluator used these together with other comments gathered from service users to prepare a list. Service users at the Tuesday Group were asked to prioritise what they felt their main needs were. The results are as follows, the numbers representing their votes:

<i>Getting out of the house</i>	11
<i>Managing my mental health</i>	6
<i>Having a structure to my day / week</i>	6
<i>Getting more physical exercise</i>	6
<i>Building my confidence</i>	3
<i>Coping with daily living</i>	2
<i>Having a good diet</i>	2
<i>Making new friends</i>	3
<i>Feeling part of a group</i>	3

Meeting these (changing) needs

The LLM team were encouraged to think creatively about the future. Imagine there was an endless supply of resources, what support services could meet service users' needs in the next few years?

These ideas were suggested:

- ✓ Healthy eating + cookery classes
- ✓ Socialising time built in before group meetings to improve wellbeing
- ✓ Drop-ins city wide
- ✓ Groups across the city in different neighbourhoods
- ✓ Social events – no specific emphasis
- ✓ Holidays
- ✓ Presence in GP surgeries
- ✓ Providing / paying for transport
- ✓ Arts projects: writing, performing, producing – back stage, scenery, props, publicity
- ✓ Creating playlists - songs and music linked to happy memories – on disc, phones
- ✓
- ✓ Improved website – update information – have more services accessible on-line
- ✓ Skype training with service users
- ✓ Social media – speak to each other
- ✓ Finding out about services / what's on in Glasgow
- ✓ Work with CPN's
- ✓ Housing associations
- ✓ Start working with people before they are discharged from hospital
- ✓ More befriending services
- ✓ Personal shoppers
- ✓ Out of hours service

These ideas were summarised into a list which was prioritised by the Tuesday Group as follows (numbers representing votes):

1. Drop-ins across the city 10
2. Starting work with people before they are discharged from hospital 7
3. More befriending services 6

4. Holidays	5
5. Healthy eating and cookery classes	5
6. Writing, performing and productions	3
7. Out of hours service	2
8. Providing / paying for transport	1

Comments on the above

Problems about public transport in Glasgow were mentioned several times throughout this evaluation. While bus travel may be free for the over 60's, routes and connections can be very complicated and off putting.

Having more services available in neighbourhoods as well as in the city centre would alleviate some of these concerns. Likewise having somewhere to go at any time on any day of the week would be very reassuring for some service users, particularly given that getting out of the house is the number one identified need.

It is worth noting that in the addictions world, there are networks of Recovery Cafes across the city which serve a similar function. That is, on any day there is somewhere to go. It may be worth investigating this model for lessons and ideas that could be adapted.

Work with people before they are discharged from hospital could be very effective. The LLM model depends on building meaningful relationships and the sooner these could begin the better. The void or gap that can exist for people when they are discharged would also be avoided. This can be when people are at their most vulnerable.

Other organisations in Glasgow report that there is a huge unmet need in terms of befriending services for older people. Existing services appear to have long waiting lists and times and currently lack the capacity to develop. LLM service users suggested that some of them could provide such befriending and not simply be recipients of a service. Some of the referring agencies also recommended that more peer support ventures should be developed.

Re-shaping Older People's Services / Third Sector Transformation Fund

As is evidenced elsewhere in this report, the work of LLM sits very well within the overall aspirations of the Glasgow City Integrated Care Fund.

There will probably be a stand still budget which means that it is unlikely that new bids will be invited. However, some projects have not always continued with their agreed programmes. The fund is managed by VAF and supported by the Early Prevention Group which is chaired by the Head of Health Improvement & Inequalities, CHSC Partnership.

As the LLM Project Leader attends these meetings, it would be beneficial to discuss future options at this meeting.

A potential new 'project' could see LLM supporting other funded older people's projects to be better able to work with and meet the needs of service users with poor mental health. Stigma around mental health remains an issue in some 'mainstream' older people's projects and very few staff or volunteers have expertise in working with older people experiencing mental health issues.

See the Appendix for the *Reshaping Care for Older People in Glasgow – Strategy Map – Version 3*

Collaboration and partnerships

The project has effective working relationships with a wide number and range of organisations across the city.

Many of these other organisations are directly benefiting from Later Life Matters by accessing service users they may have found very difficult to reach on their own.

It would be beneficial to initiate exploratory discussions around how some of these could develop into practical partnerships for the future. By undertaking joint planning in the final year of the project, it should be possible to identify new ideas and potential funding sources.

What could be achieved together?

The LLM model is very flexible and can be adapted to different settings and agendas e.g. financial inclusion, culture and local communities.

Concentrating on specific geographical areas in the city would enable further discussions with Housing Associations, Thriving Places initiatives and other 'place based' services about establishing local hubs.

'Expansion'

Given the co-relation between efficiency and effectiveness, the only way the project could 'expand' would be by establishing additional alternative groups to the current Tuesday and Thursday programmes. Perhaps these could be on Mondays and Wednesdays.

Some service users commented that weekends could often be a long time to fill. Therefore activities on Fridays and Mondays may be very beneficial in terms of providing even more structure to the week.

Consider the project as separate distinct strands

LLM is in a positive position financially in that it is currently wholly funded by the Big Lottery. As is common across the third sector, any future funding is likely to come from a variety of different sources.

Indeed many funders will only provide support if other investment has already been secured. It would be expedient for GAMH staff to approach the final year with this in mind.

It is doubtful that one exclusive funder will be found. As this report demonstrates, the project does impact across a range of different areas and themes, each of which could unlock specific funding streams. In terms of future planning, this is an undoubted strength.

The project is making an impact in many different ways across several contexts, for example:

- Older people
- Mental Health
- Physical activity
- Health + nutrition
- Arts + culture

As outlined elsewhere, discreet programmes could be developed for men and people from BME communities.

Rather than seeking financial backing for a 'generic' service as at present, it would be effective to build a new funding jigsaw by securing support for specific 'projects' or initiatives under the LLM umbrella.

LLM should evidence impact in the final year against these suggested headings, building an evidence base and researching how these aspects could be developed further.

Arts

The arts, including music, dance, theatre, visual arts and writing, are increasingly recognised as having the potential to support health and wellbeing. The success of the arts activities suggest that this is an area of work which could be developed further.

Work around cultural rights also fits very well within the GAMH context. *Culture Counts* is the campaign to highlight the value of culture in Scotland

The *Culture Counts* principles are:

- Cultural expression is an individual right and supports a better understanding of our own and others' identities.
- Culture is fundamental to our quality of life.
- Culture is a powerful force for renewal, regeneration and sustainability. Culture can bring economic benefits to individuals, communities and the nation.
- Culture makes important contributions to improving the learning, health, wellbeing, confidence and quality of life for individuals and for our communities.
- Culture is crucial in the development of a skilled and imaginative population.
- Culture encourages understanding, value and enjoyment of our environment.
- Culture raises the profile of Scotland at home and abroad, connecting Scotland to the world.

Culture Counts recently shared research which states that:

- ✓ 76% of older people say arts and culture is important in making them feel happy?
- ✓ 69% of older people say arts and culture are important in improving their overall quality of life

Physical activity and nutrition

Some medication slows people down, others contribute to weight gain. Some service users report that they make poor food choices. Regular easy exercise and cookery classes could be very beneficial.

There is also a wealth of research and evidence which demonstrates the links between increased physical activity and good mental health.

Service users also suggested that given the advantages of the LLM Group model, they would rather learn new things with their peers than attend other 'mainstream' classes and sessions.

Clearly the creation of separate strands and programmes would need to be balanced with the aspiration to enable service users to integrate back into their communities. However, there is

clearly a demand and need for more bespoke activities for older people with poor mental health.

Addressing sustainability

In 2015 the evaluator was contracted by Glasgow City Council and GCVS to develop and deliver a number of workshops to support organisations which were in receipt of Integrated Grants Funding (IGF).

One of the workshops considered sustainability issues. Some of the materials which seem most relevant are included here to assist with forward planning.

Of course, this evaluation is in itself evidence of GAMH addressing pertinent issues.

The Big Lottery: sustainability

We mean that the benefits and or activities of your project will continue once our funding has ended.

Our Committee is more likely to fund projects that have considered how to make themselves sustainable.

✓ Can the project get money from a different funder?

✓ Who else do you think will fund it and what is your track record in securing funding?

The Big Lottery: suggested steps

- **demonstrating how the project complements or fits with national and local objectives**
- **creating and developing good working partnerships**
- **showing clear systems for evaluation and learning as the project progresses, and how this learning will be able to inform the development of the project**

Programme sustainability

Evidence of identifying and planning how to meeting changing needs

Partnerships and collaborations

- Sharing responsibilities and costs
- Joint funding bids
- Recognising that other organisations might be better placed than you to meet needs

Organisational sustainability

Needs analysis and future business planning

- ✓ Community and stakeholder engagement
- ✓ Written and agreed development plans

Building capacity within organisations

- ✓ Developing business skills
- ✓ Demonstrating impact
- ✓ Capacity and willingness to drive change

The Big Lottery

Given LLM very successful current use of Lottery funding, it would be beneficial to begin negotiations about how the existing project might be supported in the future.

For reference, the following information from the Big Lottery Scotland website is included:

The Big Lottery's three approaches to funding are:

- ✓ People-led – meaningfully involving the people you're working with in the development, design and delivery of your activity.
- ✓ Strengths-based – making the most of, and building on, the skills and experiences of people and assets within communities.
- ✓ Connected – having a good understanding of what others are doing locally, developing good working relationships and complementing and adding value to other relevant activity in your area.

Improving Lives grants:

Many people experience challenges at some point in their lives and we want to support activity that helps them overcome these difficulties and become more resilient.

We want to fund activity that means people:

- are better able to identify ways to take control over their lives and build resilience
- are able to shape the activities and services they use to better meet their needs
- have more access to support and opportunities to improve their lives.

Our grants for improving lives will fund activity that:

- supports children, young people and families currently experiencing challenging circumstances
- supports people that have experienced abuse
- tackles loss, isolation and loneliness
- challenges discrimination and supports people affected by it.

We will consider activity which aims to prevent as well as respond to these issues.

You can apply for funding for up to five years to improve or continue existing services, or to develop new activity.

Appendices: Reshaping Care for Older People in Glasgow – Strategy Map

Reshaping Care for Older People in Glasgow - Strategy Map - Version 3

