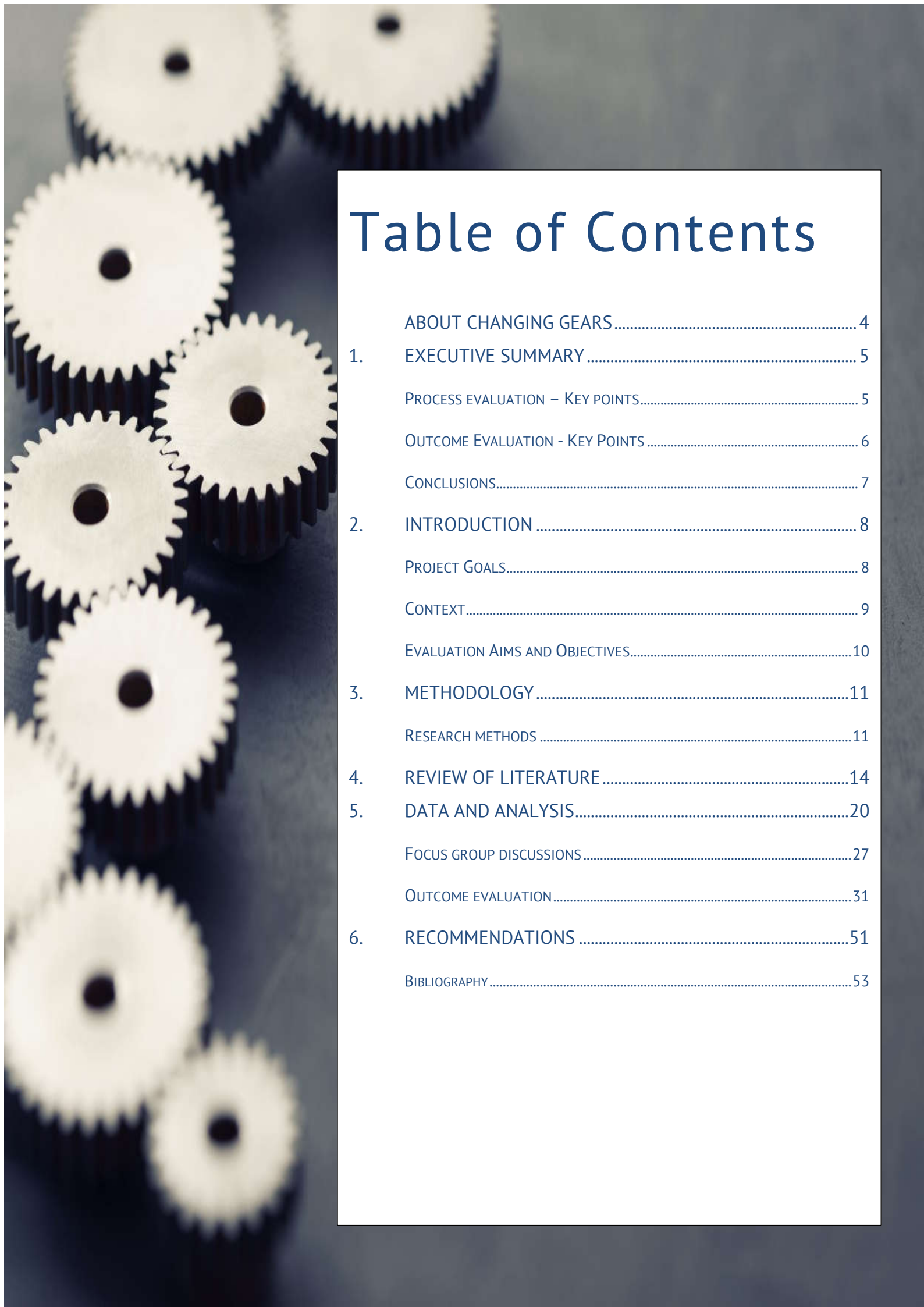
AGE & OPPORTUNITY'S

CHANGING GEARS INITIATIVE



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ABOUT CHANGING GEARS

This initiative was an adaptation of the existing *Changing Gears* initiative which is s six-week course for people in mid-career or anticipating retirement. *Changing Gears* is about building resilience, taking stock, making changes, bouncing back and moving on in life. This iteration was developed to address the problem identified by Age & Opportunity whereby older people, following a hospital stay, often do not have the confidence, knowledge or health literacy to make better health and wellbeing choices, meaning that they often end up in hospital again. The goal of the *Changing Gears* intervention, therefore, is to help participants to take stock, build resilience, make changes, and move on from a stay in hospital to better health and wellbeing.

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REVISED IMPLEMENTATION

The initiative was originally targeted at people living with chronic health conditions,located in the CHO9 area but instead was delivered as an online course when the Covid-19 lockdown occurred in 2020. Participants were recruited across the country,using Age & Opportunity's existing contact lists, social media, personal contacts, parish newsletters and other methods.

1. EXECUTIVE SUMMARY

The intervention sought to achieve its goal by supporting participants to become more self-directive in their management of lifestyle choices, to increase their health and wellbeing. This research aims to evaluate the *Changing Gears* initiative, to document the changes necessitated by the imposition of the Covid-19 lockdown in March 2020 and to explore outcomes achieved by participants.

PROCESS EVALUATION – KEY POINTS

In the focus group with participants several key themes emerged

- Many participants revealed that, emotionally, they were in a difficult place at the start of the Covid-19 lockdown. Some decided to participate to overcome feelings of loneliness and isolation while others participated because they wanted to stay mentally active and were interested in taking the time to reflect on their lives.
- Participants were uniformly satisfied with the delivery of the initiative, even when pressed for suggestions for minor improvements the only suggestions mentioned were that they would have liked more time for break-out discussions, for the initiative to be extended by an additional number of weeks or to be offered a way of staying in contact with the people in the group both for social contact and to continue exploring some of the issues raised.
- Both the content and the delivery were praised by the participants, with many observing that there was clearly a lot of thought put into the content and that it resonated with participants.
- Participants also highlighted the inclusivity of the presenters. Many remarked on how easy it felt to contribute to the

discussions and how skilled the presenters were at ensuring that quieter or less vocal members of the group were encouraged to offer their perspectives.

- Technology did not emerge from the discussions as a problem for participants. In fact, many expressed surprise that they, as members of virtual groups, could very quickly form bonds and could be happy to share details of their lives with people they had never met face-to-face. It must be acknowledged that the fact that participants were able to form bonds and work easily as a group can be attributed in large part to the frequent and regular 'icebreaking' sessions carried out to ensure that participants felt comfortable with each other and were able to openly share with others.

- From the perspective of the organisers, moving to an online format meant that presenters first had to support inexperienced users to become more technologically adept while also overcoming the difficulties presented by the technical hitches such as delays in logging on or poor internet coverage.

OUTCOME EVALUATION - KEY POINTS

- In relation to one of the key aims of the initiative - building confidence in the ability to cope with changes in the future – analysis of the data showed a significant difference between participants at baseline and at follow-up which can be attributed to participation in the initiative.

- Participants were also significantly more likely to feel confidence in their ability to maintain or build social contact in the future.

- Although other differences were not statistically significant, substantial changes occurred in participants' attitudes following their participation in the initiative. For example, key components of resilience such as determination and coping ability both showed more than 15% increases between baseline and follow-up questionnaires.

- One of the limitations of the research was the small number of completed baseline and follow-up studies. This was caused, to some extent, by a confusion around the timing for completion of the baseline survey. Many participants were unclear that the aim was to collect data at baseline and on completion of the survey. Future initiatives could address this difficulty by allocating time at the beginning or end of the first session to complete the

survey while the instructors remained available to provide assistance.

- A further, though unavoidable, limitation was that due to Covid-19 restrictions, participants were unable, on completion of the initiative, to take on many of the potential life-style changes that might have followed from participation in the '*Changing Gears*' initiative.

CONCLUSIONS

- The value of this initiative was clearly evident in the responses of participants during the focus group discussions. Despite the fact that the Covid lockdown required a change to online delivery, a delivery mode that would not generally be considered appropriate or attractive to an older cohort, participants quickly adapted. This was attributed, by participants, to the skill of the presenters in providing “engaging” and “thought-provoking” content and quickly building rapport between participants.

- For many participants the initiative provided a lifeline, a connection to others during a time when they were at their most isolated.

- Expansion of the initiative to the original target groups (vulnerable older people living with serious health limitations), as well as to additional cohorts, such as those who are geographically isolated, through the use of hybrid delivery methods, could provide further evidence of the value of the initiative for a wider group of older people and people interested in preparing for life changes necessitated by ageing or ill health.

2. INTRODUCTION

The *Changing Gears* initiative aimed to address the problem identified by Age & Opportunity whereby older people, following a hospital stay, often do not have the confidence, knowledge or health literacy to make better health and wellbeing choices, meaning that they often end up in hospital again. The goal of the *Changing Gears* intervention, therefore, is to help participants to take stock, build resilience, make changes, and move on from a stay in hospital to better health and wellbeing. The intervention sought to achieve its goal by supporting participants to become more self-directive in their management of lifestyle choices, in order to increase their health and wellbeing.

This research aims to evaluate the *Changing Gears* intervention, to document the changes necessitated by the imposition of the Covid-19 lockdown in March 2020, and to explore outcomes experienced by participants.

GOALS

The original logic model developed for the initiative set out to achieve the following goals

- To develop and implement an intervention for patients about taking stock, building resilience, making changes, and moving on from a hospital stay to better health and wellbeing
- Co-creating with each participant a social prescription and supporting them to realise this prescription after they leave hospital
- Increasing health literacy and improving health and wellbeing among older people who have participated
- Increasing community connection among older people who have participated
- Creating greater awareness among stakeholders about the possibility of older people being active agents for their own positive health changes rather than passive recipients of service.

This report will use quantitative and qualitative approaches to exploring, with both initiative staff and participants, how progress towards the goals was achieved while adapting to significantly changed circumstances necessitated by the global pandemic.

CONTEXT

The rationale for the initiative was based on evidence from an OECD working paper (1) which suggested that initiatives that educate older people on the effects of adopting healthier lifestyles, and that encourage behaviour change (such as more involvement in volunteering and in educational and group activities) can have a positive effect on psychological wellbeing.

Age & Opportunity had previously worked in the CHO 9 area in Dublin – an area that includes pockets of socioeconomic disadvantage with higher levels of health inequalities and poor health. The area is also served by a wide range of community supports available for older people, including Otago falls prevention initiatives, the Medex service supporting those with chronic illness following hospital stays and the Age & Opportunity FitLine service which offers telephone support to older people who want to be more active. For these reasons the CHO 9 area was chosen for the roll-out of the *Changing Gears* intervention initiative.

Funded as part of Sláintecare, which is a ten-year initiative, published in 2017 aimed at transforming health and social care services by focusing on a more preventative approach, promoting better health in all age groups, and improving the system of care to provide more community-based, integrated care based on need.

The Sláintecare Integration Fund, which provided funding for Age & Opportunity to deliver *Changing Gears*, sought to identify interventions aimed at improving service-delivery with a focus on

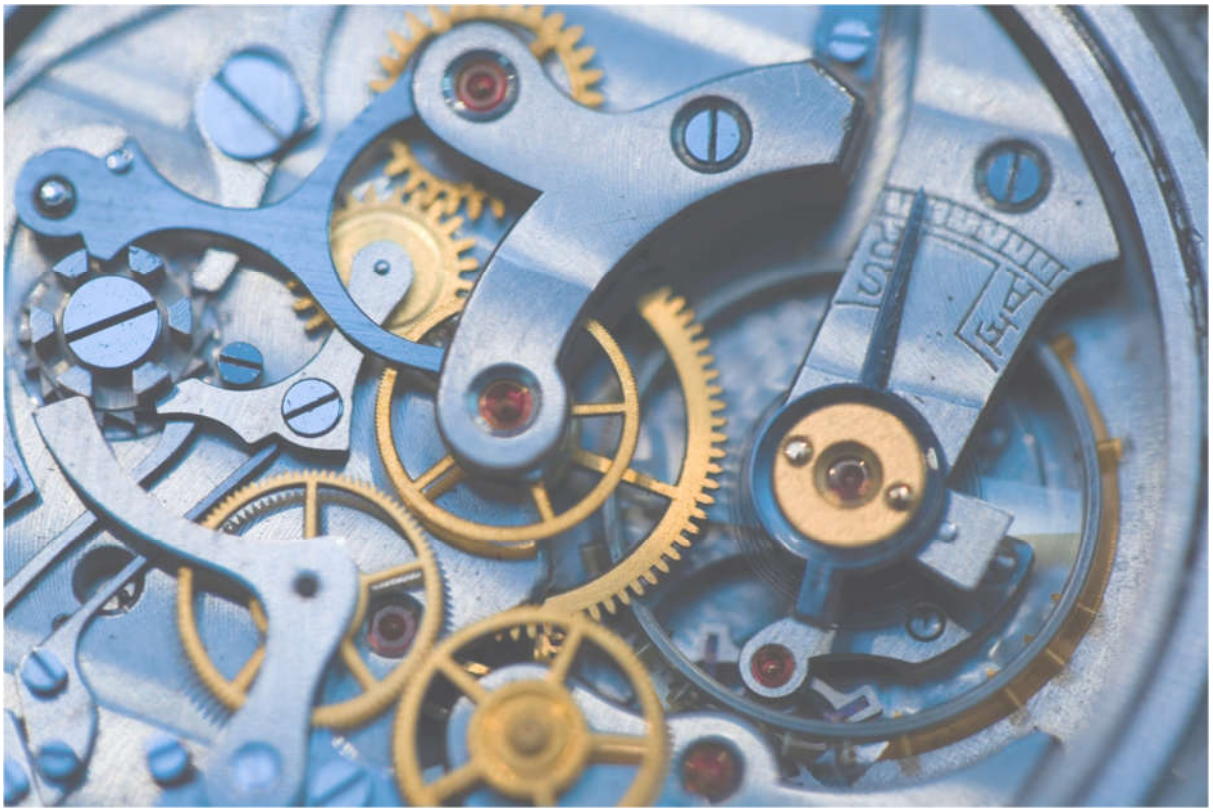
- community care and integration of care across all health and social care settings
- promotion of engagement and empowerment of citizens in the care of their own health
- scaling and sharing examples of best practice and processes for chronic disease management and care of older people

- encouraging innovations in the shift of care to the community or hospital avoidance measures.

EVALUATION AIMS AND OBJECTIVES

The aim of this evaluation is to produce the following

- A report identifying the elements of best practice in implementation and initiative delivery.
- Measurement of the short and medium-term impacts achieved against the project objectives
- Recommendations on how the project could be improved, developed and scaled up.



3. METHODOLOGY

OVERVIEW

This chapter outlines the methods used to undertake this evaluation: the research process from the identification of the study aims and objectives to the choice of research instruments and the execution of the research. This chapter also addresses some of the issues and limitations that occurred during the research process.

To meet the aims and objectives of the study, the evaluation of the *Changing Gears* initiative consisted of both a process evaluation and an outcome evaluation. The evaluation included an overview of demographics of the participant group undertaken through a survey completed at the start of the initiative and at one subsequent time point along with focus group discussions which contributed participation satisfaction data and a discussion on aspects of implementation.

The process evaluation was carried out by means of survey questions and focus group discussions with both initiative staff and participants. The following is a summary of the methodologies used

RESEARCH METHODS

Changing Gears was designed to be delivered to up to 140 older people in CHO 9 (Community Health Organisation) in 7 locations including hospital, primary care, community and prison settings from February to May 2020. The data collection was to be completed by end of August 2020 and the final evaluation report to be delivered during November 2020. However, the original target groups and timeline were altered as it became obvious that face-to-face delivery would not be possible due to Covid-19.

The original evaluation plan envisaged that *Changing Gears* participants would complete a paper-based version of the survey on Day 1 of the course with assistance, if necessary, from the course organisers. Views would be recorded at two subsequent time points: on completion of the course and a final assessment three months later.

The initiative aimed, by exploring transitions experienced by

participants throughout their lives, to build resilience and to help participants focus on mapping and planning for their future. The key mechanisms, as outlined in the Age & Opportunity documentation, by which *Changing Gears* aimed to increase the health and wellbeing of participants are

- through a social prescription with support to realise the prescription
- increased health literacy and
- increased community connection.

These core components were therefore central to the development of the evaluation instruments. The longitudinal paper-based survey of *Changing Gears* participants was designed to measure progress towards short and medium-term outcomes, focusing on assessment of health and wellbeing outcomes before and after the initiative.

A number of standardised instruments were used to assess health literacy, ageing perceptions, resilience, and wellbeing. The short form health survey (SF-12) was used to assess health-related quality of life. This section will review the evidence from international literature to support the choice of instruments used.

LIMITATIONS TO THE RESEARCH

A number of limitations to this research need to be pointed out:

- Although all participants were invited to participate in the evaluation, some chose not to engage with either the paper-based survey or the focus-group discussions. It is not possible to know whether those that did not have a positive experience with *Changing Gears* chose not to be involved in the evaluation, leading to a bias towards a more favourable outcome or whether other reasons were responsible for their failure to engage.
- When the initiative moved to online delivery, the survey was posted to participants with a request to complete it prior to commencing the course. Unfortunately, due to misunderstandings many participants were unaware that they were intended to complete the survey at the start of the initiative. For many, this only came to light when they received the follow-up questionnaire, which was posted to them on completion of the course.
- Based on findings from the focus group discussions, a small number of respondents completed both pre and post

questionnaires at the same time, showing no change between both versions of the questionnaires.

- A number of participants only completed the follow-up survey which meant that data from 21 surveys were unusable, without any baseline measure to compare against.
- Carrying out statistical analysis of small samples has the potential to reduce the reliability of the findings.
- This evaluation assessed impact at the end of a time-limited initiative and does not provide information on longitudinal outcomes or long-term impact.
- Many of the changes that may have been expected or hoped for as an outcome of the initiative, such as changes in community connection, were difficult to achieve because of the suspension of all social activities and facilities during Covid-19 lockdowns. However, many participants did go on to take part in additional online activities on completion of the *Changing Gears* initiative.

4. REVIEW OF LITERATURE

HEALTH – INSTRUMENT USED HEALTH LIMITATIONS SHORT FORM (SF-12)

There is considerable evidence supporting the benefits of physical exercise in maintaining virtually all aspects of health and physical functioning as people age; it increases strength and is associated with lower incidence of cardiovascular disease, osteoporosis and bone loss, and certain forms of cancer. It can reduce the risk of falls, lower blood pressure among those suffering from hypertension, and reduce the risk of stroke and of insulin sensitivity.

Exercise may also reduce the risk of depression and may decrease the chances of developing dementia, although it is difficult to isolate exercise from other factors that are often associated with other health-ageing policies such as social networks (2). In fact exercise has been described as the, “best preventive medicine for old age”, significantly reducing the risk of dependency in old age (1).

However, there is some evidence to suggest that older people are not exercising enough. One study in the UK found that physical activity declined rapidly at around the age of 55 and a third of people over 55 do not exercise at all compared with 10% of people aged 33-54. The 12-item Short-Form Health Survey (SF-12) is a generic patient-reported measure of health status that provides summary scores of physical and mental health. It has been widely used and validated as a measure of health-related quality of life in a variety of population groups.

HEALTH LITERACY – INSTRUMENT USED HLS-Q12

Another central aspect of the *Changing Gears* initiative is the issue of health literacy. This has been defined as “…the cognitive and social skills which determine the motivation and ability of individuals to access, understand and use information in ways which promote and maintain good health”(3) or to put it more simply "Health Literacy is the ability to make sound health decisions in the context of everyday life – at home, in the community, at the workplace, the health care system, the market place and the political arena. It is a critical empowerment strategy to increase people’s control over their health, their ability to seek out information and their ability to take

responsibility."(4)

Being able to understand and recall health-related information as well as act on this information is therefore linked to both personal characteristics and the social and other resources a person can access (5). In recent years there has been a growing awareness of the link between health literacy and health outcomes, and there is some evidence to suggest that health literacy is a more relevant predictor of health status than demographic factors such as education, socioeconomic status, employment, race, or gender (6).

People with limited health literacy tend to be less aware of different health conditions, their treatment, and causes which in turn leads to more preventable hospital admissions, and more medication and treatment errors (7). Recent Irish research found that people who had a greater understanding of disease prevention, or higher levels of health literacy, were more likely to exercise on a daily or almost daily basis (8) and in general were more likely to avail of preventative health measures such as screening (9). Lower health literacy is generally more common among older age-groups, people in low-income groups and among cultures in transition, each of which are also more likely to experience poorer health and higher rates of non-communicable diseases (10).

For these reasons, a number of instruments designed to measure health literacy have been developed in recent years, each of which emphasise different aspects of health literacy such as basic reading and writing skills (Test of Functional HL in Adults [TOFHLA] (11)); tests that aim to divide people into categories with low or high levels of health literacy such as the Rapid Estimate of Adult Literacy in Medicine [REALM] in its various forms (12, 13), and the health literacy management scale (HeLMS) (5) which focused on the capacity to seek, understand and use health information. One of the most frequently used is the European Health Literacy Survey Questionnaire [HLS-EU-Q47] (14) which is a comprehensive instrument covering four cognitive domains within three health domains. Using 47 different statements it assesses a person's ability to access, understand, evaluate and apply health information in relation to health promotion, disease prevention and health care.

However, while this instrument has been widely used and validated for use in Ireland and other European countries, the comprehensive nature of the instrument must be weighed against the burden on the

respondent. For the purposes of this evaluation 47 statements was considered overly time consuming for the participants and a shortened version was used. A number of shorter versions were developed and tested, one of which – the HLS-Q12 was found to be a valid and reliable instrument suitable for use with general populations (15).

Further research established cut-off scores and identified three levels of health literacy (16) which roughly equate to good, better and best health literacy; those with a score of 27 or above know how to access, understand and apply health information relevant to staying healthy (Level 1); people with a score of 33 or above can access, appraise, understand and apply health information relating to physical and mental health (Level 2) and people with a score of 39 or above can typically access, appraise, understand and apply health information by critically evaluating health claims and judiciously comparing treatments (Level 3).

RESILIENCE – INSTRUMENT USED RS-11

The concept of resilience is at the heart of the *Changing Gears* initiative and in recent times, it has increasing become a topic of discussion as people experienced many challenges during Covid-19 lockdowns. There is some evidence that older people have shown more resilience throughout these lockdowns than younger people - a fact that is attributed to their lifetime of experience and the understanding that they have coped with many difficulties and have the ability to cope with future challenges.

Resilience has been defined by the American Psychological Association (APA) as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress," or "bouncing back" from difficult experiences. The Resilience Scale was originally developed by Wagnild and Young in 1993 and was validated with a sample of older adults (aged 53 to 95 years). The original scale consists of 25 items and high scores on the resilience scale have been found to be linked to better physical health, morale, and life satisfaction, and lower levels of depression.

The scale is intended to measure resilience based on five essential characteristics

- Meaningful Life (or Purpose)

- Perseverance
- Self-Reliance
- Equanimity
- Existential Aloneness

In addition to the original 25-item scale, a shortened 11-item scale has been developed that has also proven to be valid and reliable in measuring resilience and has been tested for use with older adults (16).

AGEING PERCEPTIONS

The concept of 'positive ageing' recognises the fact that our attitude to ageing can affect our physical and emotional wellbeing as we age and that the commonly-held societal attitudes that see ageing as a time of decline and ill-health can be internalised and become self-fulfilling – leading to an increased likelihood of ill health and depression. Positive aging has been defined as, "The process of maintaining a positive attitude, feeling good about yourself, keeping fit and healthy, and engaging fully in life as you age." A sense of social inclusion or feeling part of a network of family, friends and community is one of the main determinants of health and wellbeing. In fact, research has found that the health risks associated with lower levels of social integration are comparable to those of smoking, high blood pressure and obesity (17,18). Numerous other studies have found links between engagement in meaningful and productive activities and reduced risk of mortality in later life. However, one of the key barriers to greater engagement in a wide range of activities is the negative perception many people have of older people (19) and the self-limiting beliefs many older people themselves hold.

Holding a negative view of one's own ageing and in particular accepting ageist stereotypes has been found to be closely linked to depression in later life (19). Age stereotyping can begin in childhood and is often reinforced over a lifetime. Research has found that older people hold attitudes to ageing that are as negative as those held by young people and that internalising stereotypes of ageing can impact on an older person's sense of mastery and or control of their own lives (20). On the other hand, many people – old and young - can have more positive perceptions of ageing, seeing it as a time of personal growth and development. There is evidence to suggest that positive perceptions are associated with better outcomes, and negative

perceptions with worse outcomes(21)

To measure the extent to which people hold either negative or positive views of ageing, Barker developed the Ageing Perceptions Questionnaire (APQ) (22) which is made up of seven dimensions and 25 statements some of which relate to seeing the ageing process as chronic (having a constant awareness of ageing) or cyclical (having variations in awareness of ageing); being focused on the consequences of ageing (either negative or positive) or relating to how much control one has over ageing and finally relating to negative emotions about ageing (such as anxiety, depression and worry). This scale was subsequently reduced to 11 statements in the Brief Ageing Perceptions Questionnaire which was used in this evaluation.

QUALITY OF LIFE: CASP-19

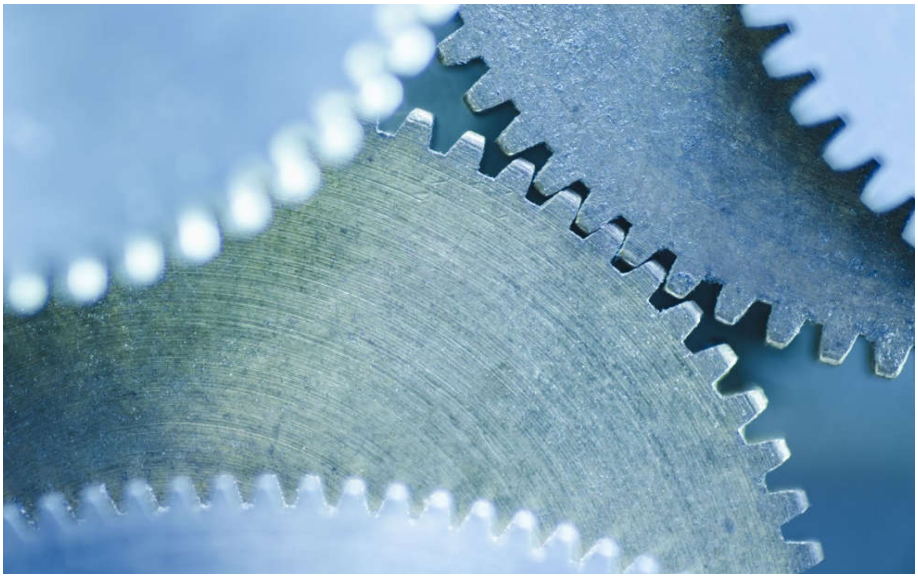
Wellbeing and quality of life are important overall measures of how happy a person is with their life at the current time. Quality of life has been defined as a person's "perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". It is a broad ranging concept that is influenced by a person's physical health, psychological state, level of independence and their ability to manage in their environment' (23). Research has consistently found links between wellbeing and quality of life and specific conditions, such as heart attacks and strokes have been found to reduce well-being (24).

In the UK, a national survey looked at the definitions given to quality of life (QoL) by older people themselves. It found that, according to the respondents, the main things that gave quality to their lives were: social relationships, roles and activities; leisure activities; health; psychological outlook; home and neighbourhood; financial circumstances; and independence. The reasons people gave to explain why these elements were important focused on; the freedom to do the things they wanted to do without restriction; pleasure, enjoyment and satisfaction with life; mental harmony; social attachment, intimacy, love, social contact and involvement, help; social roles; and feeling secure (25).

These factors are linked to Ryan and Deci's (26) Self Determination Theory (SDT) which suggests that wellbeing is linked to the satisfaction of three needs: autonomy (or having a sense of control over one's life), competence (a feeling of being able to function effectively) and relatedness (having positive interactions with others).

Other authors suggest additional components: autonomy, environmental mastery, personal growth, positive relationships, purpose in life and self-acceptance (27). Other dimensions that have been shown to be important for psychological well-being include; feeling fully engaged in one's activities; finding them challenging (28) and having a sense of curiosity or willingness to learn new things (29). Originally designed with 19 statements it is based on a model that sees quality of life as being linked to satisfaction of needs in four domains; control - the ability to actively participate in one's environment (e.g., 'My age prevents me from doing the things I would like to do'); autonomy – the right of the individual to be free from the unwanted interference of others (e.g., 'I can do the things that I want to do'); self-realisation –the fulfilment of one's potential (e.g., 'I feel that life is full of opportunities') and pleasure- the sense of happiness or enjoyment derived from engaging with life (e.g., 'I look forward to each day').

Control and autonomy are included as they are seen as necessary for a person to be able to participate in society. By including self-realisation and pleasure, the model captures the aspects of living that bring reward and happiness to people in later life. The CASP-19 domains were represented by 19 statements, which were presented to participants as part of the questionnaire. Participants were asked to indicate how often (often, sometimes, not often, or never) each statement applies to them. Responses were scored from 0-3 and the mean scores for each domain and a total mean score were calculated. Low scores representing a complete absence of quality of life and higher scores indicating increased satisfaction (30).



5. DATA AND ANALYSIS

BACKGROUND

Prior to the rollout of the initiative in 2020, it was originally developed with seed funding from the Gulbenkian Foundation in the UK. The grant initiative was part of their 'Transitions in later life' initiative which was a successor to their 'Campaign to End Loneliness'. The aim of the grant funding was to support the development of initiatives or interventions to boost resilience and help older people, prepare better for retirement. Age & Opportunity subsequently received a second tranche of funding from the Gulbenkian Foundation which allowed them to pilot what had been developed as '*Changing Gears*' with people preparing for retirement. This initiative was piloted in six locations around the country.

When *Changing Gears* was being rolled out in 2020, it had already been through two stages of development. The aims and objectives of the initiative were very much in line with those of the Slaintecare Integration fund which aimed to identify initiatives that would help deliver better services with a focus on

- community care and integration of care across all health and social care settings
- promotion of engagement and empowerment of citizens in the care of their own health
- scaling and sharing examples of best practice and processes for chronic disease management and care of older people
- encouraging innovations in the shift of care to the community or hospital avoidance measures.

PROCESS EVALUATION

The process evaluation aims to focus on five key areas - recruitment, reach, delivery, 'dose' received and implementation fidelity. This section outlines the approach taken to carrying out the evaluation, which was based on the original logic model and documentation prepared by Age & Opportunity.

Component	Research question being asked
Recruitment: success of methods used to recruit participants	What is the best method of recruiting vulnerable older adults?
Reach: the degree to which the intended population participated in the intervention	To what degree did the intended population participate in the project?
Delivery: 'Dose' or quantity of delivered sessions	How much of the intervention was delivered in terms of quantity and quality? Was this sufficient to achieve the objectives of the project?
Implementation fidelity: and 'Dose' received (the extent of the engagement of participants with the initiative)	To what extent was the initiative delivered as planned. If changes occurred during implementation, why and what was the impact of the change in terms of the structures, resources or processes? How was the intervention received by participants? Were they satisfied with the content and delivery?

RECRUITMENT METHODS

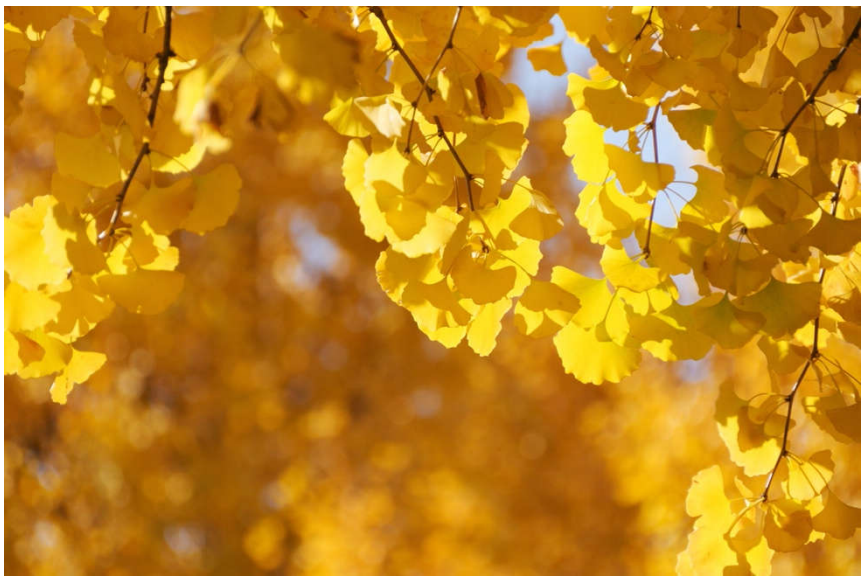
The *Changing Gears* initiative staff – the Engage Initiative Manager (CMcK) and the Training and Development Facilitator (BD) began recruitment for the initiative in late 2019, with a series of meetings with relevant stakeholders. Each of these meetings outlined the benefits for participants in taking part and stressed the importance of older people being active agents in their own health.

By the end of 2019, they had spoken to health service providers in the HSE, groups such as the Parkinson support group, to coordinators in the respiratory department in the Mater hospital and they liaised with COPD Support Ireland and various community centres. These meetings led to referrals from several stakeholders and were successful in facilitating recruitment of the vulnerable population that were the target group for the initiative. Groups of people with disabilities and health limitations had been recruited through the engagement with health service providers and other stakeholders.

As a result of these and other referrals, by the start of 2020 a total of six groups had been established in the following areas: Ballymun, the Mater (hospital outpatients) Whitehall, Fairview, the Lourdes/Cabra

area and Larkhill. Each of these groups had approximately 15 participants signed up, with the exception of Ballymun where 30 people had expressed interest in participating. The first courses commenced in February 2020 but by mid-March all face-to-face courses had to be cancelled due to Covid-19. At that stage two groups had commenced, participants in one group had completed five of the total six sessions while another had completed two sessions. The remaining groups had not commenced.

As was the case with most public activity, it was initially unknown how long activities such as the *Changing Gears* initiative would be prevented from continuing. At the introduction of the Covid lockdown in March 2020, Age & Opportunity assumed that courses would be able to resume later in the year, and participants were asked if they were willing to continue with the course in September.



It was also assumed that the courses would resume as face-to-face sessions. However, as the months passed, it became increasingly clear that the return to face-to-face activities would take some time and a decision was taken to move to online delivery only. This decision presented some immediate challenges to the organisers of the *Changing Gears* initiative. As the initiative had been aimed at people in poor health or recovering from a serious illness, in socio-economically deprived areas, Age & Opportunity faced particular challenges in moving to online delivery. The majority of people recruited at this stage were not regular technologically literate. They were not computer-users, did not have email addresses and in some cases did not even have a smart phone. Of the groups that had already commenced, at least half of one group (Henrietta Street) and more

than two-thirds of another (Ballymun) were unwilling or unable to making the switch to an online course.

This meant that the coordinator of the initiative (FH) had to undertake several rounds of recruitment, using all the organisation's contacts to spread the word that it was to be continued on an online basis. To assess the success of the recruitment campaign, we surveyed participants to ask where they had heard of *Changing Gears*. Of the 61 participants who responded to this question we found that social media and local community and social groups both played a key role in promotion of the initiative.

Source of contact	Numbers
Age & Opportunity direct	**11**
Local church newsletter	**10**
Social media	**15**
Health stakeholders	**6**
Local community group	**14**
Personal contact	**4**
Local Media	**1**

In the focus group discussions, it was clear that participants became aware of the course through a wide range of sources. In some cases, a son or daughter alerted their parent, having seen the advertisement on Facebook, while others became aware of it through local contacts in their community. However, very few of the focus group participants had been part of the original target group, many had been working up to the introduction of the lockdown and commented that they would not have been able to participate in the course if it had not been for the lockdown.

REACH: TO WHAT DEGREE DID THE INTENDED POPULATION PARTICIPATE IN THE PROJECT?

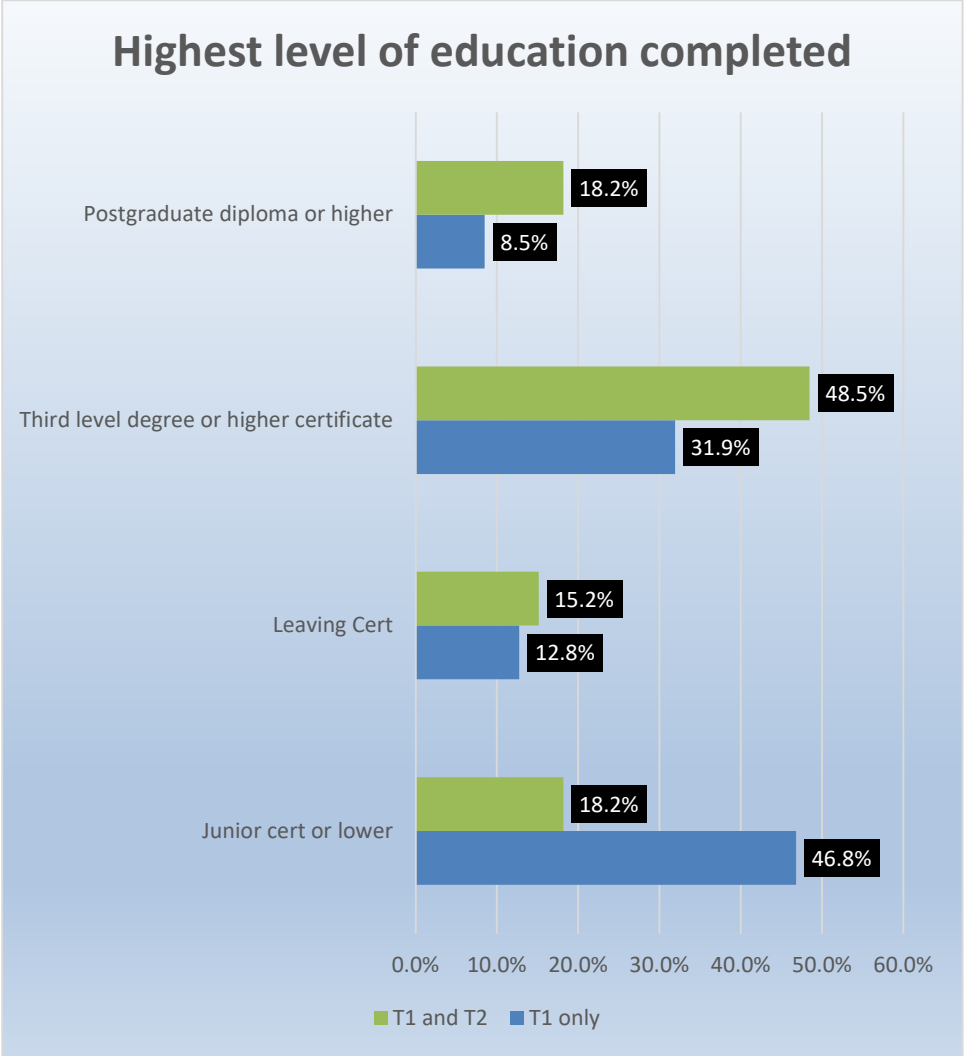
The logic model developed for the initiative specified that participants would be identified in the CHO 9 area and the initiative delivered in seven settings to 100-140 participants (15-20 in each setting) within the CHO 9 area. However, as outlined above, the Covid-19 lockdown

restrictions meant that a majority of the participants originally recruited were unable or unwilling to continue with the initiative when it moved to online delivery. As a result, additional participants had to be recruited and the online format facilitated an extension of the reach of the initiative to participants across the country. It also meant that the additional participants recruited post-lockdown were different from those originally targeted by the initiative.

Demographics	T1 only	T1 and T2
White Irish	93.6%	96.9%
Female	67.4%	90.9%
Average age	71	66
Retired	74.5%	52.9%
Working part-time	2.1%	17.6%
Education level primary or lower secondary	46.8%	18.2%
Education level degree or post-graduate	31.9%	54.5%
Number of participants	N=47	N=33

We compared the data collected from participants who completed a baseline questionnaire **only** against those who completed both baseline and follow-up questionnaires to give an indication of the differences between the original recruits and those recruited after the lockdown. This is not a precise measure as there may be participants who completed the initiative but declined to return the follow-up questionnaire. However, a number of differences were observed; a higher proportion of the 'new' recruits were educated to third level or postgraduate level, they were less likely to be retired and they were predominantly female.

Participants recruited prior to the move to online delivery were older and while the average age of these participants was 71, they ranged in age from 47 to 90 and almost one third of this group were aged over 80. By contrast, many of the group who took part in both baseline and follow-up surveys were younger, almost one third of them were aged under 60 and only two participants were aged over 80.



This suggests that the participants recruited during the lockdown did not fit the profile of the original target groups. However, this does not appear to have reduced the relevance of the course for participants – based on findings from the focus groups.

The original baseline instrument, designed for a face-to-face initiative, also asked participants if any of a range of potential barriers made it difficult for them to attend. When the move to online delivery took place, we amended the questionnaire to include technological difficulties as an option. However, very few people reported experiencing any difficulty.

In conclusion, it appears clear that, given the conditions that prevailed at the time, the switch to online delivery was essential and the only way that the initiative could be delivered. An unfortunate consequence of this was that many of the original target group could

not avail of the initiative due to their 'digital exclusion' – a factor that has been observed across the ageing sector and which has become particularly acute as a result of the lockdowns.

DELIVERY; 'DOSE' AND IMPLEMENTATION FIDELITY

This section will discuss the delivery and implementation of the initiative, specifically how much of the intervention was delivered; to what extent was it delivered as planned; was this sufficient to achieve the objectives of the project; and what observations or recommendations did participants have in relation to the implementation or future roll-out of the initiative?

Three focus groups were carried out with initiative participants and one with the '*Changing Gears*' initiative staff to gather data on initiative implementation.

Other than the mode of delivery, the initiative was delivered as per the original plan. Two groups that had commenced with face-to-face delivery were completed (albeit with reduced numbers and changed participants. An additional six groups were established for online delivery. Each course had six sessions and in total, eight groups were set up with a total of 134 participants recruited.

Attendance at each of the sessions was slightly lower than originally intended and a total of 88 participants took part in the initiative. In many cases the organisers were aware of absences in advance when participants contacted them to advise that due to (grand)childminding duties or other appointments, they would be unable to attend. In other cases, they were advised afterwards that technical hitches such as poor internet coverage prevented them from joining the group. In many cases, participants with little or no technological experience were dependent on a family member to help them to join the group and if this person was unavailable at the time of the course, they were unable to overcome any difficulties or technical hitches that arose.

The content of the initiative was designed with flexibility in mind. The initiative content calls for people to reflect on their lives and different aspects may resonate with participants in different ways. During the piloting of the original initiative, the Initiative trainers (CMcK and BD) recognised the benefit of allowing for adaptability when providing the course in diverse settings such as a prison and a healthcare setting. In a focus group with the Initiative staff, they commented that they had developed lesson plans for nine sessions although only six sessions

were scheduled. This provided flexibility that allowed the organisers to respond to the interests of the group – a flexibility that was particularly important when the initiative had to change to facilitate online delivery.

The themes explored in the focus groups included

- Intro: What motivated participants to take part; what were their expectations and personal goals in taking part in this initiative
- Course content: How satisfied were participants with the content of the course, what aspects were most relevant and would they have recommendations for future *Changing Gears* initiatives
- Admin and running of the course: were participants happy with the information they received in advance of the course and the way the course was organised?
- Presenters: What were participants' view on the presenters' style of delivery, knowledgeability, and the way they established and built rapport in the group? did members of the group interact with each other or was the course largely individual?
- Resilience: This is one of the key areas addressed by the initiative. What do participants understand by resilience and how has this changed as a result of taking part in this initiative?
- Planning for future change: have participants implemented changes in their lives since completing the initiative?
- Covid and the online format: How did this impact on the delivery or value of the initiative, did participants have particular expectations of how the online delivery mode would go, either positive or negative and if so, how did their expectations match with the reality? Did the online format work and would participants be more or less likely to do an online course or take part in an online group in the future?

FOCUS GROUP DISCUSSIONS

MOTIVATIONS

For many participants the motivation was either feelings of isolation or loneliness due to the Covid-19 lockdown or a feeling that they wanted to take time out for themselves. Some were 'at a loose end' when the lockdown forced a suspension of normal social activities. While it may not have been part of the original motivation, several participants welcomed the opportunity to take time out and to reflect

on life. Most participants entered with an open mind, not sure what to expect but often with a view that they wanted to keep their minds active during lockdown.

Various life experiences were discussed, a few participants had retired recently, one had done a retirement course but wanted to see if this had something additional to offer, one was thinking about retiring and also thought that this course might help her in her job working with older people, another had just been diagnosed with a health condition and covid started. For some, Changing Gears filled a gap left when the lockdown occurred as many people mentioned having had activities in their lives that had come to an end with the lockdown.

"I suppose it just… focused your mind every week to tune into this… it kind of steadied your mind a bit too in the midst of all the worry of covid and made you sort of say gosh I've got through worse than this, I can get through this too".

COURSE CONTENT

In the focus group discussion, we asked whether participants were satisfied with the length of the course. Some were not sure how many sessions they had participated in, while several others said that they wished it went on for longer, primarily from an enjoyment perspective rather than feeling that they had not received sufficient content. Several participants commented that they looked forward to it each week and missed it when it ended. Many felt that the weeks flew by, they would have liked additional sessions and that there "was a lot to reflect on". They appreciated the fact that the materials were supplied in hard copy and said that they intended to go back to review the course content and lesson plans again.

We also asked how satisfied they were with the content and the way the initiative was delivered. Participants expressed unanimous satisfaction with both the content and the delivery. Some of the many positive comments included…

"The use of music…they were very good at invoking memories from the past and yet linking it into… your strengths, to help you find the strengths within your yourself for the future"

We asked how participants felt about the presenters' style of delivery, knowledgeability, and the way they established and built rapport in the group? Participants commented on the skill of both presenters, highlighting in particular their ability to ensure that everyone felt included and empowered to participate fully.

They appreciated the fact that although the materials had the potential to raise difficult issues, the discussions and content were handled with humour and sensitivity. The management of the group was also skilfully handled by presenters…

"Brian and Ciaran and they were really good at…letting the group go to a certain degree, but then bringing it back into the direction they wanted to go with…letting people express everything that they wanted to say"

"Brian had a genius… a brilliant way of summarizing what we had been talking about and bringing it to some conclusion"

Participants talked about the initiative being 'exceptional' and 'better than anything I have done like this'. Many talked about how thought-provoking the content was, bring up memories and long-forgotten experiences which helped remind them of difficulties they had faced and coped with.

"And Brian and Ciaran were brilliant at…making you open your mind to think back to where you've been…how far you've come and the possibilities going forward…you know from day one…I found it brilliant".

They appreciated the techniques used by the presenters that helped establish rapport and get people talking, for example, they talked about the 'open circle' – when people would be asked an unusual question that required them to think outside the box… "and then we kind of got stuck into whatever the topic was for that particular day".

"…they just had such a good way of bringing people in and making you feel included"

You know I felt in a safe space and very comfortable".

KEY TAKE-AWAYS

Resilience was a key part of the initiative and for many participants this was the most valuable part, discovering that they had the ability to cope with whatever came along. This was discussed by several participants, each expressing similar feelings…

"I kind of forgot that I had that resilience in me, and it was great to kind of feel that…it was just something that I'd forgotten was there…so it was great to get that back".

For one participant the main value of the initiative was in showing that your past experiences had helped to make you who you are and that those past experiences would help as she faced the new experiences that would come with ageing…. "it's just reminding you that your mindset can work for you or against you as well"

For another it gave her a new perspective on ageing…

"What were the important things now… work wasn't going to be as important; it was more…making sure your health was good looking after yourself, your mind and getting out there…"

COVID AND THE ONLINE FORMAT

Further probing to discuss how the online delivery impacted on their enjoyment of the initiative, did not change the attitudes expressed. Participants were amazed that the technological issues did not impact on their ability to enjoy the course, in fact some wondered if the fact that they were not in the same room meant that they were more willing to open up to others and to share often quite personal experiences and observations. Many said that their original expectation, prior to Covid, was that they could not take part in an online course but when they succeeded in joining the course and contributing to discussions, they felt empowered by the experience.

"It was a progressive initiative, one that got better as we went along… it was… it was an initiative that I think more could benefit from, not just older people"

For those with health issues the benefits of online delivery were

particularly important. Many talked about the joys of 'rolling out of bed at 9am for a 10am course' without any of the inconveniences of travel or parking…

"Because I have chronic asthma, going out in the cold weather would always have affected me, so I was able to have my own comforts…and I didn't have to worry about the car parking or anything…

Even though social activity was severely restricted by Covid lockdown rules, many of the focus group participants, went on to do additional online courses when the *Changing Gears* course finished. Although they may have been unable to fully engage in their preferred activity, many took part in online crafts or physical activity, classes such as joining online dance, Tai Chi, yoga or Pilates classes. Others took part in talks on literature, politics or history and one even joined a global accordion band and played out the focus group with a tune. However, for some, Covid-19 restrictions prevented them from making changes to become more socially connected and they were unable to point to any specific change they had made as a result.

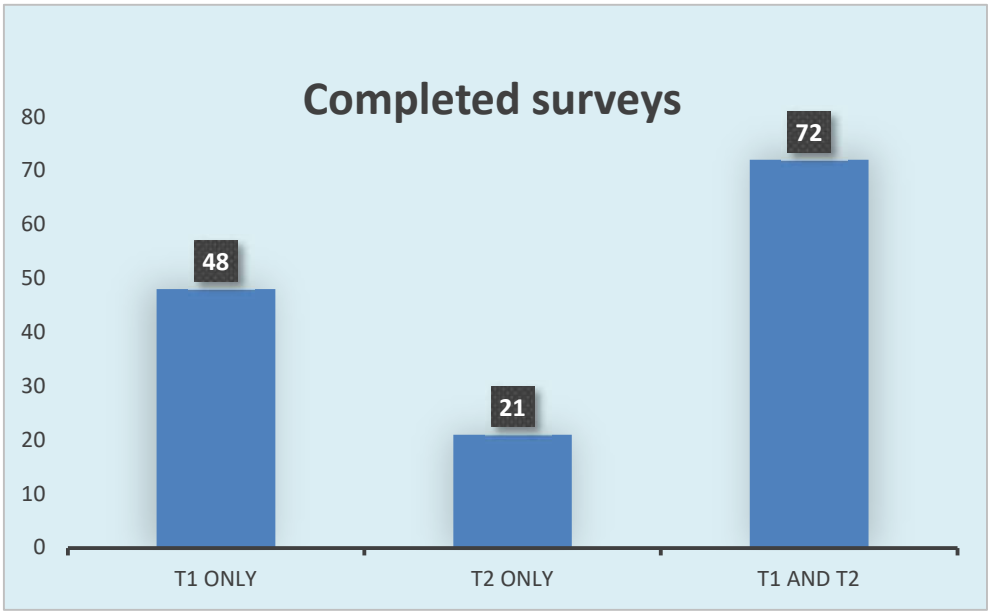
OUTCOME EVALUATION

To assess the effectiveness of the *Changing Gears* initiative for the individual participants, we carried out a survey at two time points. The baseline measurement was intended to be taken on the first day of the initiative and the follow-up on completion of the initiative. In the face-to-face sessions, in early 2020, baseline measurements were taken using paper-based versions of the survey and participants who required assistance were able to call on the trainers who remained in the room while the surveys were being completed.

When the initiative moved to online delivery, participants received baseline and follow-up surveys by post. As discussed above misunderstandings led to a failure to complete the survey at the specified time. As a result, a number of participants (21) completed only the follow-up questionnaire. Some participants completed the baseline questionnaire at a face-to-face session but subsequently failed to return when the courses resumed online, a number of these are included in the group that completed only baseline questionnaires

and finally, a total of 36 participants completed both baseline and follow-up questionnaires. This represents a response rate of 43%.

Figure 1 – Total surveys completed.



SAMPLE DESCRIPTION

The participants recruited after the change to online delivery, differed in several ways from those originally recruited. Participants who completed the baseline and follow-up questionnaires, were predominantly female (91%), of white Irish ethnicity (97%) and were mainly either retired or working part-time.

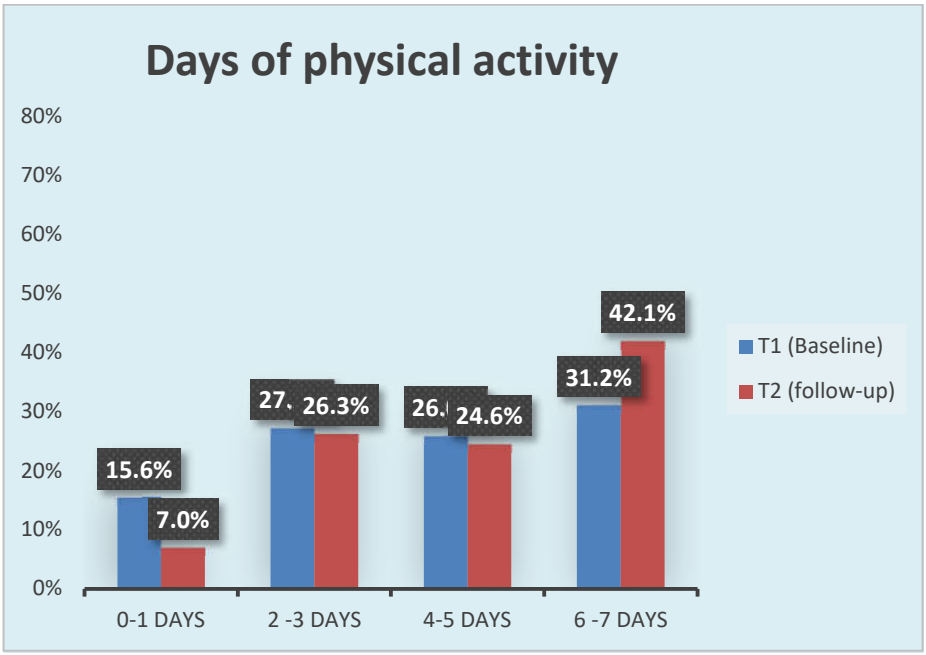
Most of this group had completed either a degree or postgraduate diploma (55%). By comparison, those who completed only the T1 (baseline) questionnaire, many of whom were among the group originally recruited, had a very different educational background, very few of them were working part-time and the majority were retired. Of that sample, the highest level of education completed was lower secondary (Inter/Junior cert) or less for almost half (47%) of the participants.

Demographics	T1 only	T1 and T2
White Irish	93.6%	96.9%
Female	67.4%	90.9%
Retired	74.5%	52.9%
Working part-time	2.1%	17.6%
Education level primary or lower secondary	46.8%	18.2%
Education level degree or post-graduate	31.9%	54.5%

As the aim of this evaluation is to assess the change that occurred in participants between the start of the initiative (baseline or T1) and the end (follow-up or T2), the remainder of this analysis will focus on a comparison between people who completed both surveys (T1 and T2).

PHYSICAL ACTIVITY

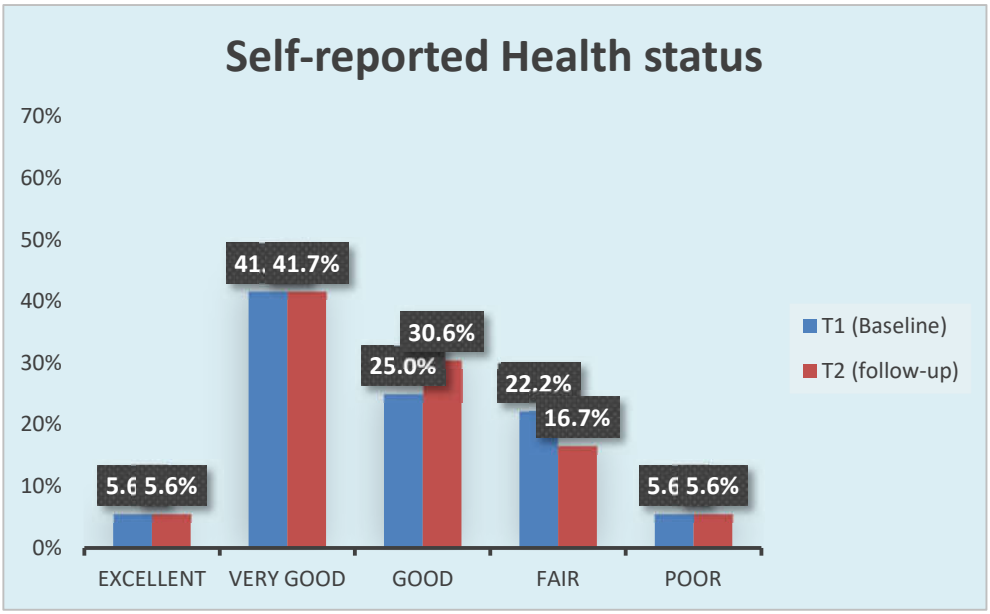
We asked participants how many days of the week they did a total of 30 minutes or more of physical activity, enough to raise their breathing rate. Small but not statistically significant changes occurred between baseline and follow-up surveys.



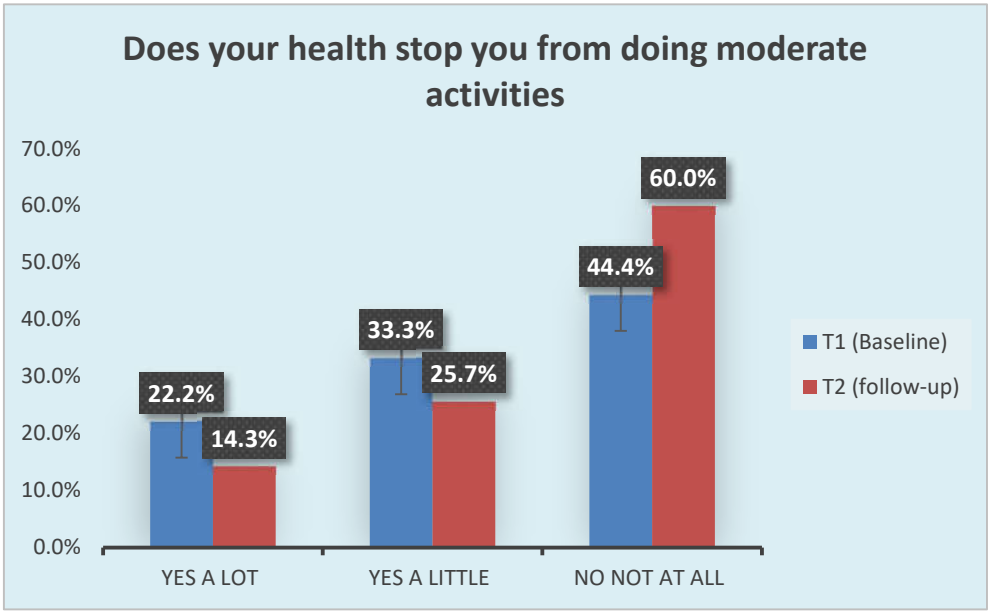
The numbers who reported doing very little physical activity reduced from 16% to 7% and the numbers who were physically active most days (6 or 7 days) increased from 31% to 42% between the two time periods.

HEALTH LIMITATIONS

We asked participants about their general health and the possible limitations they faced in carrying out everyday activities – most of the participants did not experience any significant change in health status between baseline and follow-up surveys although the number reporting 'good' health increased slightly from 25% to 30%.

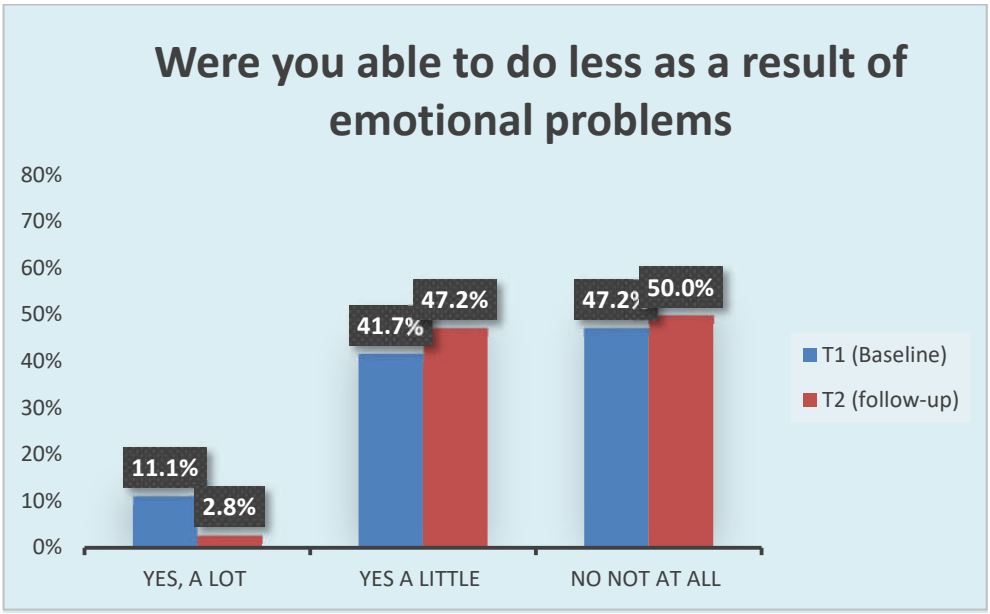


The health limitation questions cover a broad range of areas including moderate activities such as doing housework, playing sport or undertaking moderately demanding activities such as moving a table or climbing several flights of stairs.

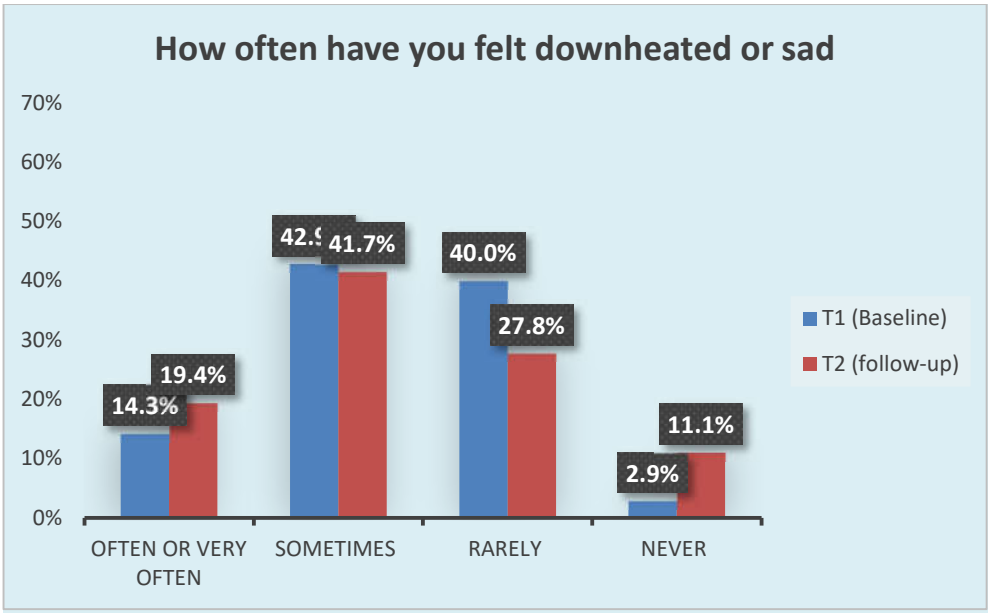


We also asked about the impact of emotional problems on their ability to carry out their normal activities, whether pain interfered with their lives and finally how they were feeling in the past 4 weeks. These 12 questions formed part of a scale, the SF-12 (31), which when added together provide a physical and mental health summary score. The average score for participants at baseline was 29.3 and at follow-up the overall sample score had increased to 30.3. However, the change in the two sample-means was not statistically significant (p=0.07).

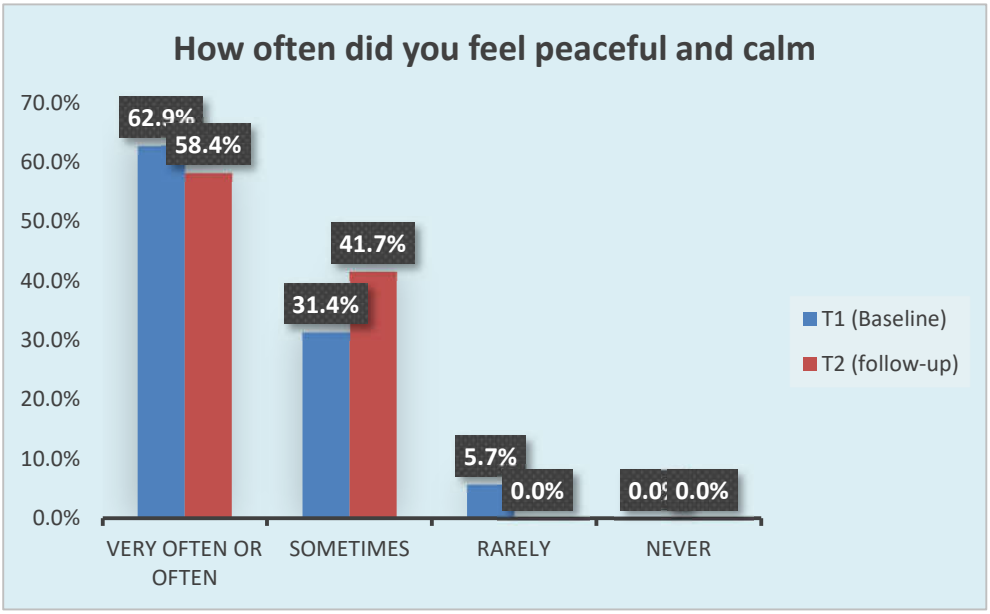
In individual terms, 16 participants experienced an increase in their health score between baseline and follow-up, 8 had no change and a further 12 suffered a reduction in their health score. Focusing on some of the individual items within the scale; the percentage of people most impacted by emotional problems reduced from 11% to just under 3% from baseline to the end of the initiative, while the number who were not at all impacted by emotional problems increased slightly from 47% to 50%.



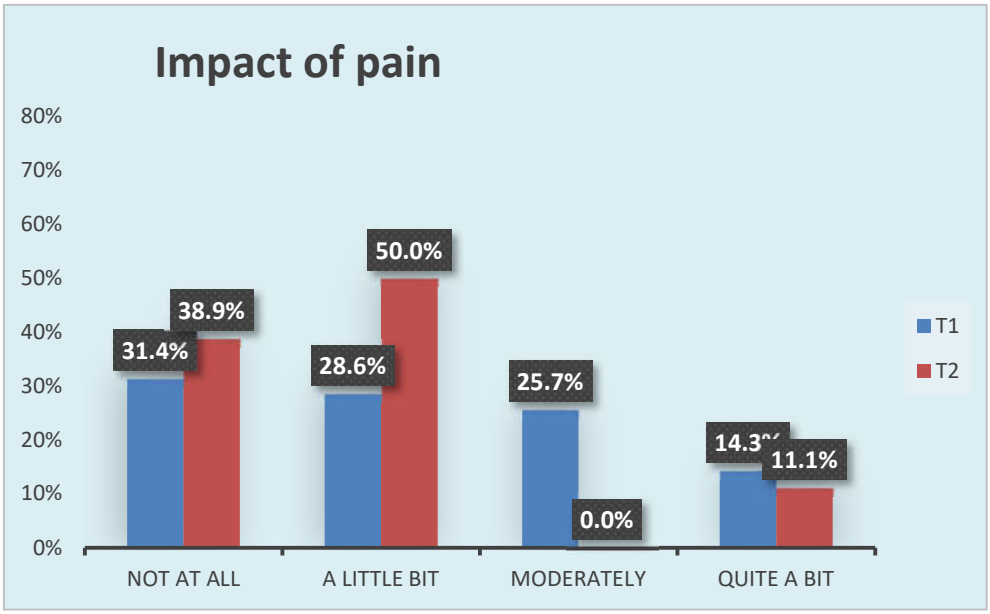
The number who felt downhearted or sad 'very often' or 'often' increased slightly from 14% to 19% while the number who never felt downhearted or sad also increased from 3% to 11%.



The majority of participants felt peaceful or calm 'very often' or 'often' both at the start of the initiative and after, although the percentage dropped slightly from 63% to 58%



Turning to physical health, the numbers who were not at all impacted by pain increased between baseline and follow-up measurement from 31% to 39% and the percentage who felt that their health had no impact on their ability to do moderate activities increased from 44% to 60% over the duration of the initiative.



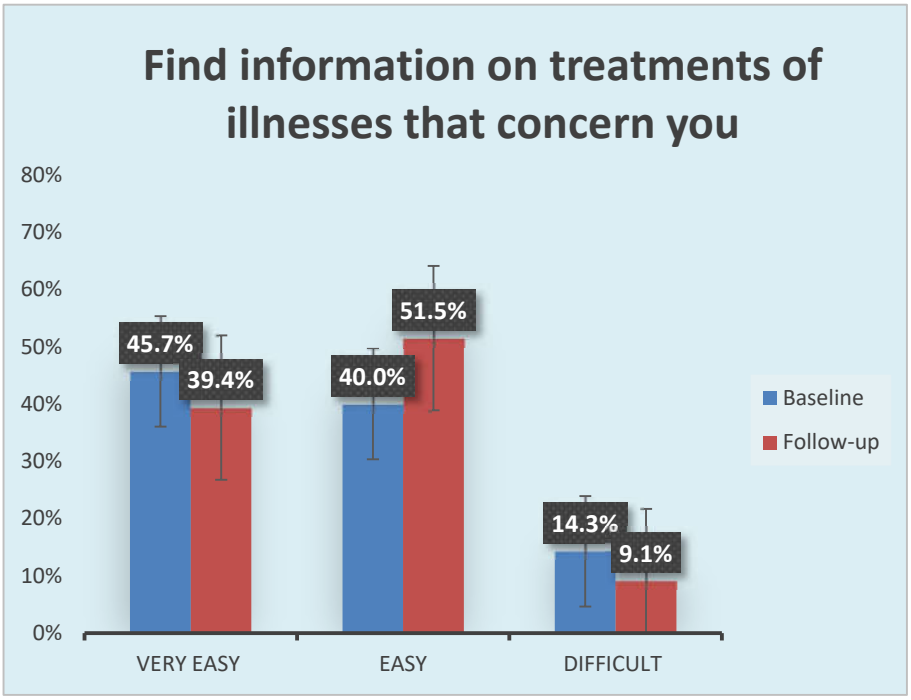
HEALTH LITERACY

One of the key aims of the initiative was to increase the health literacy of participants. It sought to do this through the inclusion of healthy living as a goal in discussion about future goals and by embedding themes relating to healthy living throughout the initiative. To measure participants' outcomes, we used a standardised scale, the HLS-Q12 (32) which is a shortened version of a widely-used European scale (HLS-EU-Q47).

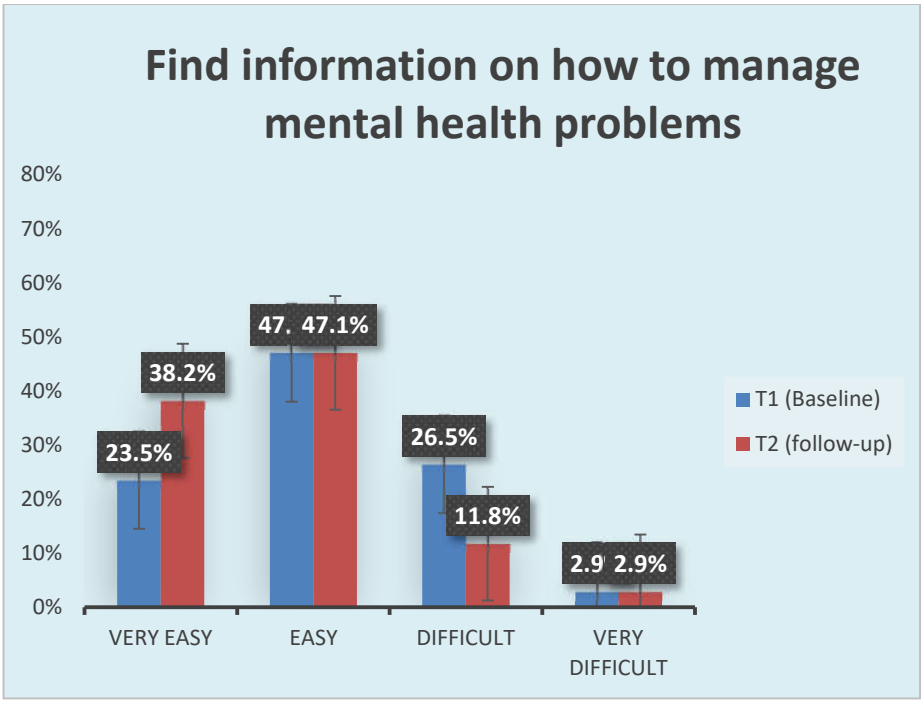
It asked participants how easy they would find it to access, understand, appraise and act on health information. Participants were asked how easy it is for them to find information on healthy activity, on treatments for illnesses or on how to manage mental health issues. The information appraisal questions asked how easy it is for them to understand various health related information such as on food packaging or medication. Finally, it asked them how easy they find it to judge information on health risks and to act on them. Responses to these 12 statements provided an overall health literacy score with higher scores indicating higher levels of health literacy.

Unfortunately, many participants failed to provide responses to particular statements, both in the baseline measurement and in the follow-up leaving several missing values and rendering the use of the scale impossible. However, we can provide summary findings in relation to specific items in the scale.

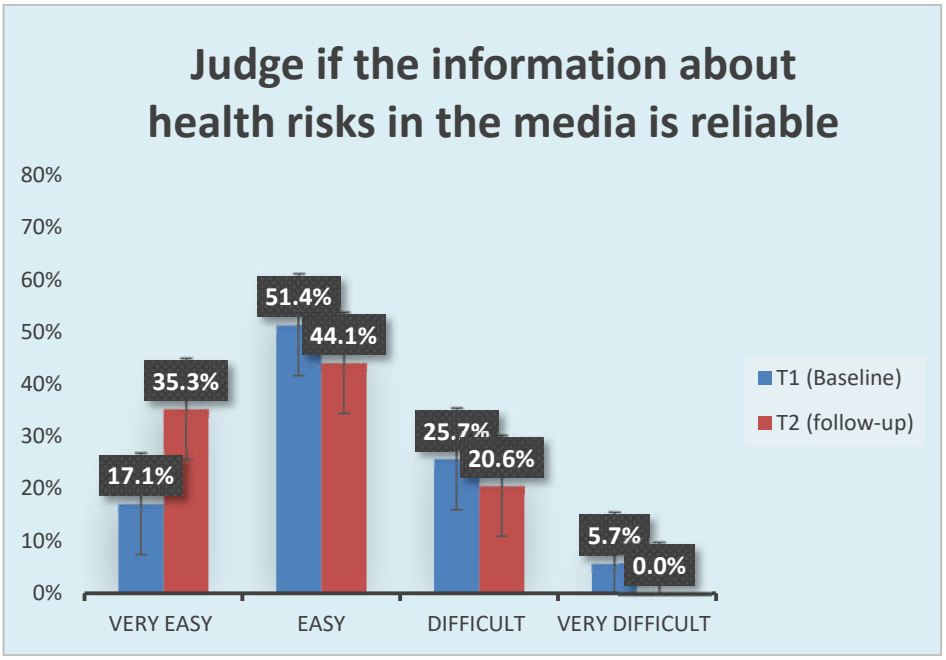
The number of people who found it easy to find information on illnesses of concern, increased over the course of the initiative, although the numbers who found it 'very easy' reduced.



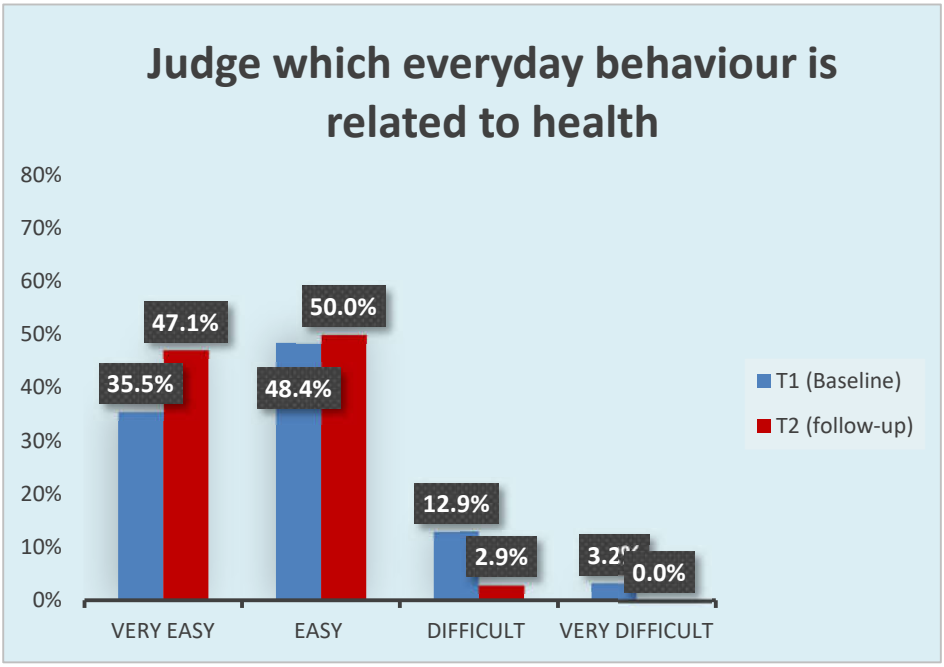
In relation to mental health, there was an increase in the percentage of people who would find it 'very easy' to find information on how to manage mental health problems (from 25% to 38%) and a corresponding decrease in the percentage who would find such a task difficult (27% to 12%). The numbers who would find it 'easy' or 'very difficult' were unchanged, suggesting that the participants changed from the 'difficult' category to 'very easy'.



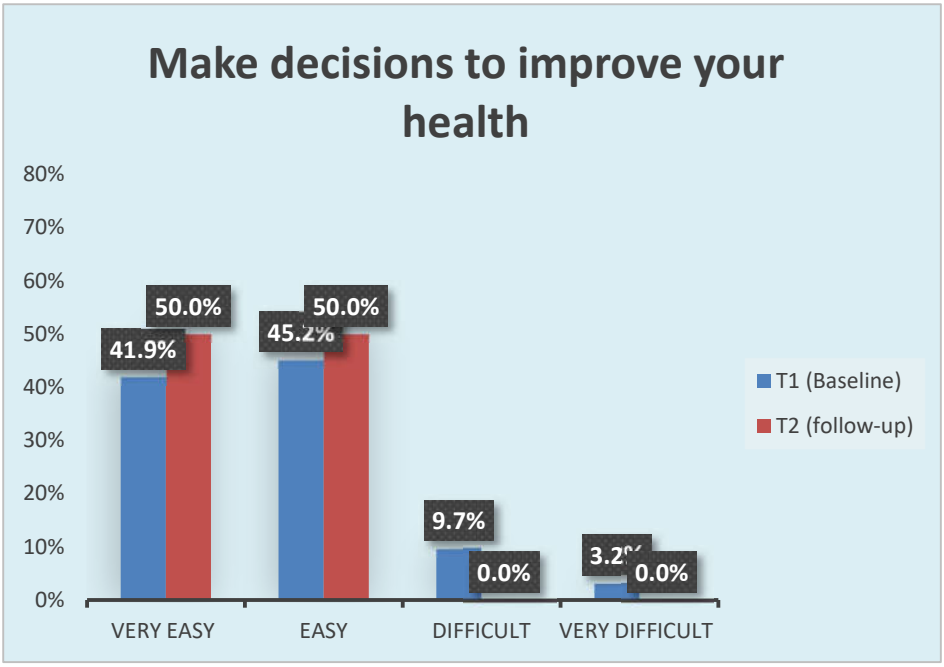
The Health literacy scale also measures how people interpret information about their health. The percentage of people who reported that it was 'very easy' to judge if information about health risks in the media is reliable increased from 17% to 35% between baseline and follow-up measurements. Similarly, the percentage who found it 'difficult' or 'very difficult' to judge media information reduced from 31% to 21%.



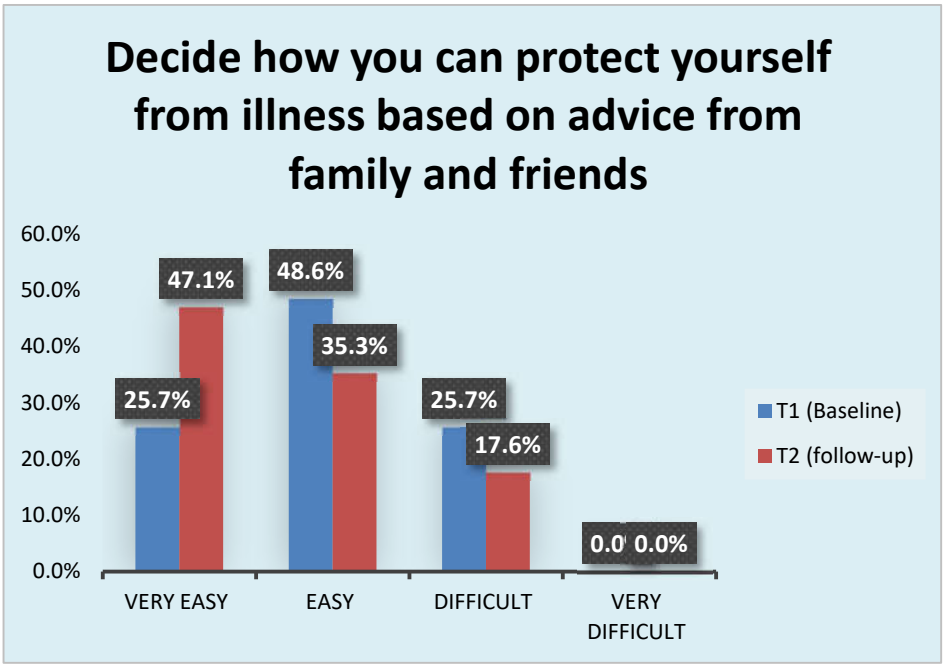
The ability to link everyday behaviours with health is an important factor in promoting better, more healthy behaviours. The percentage who found it 'easy' or 'very easy' to make these judgements increased from 84% to 97%.



Finally, the scale measured how people make decisions to act on the information they obtain. The percentage who reported that it was 'easy' or 'very easy' to make decisions about improving their health increased over the course of the initiative, to the extent that no respondents found it difficult to make these decisions on completion



of the course.



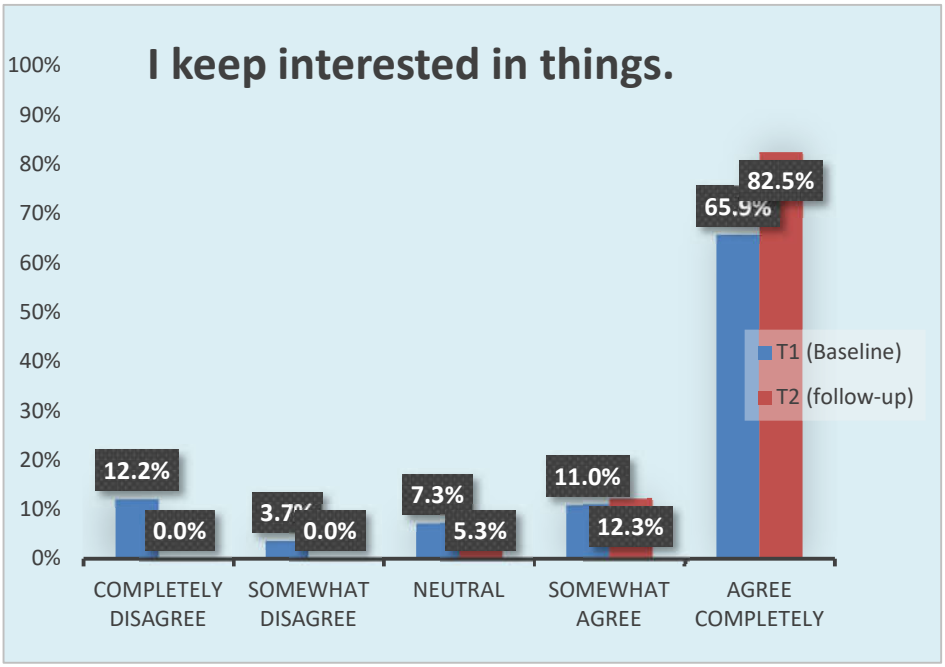
In the context of a global pandemic, the ability to decide how to protect oneself from illness is pertinent. The survey asked how easy people found it to make such decisions based on advice from family and friends and the response suggests that people moved from finding it 'easy' to 'very easy'. The percentage who found it 'very easy' increased from 26% to 47% but the percentage who found it 'easy' decreased from 49% to 35% over the period from baseline to follow-up. Meanwhile the numbers who found such decisions difficult reduced from 26% to 18%.

RESILIENCE

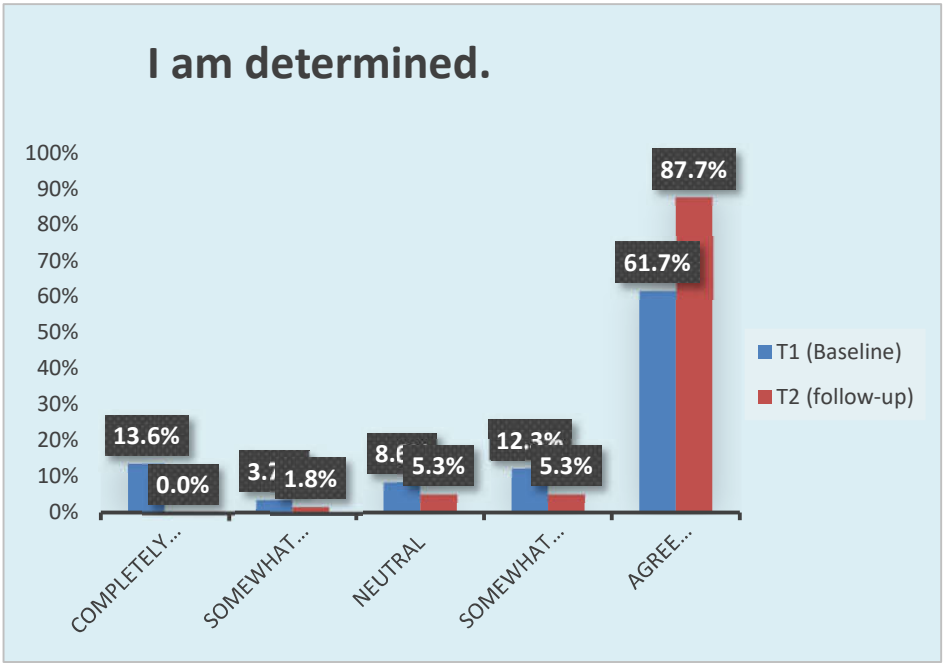
Two sessions of the initiative were given over to building resilience among participants. The resilience scale used to measure outcomes (between the baseline and follow-up surveys) asked participants how much they agreed with eleven different statements, representing the underlying constructs in increased resilience. The overall improvement in mean participants' resilience went from 61.2 to 65.4 but a paired sample T-test found that the difference was not statistically significant.

As the statements are all positive, an increase in the number agreeing with a statement or a reduction in the percentage who disagree with a statement both represent an increase in resilience. Participants' responses to every statement increased over the duration of the initiative, in some cases showing a large change in attitude. For

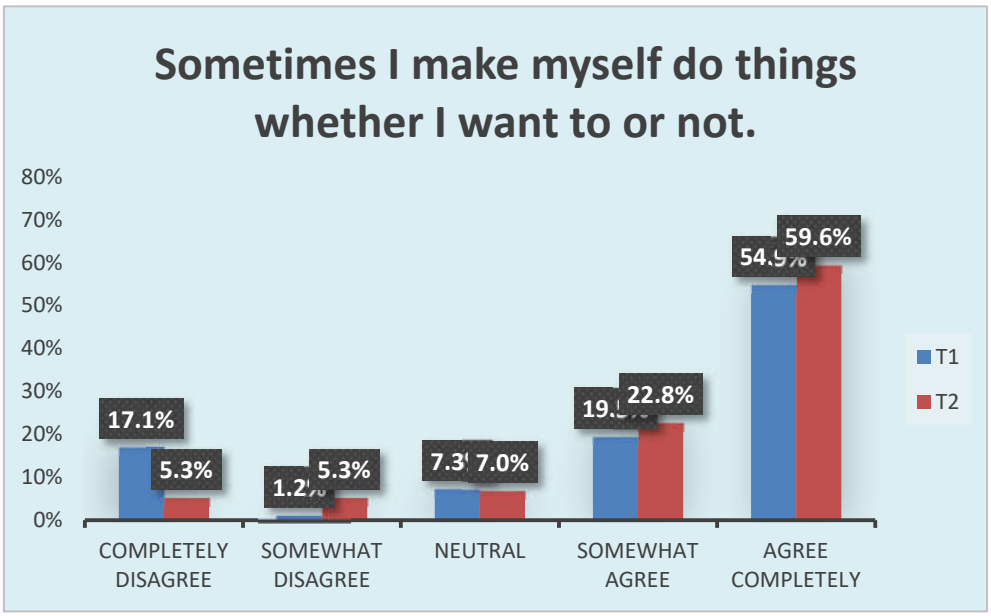
example, in response to the statement 'I keep interested in things' just under 16% disagreed with this statement at the start of the initiative. However, in the follow-up survey no participants disagreed and the percentage who completely agreed increased to over 82%.



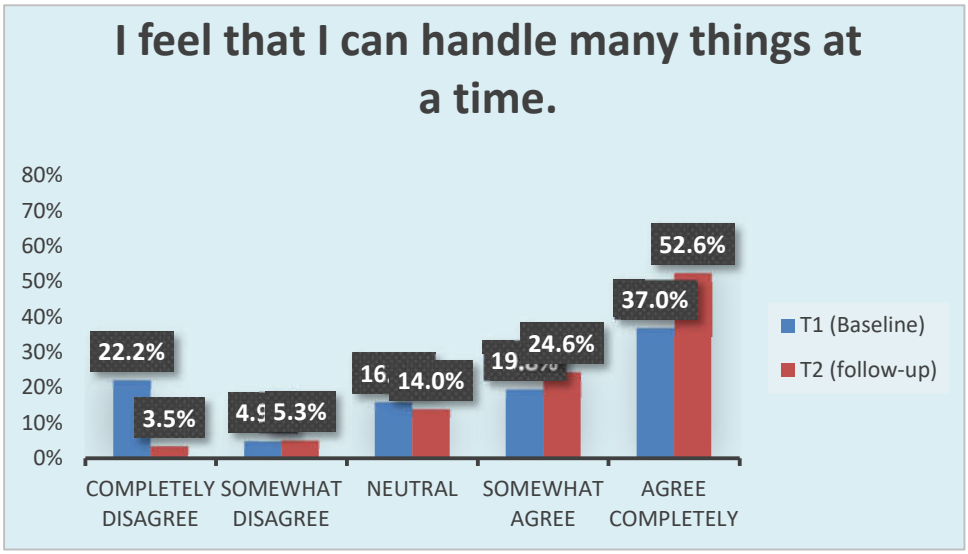
Determination is a key requirement for making change or coping with difficulties in one's life. Participants' feeling of determination increased over the six weeks of the initiative – the percentage who disagreed with this statement reduced from 17% to 2% and the percentage who agreed increased from 62% to 88%.



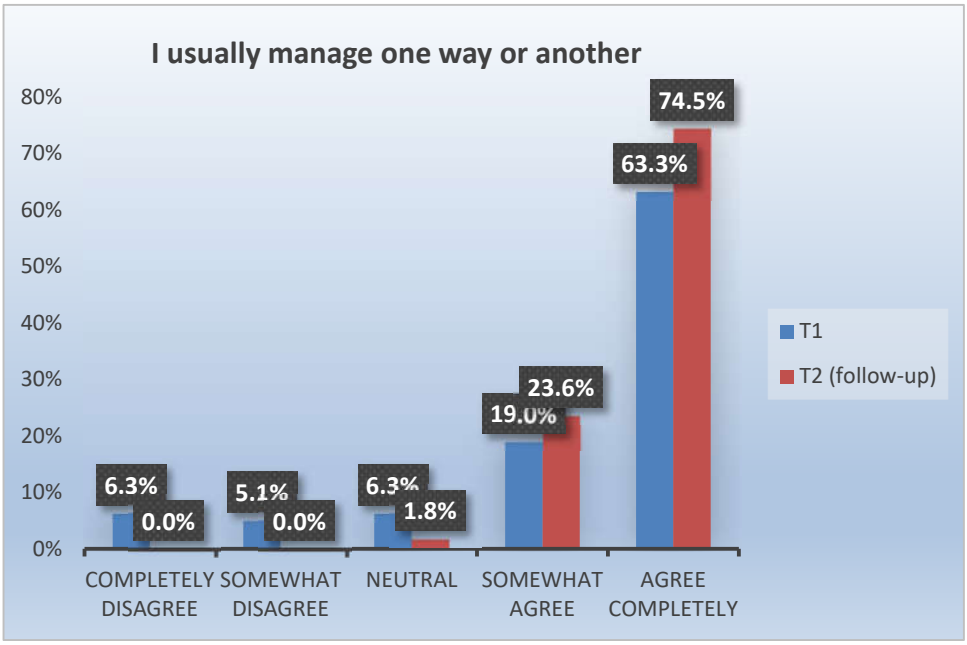
A similar trend was apparent for the statement 'sometimes I make myself do things whether I want to or not' though the change in attitude was smaller – the percentage who disagreed went from 18% to 11% while the percentage who agreed completely increased from 55% to 60% although there was also an increase in the percentage who reported that they 'somewhat' agreed.



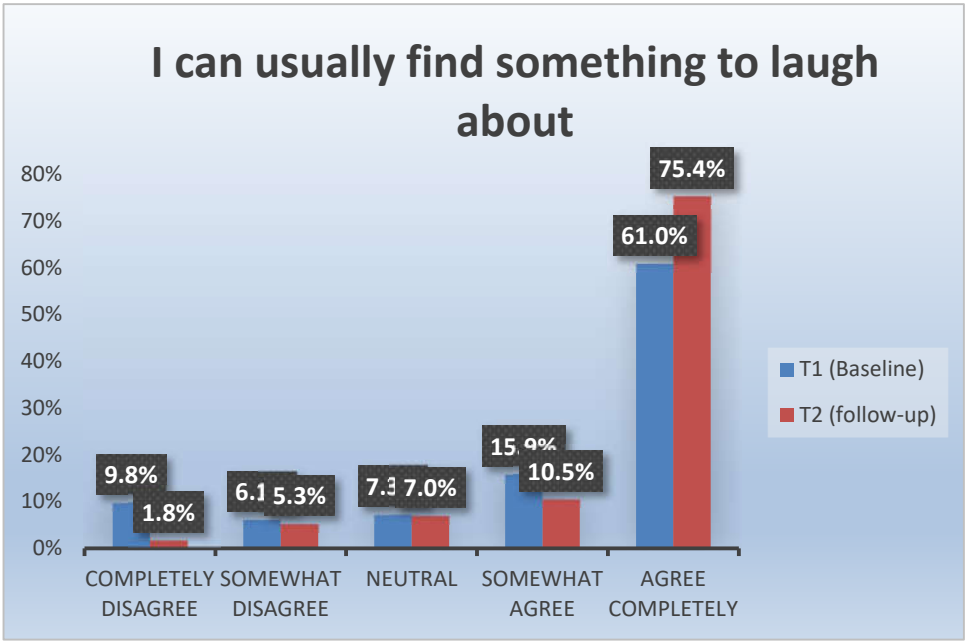
Coping skills or perseverance were measured with the statements "I feel I can handle many things at a time" and "I usually manage one way or another". Again, disagreement with these statements reduced and agreement increased.



Just over 11% disagreed with the statement that they 'usually manage one way or another' in the baseline questionnaire. On completion of the course no participants disagreed and the percentage who completely agreed increased from 63% to 74%.



The response to being able to maintain a sense of humour showed a smaller change in attitude, the percentage who completely agreed with this statement increased from 61% to 75%, while the numbers who disagreed (or completely disagreed) reduced from 16% to 7%.

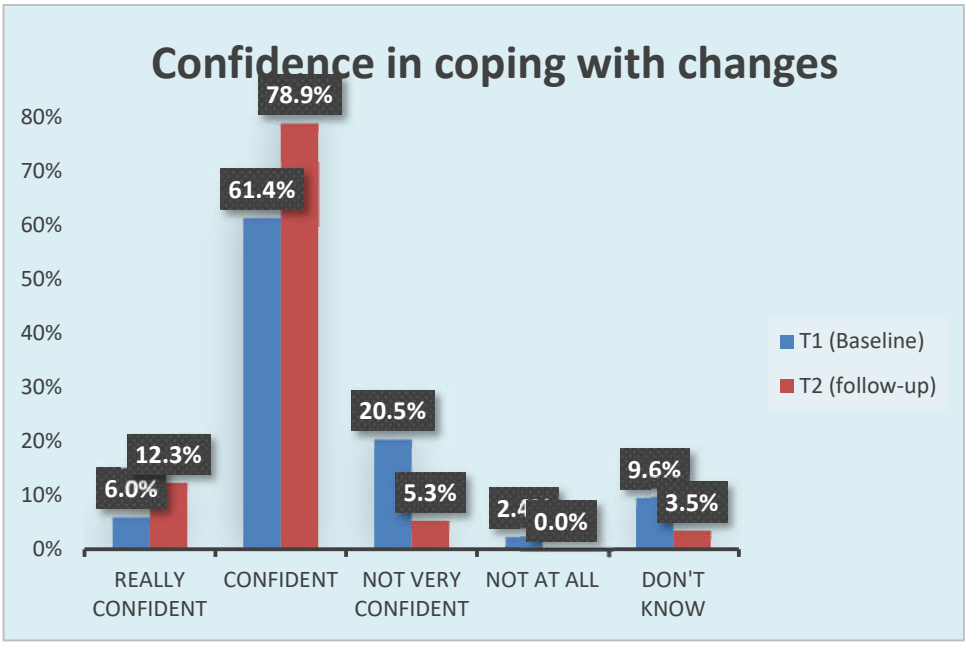


CONFIDENCE IN THE FUTURE

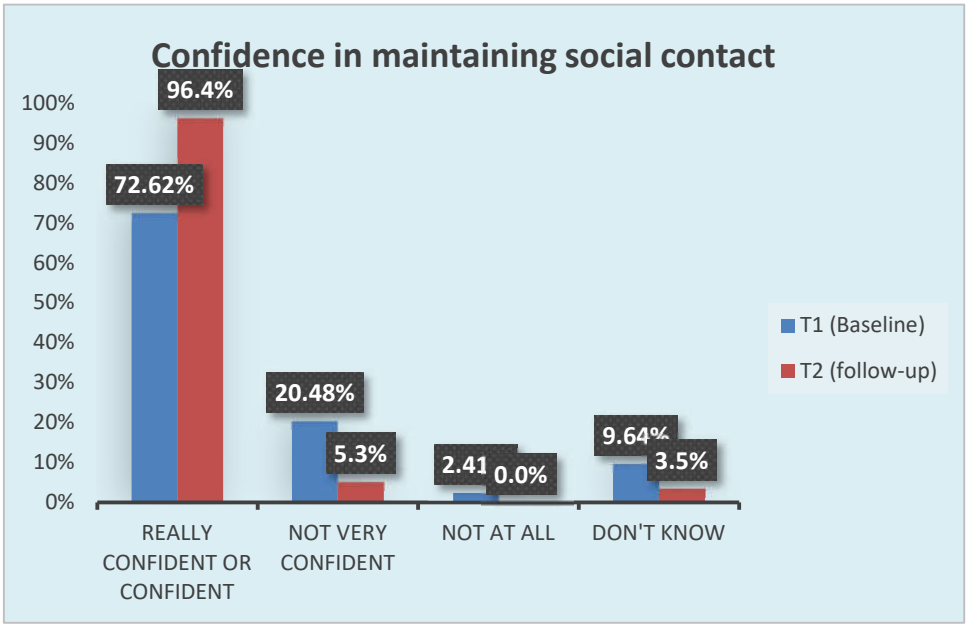
The initiative aimed to build confidence in participants by helping them to reflect on transitions they had encountered and coped with in the past. They were encouraged to examine their priorities, skills, abilities and resource networks in order to understand how they could manage the changes that they might encounter in the future.

To measure outcomes in this area we asked participants about their confidence in the ability to cope with both the changes and challenges they might encounter as well as their ability to maintain social contact as they aged, either through the maintenance of existing relationships or the development of new ones. We found clear differences between the level of confidence at baseline and those in the follow-up survey and a paired-sample T-test showed that these differences were significant (P=.001). The level of confidence in their ability to maintain or develop relationships also showed a significant difference between the baseline and follow-up survey (P<.001).

The level of confidence in the ability to cope with changes or challenges that may result from ageing increased from 6% who felt very confident at baseline to 12% in the follow-up survey while the percentage who reported that they felt 'confident' increased from 61% to 79%.

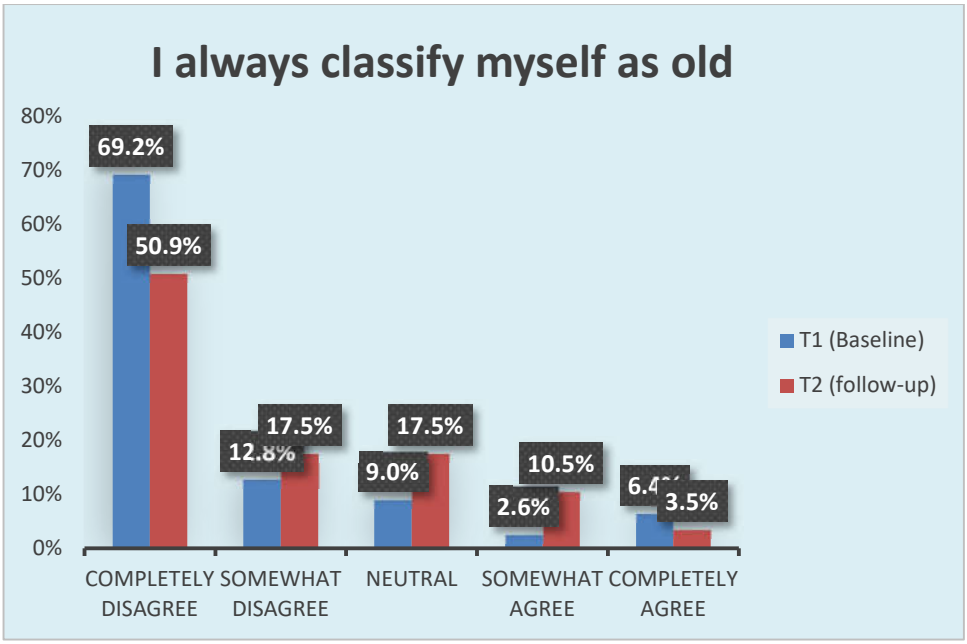


Participants showed a similar change in the level of confidence they have in their ability to maintain social contact over time, and on completion of the initiative 96% of participants were either confident or very confident in this ability.



AGEING PERCEPTIONS

The *Changing Gears* initiative sought to promote positive ageing by helping participants to consider ways they could improve their attitude to ageing and to counter some of the many negative or ageist myths & stereotypes they encounter. We measured outcomes by asking participants how much they agreed with a series of statements both negative and positive. The results were mixed; while we saw increases in agreement with several positive statements, disagreement with some of the negative statements reduced. For example, fewer people disagreed with the statement 'I always classify myself as old' in the follow-up survey suggesting a decline in overall positivity though closer examination of the data reveals that while there was a drop in the percentage of people who disagreed with this statement, the number of people who were neutral on this statement increased.



Agree	T1 (Baseline)	T2 (follow-up)
As I get older, I get wiser	44.6%	68.4%
As I get older, I continue to grow as a person	63.4%	77.2%
As I get older, I appreciate things more.	68.3%	85.7%
The quality of my social life in later years depends on me	70.4%	80.7%
The quality of my relationships with others in later life depends on me.	70.0%	78.6%
Whether I continue living life to the full depends on me.	78.5%	77.2%

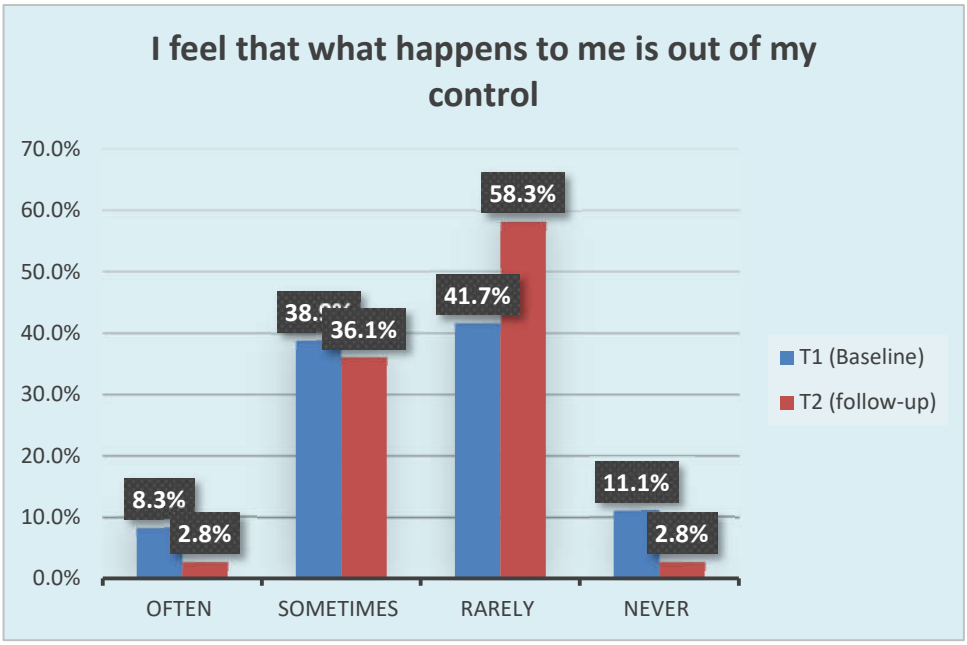
Given the level of ambiguity in the findings from this series of questions, it is difficult to draw any conclusions on the change in attitudes to positive ageing.

	T1 (Baseline)	T2 (follow-up)
I always classify myself as old	82.1%	68.4%
I am always aware of the fact that I am getting older	44.4%	45.6%
I feel my age in everything that I do	70.9%	63.2%
I get depressed when I think about how ageing might affect the things that I can do	48.8%	55.4%

Getting older makes me less independent	44.4%	33.3%
As I get older, I can take part in fewer activities	37.0%	31.6%
I have no control over the effects which getting older has on my social life.	48.1%	56.1%
I worry about the effects that getting older may have on my relationships with others	51.2%	56.1%
I feel angry when I think about getting older	69.6%	71.9%
Slowing down with age is not something I can control	45.0%	42.1%

QUALITY OF LIFE – CASP-19

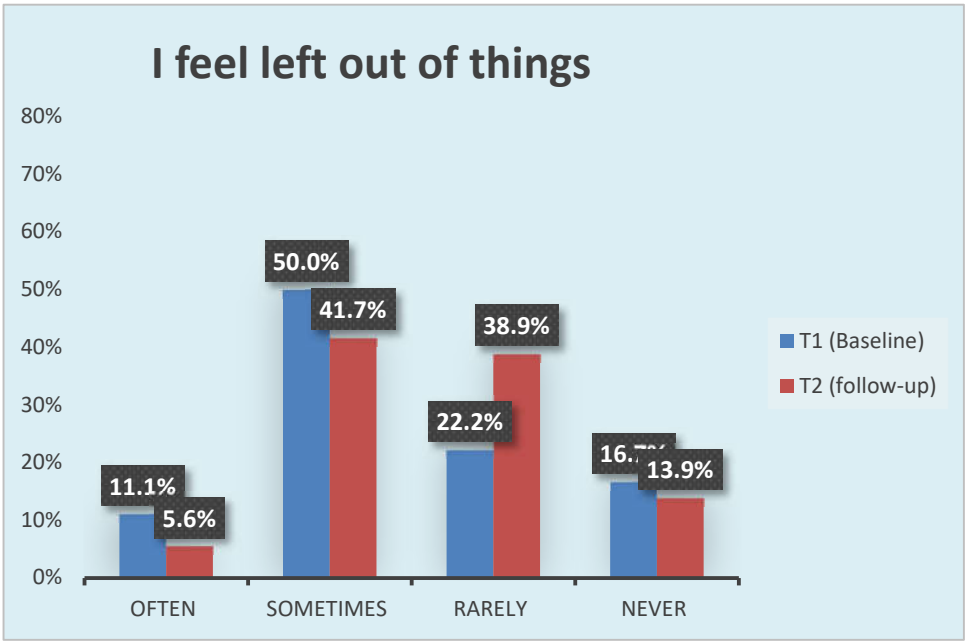
Finally, we measured the overall happiness or wellbeing of participants using the CASP-19 instrument, a scale made up of 19 statements which was developed to measure happiness or quality of life among older people. Small but not significant differences were observed between participants level of happiness at baseline and at follow-up. The average for the whole scale increased from 60.2 to 61.6 between the two time points. We also looked at the underlying constructs (Control, Autonomy, Self-realisation and Pleasure) and found similarly small and non-significant changes between the averages at baseline and follow-up. Therefore, it must be pointed out that the size of the change and the lack of statistical significance suggests that any change observed may simply be due to chance.



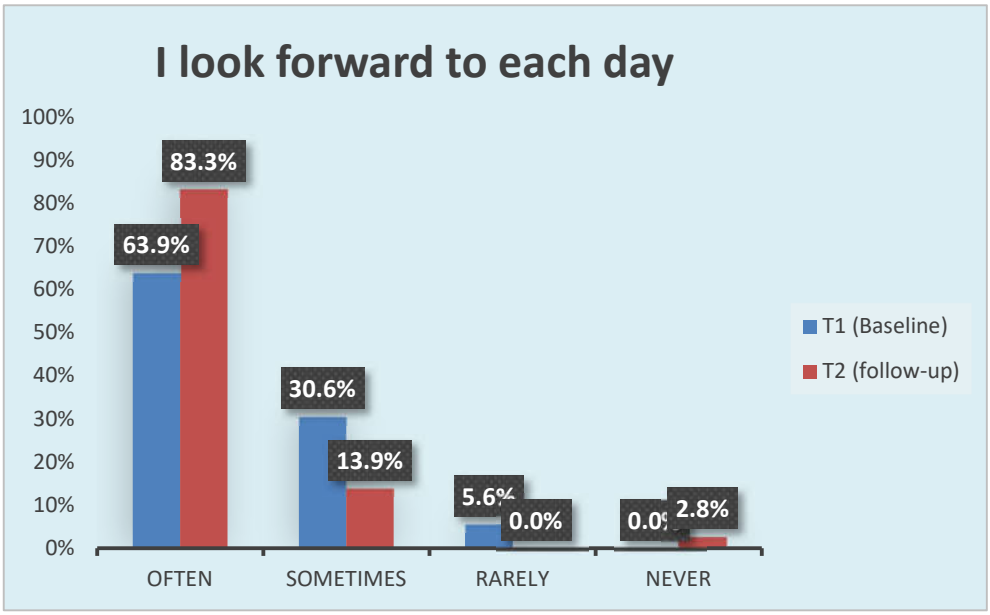
While participants showed very little change in relation to many of the statements, some differences were observed. There was an

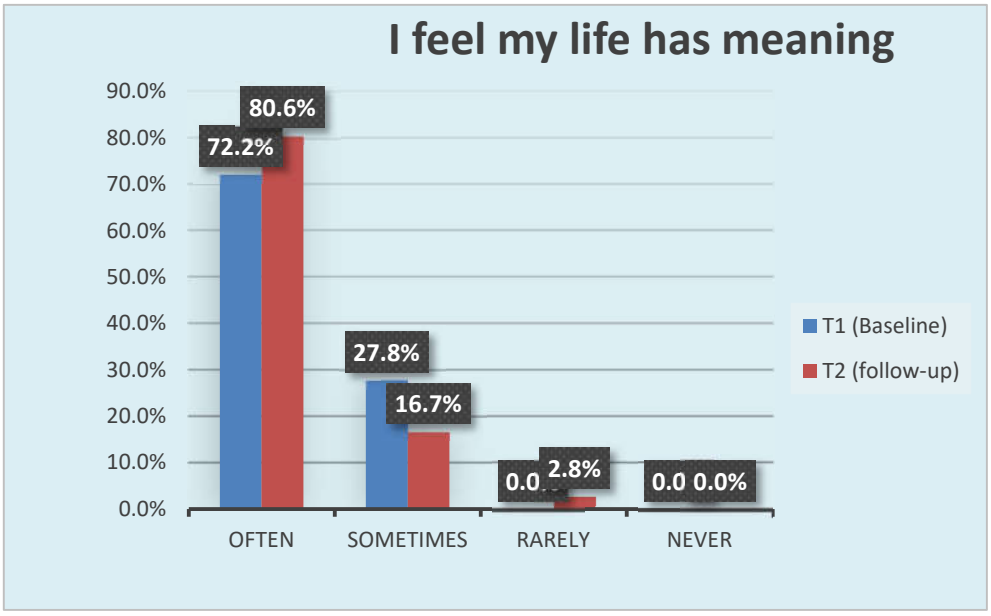
increase in the percentage of people who reported that they rarely felt that what happens is out of their control, (from 42% to 58%) but a reduction in the percentage who reported that they never felt this way. The number who often feel this way reduced from 8.3% to 2.8%.

The percentage who felt 'left out of things' also changed between the two time points – those who often or sometimes feel this, reduced from 61% to 48% while the percentage who rarely felt excluded increased from 22% to 39%.



Finally, the percentage who reported that they 'often' looked forward to each day increased from 64% to 83% and the percentage who 'often' feel their lives have meaning also increased.


I look forward to each day
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
83.3%
63.9%
30.6%
13.9%
5.6%
0.0%
2.8%
OFTEN
SOMETIMES
RARELY
NEVER
T1 (Baseline)
T2 (follow-up)


I feel my life has meaning
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
80.6%
72.2%
27.8%
16.7%
2.8%
0.0%
OFTEN
SOMETIMES
RARELY
NEVER
T1 (Baseline)
T2 (follow-up)

6. RECOMMENDATIONS

When asked for recommendations for change, many focus group participants struggled to think of anything other than perhaps continuing the course for an additional couple of weeks. Some also suggested that they would like to have the opportunity to connect with those they met in the break-out groups. However, participants were offered a chance to take part in a review session that took place a couple of months after the completion of the course. The organisers pointed out that there was poor take-up of this opportunity despite several reminders and it was not clear why this might have been the case.

Based on the findings from both the qualitative and quantitative data the following recommendations could enhance subsequent roll-out of the *Changing Gears* initiative.

- Return to the original target groups when covid restrictions allow face-to-face activities take place and carry out the originally planned courses.
- When advertising and recruiting for the initiative, the building of confidence should be communicated as a core objective and outcome of the initiative.
- Provide support to participants to carry out baseline and follow-up assessments to provide evidence of the value of the initiative for those with more serious health limitations.
- To increase accessibility and to develop confidence, offer an introductory session in online communication to those who may have limited technological ability but who do have access to a smart phone or tablet.
- Offer additional hybrid models of delivery to those who are geographically isolated with the option to attend in person or online.
- Participants could be invited to establish a Whatsapp group (or similar) as a way of sharing their contact details with other participants. The group could be asked for a volunteer to administer the Whatsapp group and those who wish to could provide their contact details.
- Provide support to participants to establish their own online groups to allow social contacts established during the course to

be continued, independent of Age & Opportunity.

- Explore the potential for linking the Changing Gears initiative with a social prescribing provider where the infrastructure exists.

"DigiPatron needs to work with the client to strike a balance between maintaining existing customer base and acquiring preferred

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APPENDIX 1 – BASELINE QUESTIONNAIRE

1. What is your age?
2. Ethnicity
3. What is the highest level of education you have finished?
4. Marital status
5. Gender
6. What is your current living situation?
7. What is your current work situation?
8. Can you tell us where you heard about the *Changing Gears* project?
9. Can you tell us if any of the following made it difficult for you to take part in this initiative?
    a) **Personal health**
    b) **Difficulty walking/getting out and about**
    c) **Not enough time - other commitments**
    d) **Health of a family member**
    e) **Transport problems**
    f) **Lack of motivation**
    g) **No one to go with**
    h) **care for another family member**
    i) **Lack of information about the content**
    j) **General lack of motivation**
    k) **Lack of confidence**
    l) **Prefer not to say**
10. We are interested in your own personal views and experiences about getting older. Please indicate how strongly you agree or disagree with the following statements **where 1 = I disagree and 5 = I completely agree**
    a. I always classify myself as old.
    b. B I am always aware of the fact that I am getting older.
    c. I feel my age in everything that I do.
    d. As I get older I get wiser.
    e. As I get older I continue to grow as a person.
    f. As I get older I appreciate things more.
    g. I get depressed when I think about how ageing might affect the things that I can do
    h. The quality of my social life in later years depends on me.
    i. The quality of my relationships with others in later life depends on me.
    j. Whether I continue living life to the full depends on me.
    k. Getting older makes me less independent.
    l. As I get older, I can take part in fewer activities.
    m. As I get older, I do not cope as well with problems that arise.
    n. Slowing down with age is not something I can control.
    o. I have no control over the effects which getting older has on my social

life.

p. I worry about the effects that getting older may have on my relationships with others.
q. I feel angry when I think about getting older.

1. In general, would you say your health is?
2. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?
3. Does your health stop you from doing things you want to do…
4. Moderate activities such as doing housework, playing sport or playing golf
5. Climbing SEVERAL flights of stairs
6. During the PAST 4 WEEKS have you had any of the following problems with your work or other regular activities because of your PHYSICAL HEALTH?
7. Were able to do LESS than you would like
8. Were limited in the KIND of work or other activities
9. During the PAST 4 WEEKS, were you limited in the kind of work or other regular activities you do as a result of ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?
10. Were able to do LESS than you would like
11. Didn't do work or other activities as CAREFULLY as usual
12. During the PAST 4 WEEKS, how much did PAIN interfere with your normal activity (including both work outside the home and housework)?

1. How often you have been feeling during the PAST 4 WEEKS

a) How often did you feel calm and peaceful?
b) How often did you have a lot of energy?
c) How often have you felt downhearted or sad?
d) How often did your physical health or emotional problems interfere with your social activities (like visiting with friends, relatives, etc.)?

How often do you feel these statements are true?

a) When I make plans I follow through with them.
b) I usually manage one way or another.
c) Keeping interested in things is important to me.
d) I am friends with myself.
e) I feel that I can handle many things at a time.
f) I am determined.
g) I keep interested in things.
h) I can usually find something to laugh about.
i) I can usually look at a situation in a number of ways.
j) Sometimes I make myself do things whether I want to or not.
k) I have enough energy to do what I want to do.

1. Have you experienced one or more of the following events during the past year? Death of a loved one, A serious illness yourself, A serious illness in a loved one, Divorce or ending of an important intimate relationship, A traffic accident, A crime, A heart attack or stroke, None of these
2. Do you participate in any groups such as a sports or social group or club, a church connected group, a self-help or charitable body or other activity such as attending a day care centre?
3. I enjoy being in the company of others; Very often, often, sometimes, rarely or never
4. How confident are you that you are able to **cope with changes and potentially challenging times ahead**?
5. How confident are you **that you will be able to maintain existing or develop new relationships to satisfy your needs?**

On a scale from very difficult to very easy, **how easy would you say it is to**:

a) Find information on treatments of illnesses that concern you
b) Understand what to do in a medical emergency
c) Judge the advantages and disadvantages of different treatment options
d) Follow the instructions on medication
e) Find information on how to manage mental health problems like stress or depression
f) Understand why you need health checks (like mammogram or prostate check)
g) Judge if the information about health risks in the media is reliable
h) Decide how you can protect yourself from illness based on advice from family and friends
i) Find information on healthy activities such as exercise, healthy food and nutrition
j) Understand information on food packaging
k) Judge which everyday behaviour is related to health
l) Make decisions to improve your health.

Here is a list of statements that people have used to describe their lives or how they feel. How often do you feel like this?

Control

a) My age prevents me from doing the things I would like to do
b) I feel that what happens to me is out of my control
c) I feel free to plan for the future
d) I feel left out of things

Autonomy

e) I can do the things that I want to do
f) Family responsibilities prevent me from doing what I want to do
g) I feel that I can please myself what I do
h) My health stops me from doing the things I want to do
i) Shortage of money stops me from doing the things I want to do

Pleasure

j) I look forward to each day
k) I feel that my life has meaning
l) I enjoy the things I do
m) I enjoy being in the company of others
n) On balance, I look back on my life with a sense of happiness

Self-realisation

o) I feel full of energy these days
p) I choose to do things that I have never done before
q) I feel satisfied with the way my life has turned out
r) I feel that life is full of opportunities
s) I feel that the future looks good for me