AN EVALUATION OF THREE PROJECTS FROM THE NORTH LIVERPOOL 'ACTION FOR HEALTH' PROGRAMME

Health and Community Care Research Unit (HaCCRU), University of Liverpool

Final Report 117/08

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ACKNOWLEDGEMENTS

We would like to acknowledge our debt to the people of North Liverpool who kindly gave their time to participate in the research process on which this report is based. We would also like to thank other stakeholders who took part in the study, particularly the staff of Healthworks, Blackburne House and New Beginnings. Thanks must also go to Action for Health’s Project Support Officer, who not only agreed to be interviewed twice but also helped with the distribution of the questionnaire. Lastly, many thanks also to the study’s sponsors, whose input throughout has been greatly appreciated, and Tracy Quillan of HaCCRU, for administrative help.
EXECUTIVE SUMMARY

Background
The study was commissioned by the North Liverpool ‘Action for Health’ programme and ran from July 2007 until August 2008.

Aims and Objectives
Three components of the ‘Action for Health’ programme were selected for evaluation: 1) A series of health assessments delivered by Healthworks, an independent organisation, in the North Liverpool area, 2) The ‘Fresh Focus’ and ‘Health Living Healthy Life’ courses run by Blackburne House for North Liverpool residents and 3) the New Beginnings Service for the over fifties in North Liverpool. The study sought to explore key issues from the above projects and assess how services offered as part of the ‘Action for Health’ programme impacted upon those residents in North Liverpool.

Methodology
Fieldwork took place from October 2007 until July 2008 and consisted of the following elements:

- Ten observations of individual health assessments, one observation of a Blackburn House course and one observation of a New Beginnings event.
- Interviews with four members of Healthworks staff, one member of Blackburne House staff, four members of New Beginnings staff, fifty health assessment service-users, six New Beginnings service-users (plus two relatives) and the Project Support Officer (two separate interviews).
- A structured questionnaire distributed to 1500 health assessment service-users.

Results
Health assessments:
- 67.6% of service-users who completed a questionnaire reported making at least one change to their lifestyle as a result of attending the health assessment.
- Family members, friends and acquaintances of those who took part were also reported to have taken preventative measures to improve well-being.
- Service-users welcomed staffs’ delivery of advice in a clear and easy-to-understand manner, and felt that the recommendations made were realistic and appropriate.
- Service-users described the service favourably in comparison to their experience of other health services, particularly in terms of accessibility and convenience.
The service was able to reach (and provide advice to) large numbers of people living unhealthy lifestyles with limited knowledge of health matters.

The Healthworks team were greatly aided by the work of Action for Health’s Project Support Officer.

Although the most common criticism of the service related to concerns about maintaining privacy and confidentiality, the vast majority of questionnaire respondents felt staff had made adequate provisions in this area.

**Blackburne House:**

- Despite the best efforts of the programme’s Project Support Officer to identify venues and publicise the courses, in only a few cases were the courses actually able to go ahead.
- Despite the many problems that have dogged the delivery of the Blackburne House courses, where courses have been delivered they seem to have been well-received and to have produced some tangible benefits for participants. These include improvements in physical and mental health.
- The social dynamic of the courses was seen as being particularly helpful in developing systems of social support through which women can be enabled to help each other in quite practical ways with problems in their lives.
- Insufficient account seems to have been taken of the difficulties involved in taking Blackburne House’s courses out into the local communities of North Liverpool. This affected the identification of venues and the process of publicising courses and recruiting participants.
- A number of factors were identified as contributing to the low rates of recruitment to the courses. These include the lack of preparatory work undertaken by Blackburne House with local community organisations; factors relating to the duration of the courses; and the low motivation of potential participants. Some of these difficulties can also be seen as contributing to low rates of retention on the courses.

**New Beginnings:**

- Events held as part of the Action for Health programme provided North Liverpool residents (over fifty) with access to a range of lifestyle information and activities including healthy eating, smoking cessation, alcohol awareness, mental health, accident prevention and physical activity. Physical, social and mental health benefits were reported as a result of attending.
- With 550 attendees across five different New Beginnings events, the service exceeded their original target by some 10%.
• The risk of accidents in service-users’ homes was reduced through the installation of safety features such as smoke alarms, walk-in showers, grabrails etc.
• Because of the vetting procedures employed by New Beginnings, service-users were reassured and comfortable with those workers recommended by the service.
• Through overseeing people’s applications for benefits and grants, the service had impacted financially on a large number of individuals.
• Transport and social issues were also addressed by staff in their day-to-day role.
• Service-users spoke highly of a service they trusted, and welcomed the free-of-charge advice and assistance provided.

Conclusion

Health assessments:
• Data suggest that the health assessments were an effective way of reaching people and identifying factors that impact on health and ultimately life expectancy, as well as an effective way of improving health.
• Healthworks have developed an effective working model for delivering the health assessments in deprived communities and are able to tailor advice according to the needs of a wide range of individuals.
• Staff should continue to make efforts to ensure that privacy and confidentiality is maintained in shared working spaces.
• Staff should continue to emphasise that the health assessments do not constitute a replacement service for other health care services.

Blackburne House:
• Although it is not possible to draw any firm conclusions from the limited fieldwork undertaken for the evaluation, the small number of participants with whom the researcher had contact seemed to be enthusiastic about the training they had received.
• The courses delivered by Blackburne House as part of the Action for Health programme had the potential to bring some real benefits to women who participated in them, and where the courses were successfully set up and delivered these benefits have been apparent. However, this component of the programme has suffered from the lack of a co-ordinated and planned approach which has meant that the potential of these courses has not been fully realised.

New Beginnings:
- New Beginnings events were able to successfully encourage physical and social wellbeing amongst the target group.
- New Beginnings events provided a valuable forum for local organisations and agencies to network and develop partnerships.
- New Beginnings is a highly valued and respected organisation that provides information and assistance not available elsewhere.
- Feelings of reassurance, safety and security were some of the key outcomes for service-users and their families.
- Performing small jobs that service-users were unable to tackle on their own had improved safety in homes and given ‘peace of mind’ to a vulnerable target group.
- In order to prevent barriers to working in the community, staff should further investigate the possibility of introducing their own ID badges for home visits to service-users.
1. BACKGROUND

1.1 Background to North Liverpool
Many wards in North Liverpool, such as Anfield, Breckfield, Everton and Kirkdale, share a number of common problems. These include decreasing population, few modern facilities and high levels of unemployment, crime and educational underperformance (Abdul, 2003). North Liverpool is an area where relative deprivation has a significant influence on a person’s life expectancy, lifestyle, and stage of health related diagnosis (Barr & Kirkcaldy 2004). The Greater Merseyside Lifestyle Study (2004) reports that North Liverpool has the lowest proportion of people eating the recommended five portions of fruit and vegetables per day in Merseyside (8.5%). It also has the highest proportion of sedentary people (73%), the highest prevalence of obesity (22.4%) and the largest percentage of those reporting poor or very poor wellbeing (36.2%). Consequently, life expectancy in the area is lower than both the national and regional average for both men and women.

1.2 Background to ‘Action for Health’
‘Action for Health’ involves ‘a consortium of neighbourhood, Liverpool, regional and national organisations’ delivering a co-ordinated programme of health related activities in North Liverpool from late 2006 until June 2008. The aim of the programme is to encourage those living in the area to make lifestyle changes to improve their general health and wellbeing.

The organisations that make up Action for Health include:

- Anfield Breckside Community Council
- Anfield Sports and Community Centre Ltd
- Arena Options / New Beginnings
- Blackburne House
- Healthworks
- Heart of Mersey
- Liverpool Football Club and Athletic Grounds
- Positive Futures

The Action for Health programme has seen each of the above organisations contributing to a range of community-based stand alone projects throughout North Liverpool. Projects focus on providing access to information and activities on physical activity, healthy eating, smoking cessation, alcohol,
mental health, accidents, as well as educational and training opportunities. Activities specifically address the needs of four different age groups - school children / teenagers aged between 6 years and 19 years, women aged between 19 years and 50 years, men aged between 19 years and 50 years, and men and women aged over 50 years. By delivering projects in partnership with local people, Action for Health also offers a significant development opportunity for local individuals in terms of income / employment.

1.3 Aims and Objectives

At the request of the study’s sponsors, this evaluation focused upon the delivery of three particular components of the Action for Health programme:

**Component One:** The 30 minute health assessments (health profiles) provided by Healthworks to men and women between January 2007 and May 2008.

**Component Two:** The ‘Fresh Focus’ and ‘Healthy Living Healthy Life’ projects delivered by Blackburne House.

**Component Three:** The service provided by New Beginnings to people aged 50 years and over.

The study design was drafted by the research team at the Health and Community Care Research Unit (HaCCRU), with assistance and input from members of the Action for Health programme. The findings from each component are presented separately in chapters two, three and four respectively. The names of staff and service-users have been omitted from the findings presented in each of these chapters to maintain confidentiality.

1.4 Ethics

The research design and draft copies of all data collection instruments were submitted to the University of Liverpool’s Research Ethics Sub-Committee for Non-Invasive Procedures in August 2007. The application was accepted for expedited review and subsequently received approval in the same month.
2. HEALTH ASSESSMENTS PROVIDED BY HEALTHWORKS
2.1 Methodology

In evaluating the health assessments delivered by Healthworks two main elements were considered:

i) Are the methods of delivery used an effective way of reaching people and identifying factors that impact on health and ultimately life expectancy?

ii) Are health assessments targeted at specific geographical groups an effective way of improving health?

To meet these aims and objectives three different methods of data collection were employed: 1) observations, 2) interviews and 3) a questionnaire.

2.1.1 Observations

To provide an overview of how the health assessments operated in different settings and venues, the lead researcher shadowed Healthworks staff members as they were carrying out individual health assessments and observed their interaction with male and female service-users. Prior to each observation the respective service-user was introduced to the lead researcher by a Healthworks staff member and was then informed of the reasons for the researcher’s presence at the health assessment. All service-users were then provided with an information sheet covering the purpose and aims of the research and their rights relating to withdrawal from, or non-participation in, the study (see Appendix I). Following an opportunity for the service-user to ask any questions, or to decline to be observed, written consent was taken. The researcher then began to view each health assessment in practice, recording data using field notes. Short notes were made during each health assessment and expanded notes were made as soon as possible following the conclusion of each session, including a provisional analysis and interpretation. Analysis then involved the coding of data in order to form categories appropriate and relevant to the research.

Formal observations of ten separate health assessments (five with male service-users and five with female service-users) were completed in October 2007.

2.1.2 Face-to-face semi-structured interviews

i) Interviews with Healthworks staff members

In-depth semi-structured interviews were carried out with four different members of Healthworks staff involved in the delivery of the health assessments. These included the Director of the company, the Operations Manager, and two tutors (one male and one female). Topics for discussion included
the features of a well-functioning health assessment, benefits to the target group and the problems and challenges faced in delivering the service. Interviews lasted between an hour and one and a half hours in length.

**ii) Interviews with service-users**

The lead researcher visited a range of different venues (sports centres, community centres etc.) between October 2007 and February 2008. After individual health assessments had been completed the researcher conducted brief interviews (ranging between five and twenty minutes in length, and averaging at approximately ten minutes) with a sample of men and women who had participated in the health assessments and indicated that they were willing to be interviewed. All interviewees were asked if they had any objections to the interview being audio-recorded and in accordance with ethical requirements written consent was taken in all cases. They were then asked questions according to the topic guide in Appendix II. This method of interviewing service-users immediately after they had used the service was similar to that previously used successfully when conducting similar research studies (Kirkcaldy and Robinson, 2005) and enabled the research team to capture service-users’ initial thoughts on different aspects of the health assessment. Although the length of the interviews is somewhat shorter than is often the case, interview times were dictated by what the interviewee felt was suitable. Many interviewees were keen to leave the venue as soon as possible, but no service-users were excluded because the time they could spare was limited.

In total, fifty interviews with service-users were conducted. Reflecting the overall figures of attendance at the health assessments, a greater number of female service-users were interviewed (thirty-six female service-users and fourteen male service-users).

Interviews with both staff and service-users were subject to thematic analysis. Sections of interview scripts that related to ideas or concepts relevant to the study’s aims and objectives were identified, and labels and codes used to describe them. Emerging categories were then used to organise the code sections of text. The software used was NVivo version 7.

**2.1.3 Questionnaire for service-users**

A structured, self-report questionnaire, designed to capture the thoughts and experiences of those who had received health assessments, was drafted and circulated for comment during a meeting with Action for Health stakeholders in November 2007. The questionnaire was comprised of two main sections. One section was made up of five questions relating to age, gender, ethnicity, marital status and work status; the other included fourteen questions on the following areas:
• Service user’s reasons for participation in the health assessments and how the health assessments came to their attention
• What they thought about the time their health assessment was held and the length of time it lasted
• What they thought about the staff who provided the health assessment
• What they thought of the venue
• What they found out during their health assessment
• What they did as a result of their health assessment: did they make any lifestyle changes, such as increasing the amount of exercise undertaken, had they given up smoking, reduced alcohol intake etc. since attending the health assessment?

The questionnaire (Appendix III) was printed using colour graphics and was distributed alongside a pre-paid reply envelope addressed to the research team. In accordance with ethical requirements there was also a covering letter (Appendix IV) and a further information sheet with contact details for members of the research team (Appendix V).

It was originally intended to post questionnaires to all individuals who had undergone a health assessment. However, following the research team’s discovery that Healthworks staff members were not collecting the addresses of service-users as anticipated, discussions were held between the lead researcher, the Director of Healthworks and Action for Health’s Project Support Officer to revise the method of distributing the questionnaires to those who had used the service. This resulted in 1500 questionnaires being distributed during January and February 2008 by Action for Health’s Project Support Officer to all venues that had hosted health assessments during the course of the programme. Staff working at these venues then gave these questionnaires to service-users to complete, along with the pre-paid pre-addressed envelope for their return. Service-users were also given the option to complete questionnaires and give them to venues’ staff members to return to the research team via the Project Support Officer. 41 questionnaires were returned to the research team in this manner, whilst 198 were returned via the pre-paid envelopes by the cut-off point of April 2008. This meant a total return of 239 questionnaires, with a response rate of 15.9%. Although this figure is far lower than the average response rate for questionnaire returns, the unorthodox distribution method must be taken into account. It is possible that many of the questionnaires that were distributed to venues did not reach service-users and it is therefore difficult to compare this figure to the response rates of other studies. However, despite the methods employed, it is also notable that the total number of returns is greater than that received in other comparable evaluations of health assessments (Kirkcaldy & Robinson, 2005).
The completed questionnaires were entered onto a database in SPSS (Statistical Package for Social Sciences) with double entry to minimise the risk of erroneous data. The data was then cleaned and analysed. The software used for all quantitative analysis was SPSS version 15. The demographic characteristics of respondents to the questionnaire were as follows:

**Fig 1: Table showing gender breakdown of questionnaire respondents.**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>89 (37.2%)</td>
</tr>
<tr>
<td>Female</td>
<td>148 (61.9%)</td>
</tr>
<tr>
<td>No response</td>
<td>2 (0.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>239 (100%)</td>
</tr>
</tbody>
</table>

As was the case with those interviewed in relation to the health assessments, the gender breakdown of questionnaire respondents mirrored the tendency for more women than men to use the service. Whilst men made up over a third of those who completed and returned a questionnaire (37.2%), just under two thirds of those who did so were women (61.9%). Two respondents (0.8%) did not provide any information on their gender.
Fig 2: Table showing age, ethnicity, marital status, and work status breakdown of questionnaire respondents in relation to their gender.

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Unknown gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20 years</td>
<td>4 (4.5%)</td>
<td>5 (3.4%)</td>
<td>-</td>
<td>9 (3.8%)</td>
</tr>
<tr>
<td>20-29 years</td>
<td>15 (16.9%)</td>
<td>28 (18.9%)</td>
<td>1 (50%)</td>
<td>44 (18.4%)</td>
</tr>
<tr>
<td>30-39 years</td>
<td>25 (28.1%)</td>
<td>31 (20.9%)</td>
<td>-</td>
<td>56 (23.4%)</td>
</tr>
<tr>
<td>40-49 years</td>
<td>21 (23.6%)</td>
<td>43 (29.1%)</td>
<td>-</td>
<td>64 (26.8%)</td>
</tr>
<tr>
<td>50-65 years</td>
<td>15 (16.9%)</td>
<td>29 (19.6%)</td>
<td>-</td>
<td>44 (18.4%)</td>
</tr>
<tr>
<td>Over 65 years</td>
<td>9 (10.1%)</td>
<td>12 (8.1%)</td>
<td>1 (50%)</td>
<td>21 (8.8%)</td>
</tr>
<tr>
<td>No response</td>
<td>-</td>
<td>-</td>
<td>1 (50%)</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>89 (100%)</td>
<td>148 (100%)</td>
<td>2 (100%)</td>
<td>239 (100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Male</th>
<th>Female</th>
<th>Unknown gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White background</td>
<td>78 (87.6%)</td>
<td>130 (87.8%)</td>
<td>-</td>
<td>208 (87%)</td>
</tr>
<tr>
<td>Chinese</td>
<td>7 (7.9%)</td>
<td>3 (2%)</td>
<td>-</td>
<td>10 (4.2%)</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>1 (1.1%)</td>
<td>1 (0.7%)</td>
<td>-</td>
<td>2 (0.8%)</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>-</td>
<td>3 (2%)</td>
<td>1 (50%)</td>
<td>4 (1.7%)</td>
</tr>
<tr>
<td>Mixed background</td>
<td>2 (2.2%)</td>
<td>11 (7.4%)</td>
<td>-</td>
<td>13 (5.4%)</td>
</tr>
<tr>
<td>No response</td>
<td>1 (1.1%)</td>
<td>-</td>
<td>1 (50%)</td>
<td>2 (0.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>89 (100%)</td>
<td>148 (100%)</td>
<td>2 (100%)</td>
<td>239 (100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Male</th>
<th>Female</th>
<th>Unknown gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>33 (37.1%)</td>
<td>37 (25%)</td>
<td>-</td>
<td>70 (29.3%)</td>
</tr>
<tr>
<td>Married</td>
<td>38 (42.7%)</td>
<td>62 (41.9%)</td>
<td>-</td>
<td>100 (41.8%)</td>
</tr>
<tr>
<td>Divorced</td>
<td>7 (7.9%)</td>
<td>18 (12.2%)</td>
<td>-</td>
<td>25 (10.5%)</td>
</tr>
<tr>
<td>Widowed</td>
<td>7 (7.9%)</td>
<td>12 (8.1%)</td>
<td>-</td>
<td>19 (7.9%)</td>
</tr>
<tr>
<td>Unmarried but living with partner</td>
<td>4 (4.5%)</td>
<td>18 (12.2%)</td>
<td>1 (50%)</td>
<td>23 (9.6%)</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>1 (0.7%)</td>
<td>-</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>No response</td>
<td>-</td>
<td>-</td>
<td>1 (50%)</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>89 (100%)</td>
<td>148 (100%)</td>
<td>2 (100%)</td>
<td>239 (100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work status</th>
<th>Male</th>
<th>Female</th>
<th>Unknown gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time employment</td>
<td>51 (57.3%)</td>
<td>67 (45.3%)</td>
<td>1 (50%)</td>
<td>119 (49.8%)</td>
</tr>
<tr>
<td>Part-time employment</td>
<td>11 (12.4%)</td>
<td>36 (24.3%)</td>
<td>-</td>
<td>47 (19.7%)</td>
</tr>
<tr>
<td>Education / training</td>
<td>2 (2.2%)</td>
<td>10 (6.8%)</td>
<td>-</td>
<td>12 (5%)</td>
</tr>
<tr>
<td>Unpaid employment</td>
<td>2 (2.2%)</td>
<td>7 (4.7%)</td>
<td>-</td>
<td>9 (3.8%)</td>
</tr>
<tr>
<td>Not working but seeking employment</td>
<td>9 (10.1%)</td>
<td>7 (4.7%)</td>
<td>-</td>
<td>16 (6.7%)</td>
</tr>
<tr>
<td>Retired</td>
<td>11 (12.4%)</td>
<td>18 (12.2%)</td>
<td>-</td>
<td>29 (12.1%)</td>
</tr>
<tr>
<td>Not working due to sickness or disability</td>
<td>3 (3.4%)</td>
<td>2 (1.4%)</td>
<td>-</td>
<td>5 (2.1%)</td>
</tr>
<tr>
<td>No response</td>
<td>-</td>
<td>-</td>
<td>1 (50%)</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>89 (100%)</td>
<td>148 (100%)</td>
<td>2 (100%)</td>
<td>239 (100%)</td>
</tr>
</tbody>
</table>

In terms of age, the largest proportion of those who responded came from the 40-49 years age group (26.8%). Those in their twenties and thirties were also well represented (18.4% and 23.4% respectively) whilst 18.4% fell into the 50-65 years category – the group most at risk of having early disease. Just fewer than 9% of respondents were over sixty-five years of age, whilst just 3.8% were under twenty. Only one service-user failed to provide any indication of their age.
Census 2001 data shows the vast majority of North Liverpool as being from a ‘White background’ and this was reflected in the ethnicity of those who completed questionnaires, 87% of whom indicated that they were from a ‘White background’ (87%). Census data was also reflected in the much smaller percentages of other ethnic groups – 5.4% of respondents were from a ‘Mixed background’, 4.2% were from a ‘Chinese background’, with just 1.7% and 0.8% being from an Asian background or Black background respectively. Only two people (0.8%) did not respond to the question.

The largest proportion of respondents were married (41.8%) with just under a third (29.3%) indicating that they were single. Of the remainder, 10.5% were divorced, 9.6% were unmarried but living with a partner and 7.9% were widowed. One respondent (HCSU161) indicated that they were ‘in a relationship but living alone’ whilst another did not respond.

Just under half (49.8%) of those who returned a questionnaire were in full-time employment. The second largest group was made up of those in part-time employment (19.7%) followed by those who were retired (12.1%). Smaller numbers were not working but seeking employment (6.7%), continuing education or training (5%), in unpaid employment (3.8%) or not working due to sickness or disability (2.1%). A single respondent did not provide any information relating to their work status.
2.2 Staff experience and perspective

2.2.1 Staffing arrangements

There is currently a group of twelve health tutors working for Healthworks. These tutors are employed to deliver individual health assessments for a number of different contracts throughout the North of England, including the work conducted in North Liverpool as part of the Action for Health programme. All tutors report to an Operations Manager and the Company Director. There is also a member of staff whose job is solely to oversee the tasks which make up the ‘welcome’ to the health assessments – booking service-users in, ensuring the necessary forms are completed and answering queries - this role is also performed by the Operations Manager and tutors when required. The Healthworks Director noted that tutors’ good communication skills, alongside their ability to empathise with the target group, were strengths that helped to ensure that health assessments were as effective as possible. In addition, tutors’ ability to share information relating to lifestyle was supported by their experience of working in areas directly relevant to their role. For example, many were involved in some form of health promotion, such as smoking cessation, nutrition, and sport. One member of staff was a fully qualified paramedic, and another was an accredited yoga instructor who possessed a wide knowledge of alternative therapies. Possessing such specialised knowledge enabled tutors to ‘provide expert advice’ on a wide range of areas. Thrice yearly training days further added to the working knowledge of tutors, with sessions ensuring that they were kept up-to-date with current preventative recommendations around lifestyle.

2.2.2 Venues

Health assessments were held in a wide range of venues and settings throughout North Liverpool. These included community centres, workplaces, day centres, care facilities, schools, supermarkets, churches, sheltered accommodation, sports clubs and gyms. The venues, some of which charged for the use of space and some of which allowed the health assessments to be held free of charge, were chosen by the Project Support Officer in conjunction with the Healthworks management staff:

*I identify the venues, liaise with them, both with Healthworks and with the venues, to try and find the most appropriate time, trying to act as a middle person really.* PSO

*I try and find an idea of the available dates or days from Healthworks, so that when I do go to meet them I can be prepared.* PSO

Healthworks staff spoke highly of the help that the Project Support Officer had provided throughout the delivery of the programme:
X does a lot of ground work . . . with the communities and where we are working, and the staff in the place. So if the staff in the place are understanding it well enough from X’s remit, then it’s fine, it’s up and running. HWT1

She knows the Anfield area very well. She’s either lives there or is from there, I can’t remember which, but that’s a great help to us in getting places to go because she knows all the places that are right for us, that will be interested and welcome us in with open arms. We’ve worked in other areas where it’s been a bit of a battle establishing ourselves but from what I can see this contract has been a lot smoother because of her support. HWT2

X’s role particularly has not only helped in the delivery, but has actually helped in identifying new or existing venues and creating new networks. HWD

Because the Project Support Officer was also largely responsible for generating publicity for the health assessments, Healthworks staff were able to concentrate primarily on what they felt was their main role – delivering the service. This was much appreciated as it contrasted greatly to their experience of working on other contracts in the North West, where a significant proportion of their time was spent ‘trying to drum up business’ and encourage people to take part. It was felt that the efforts of the Project Support Officer had impacted on the numbers attending, and staff reported that the numbers taking part were generally high, although there were obviously differences in the relative success of the service in different venues:

If you have like things like with the Vicinity, the housing charity or trust, when they have, they put on these big events, now they are always busy. We did one at Everton’s ground. It was just mad you know; we could have had, you know, we could have had double the number of staff there. HWOM

We have done a lot of the Surestart venues which is quite good because you have a lot of young Mums, young Dads. HWT1

Walton Sports Centre, they are good because, because we are in a sporting and fitness, like a health setting, they are more likely to, the staff are more likely to recruit people in, so they are good venues as well. It’s great cos you have got that room as well, they are feeding people in and if people don’t show up and they will get somebody else in sometimes. It was quieter in
December but it was still a good one, there was twenty-seven out of a possible forty-something so it was still good. HWOM

We have been into pubs and, you know, like, X who has been, who is the one who books us in, she can go in, you know, she went to a pub and they were all very enthusiastic and saying ‘Yes, we will get people in, and we will do that’, when we actually turned up there was only three people in. HWOM

Asda in Walton; they had booked people in about three weeks in advance . . . some people didn’t turn up; we should have had three there and we could only fit two in; sometimes there was a husband and wife booked into one appointment slot; so it was, it was horrendous really. HWOM

During interviews staff noted that there were differences between holding the health assessments in workplace and community settings. In some respects, workplace settings were easier to work in. Here, a booking-in system tended to be used, enabling staff to adequately timetable their day according to the numbers who had indicated their interest in taking part in advance:

There are very big distinctions . . . if we are in a work place you can set up appointment slots, you can set up appointment times . . . you know who is coming, when they are coming, and roughly what numbers you would expect. If you go into a community setting you have got no idea, you could have nobody, you could be inundated for two hours and then nobody, and then inundated for two hours. HWD

The tutors have to manage the community setting a lot more than they do in the workplaces. HWD

The Healthworks Director felt that when venues had already booked in service-users in advance, this was beneficial for staff:

It’s better if the venues book the clients in and recruit them . . . if you have a sheet and people have their names down, then it’s much more easily manageable than a drop-in, much more easily manageable. Because your drop in is really a case of, we have been at community events where Y has had a sheet and by about mid-morning the whole sheet is booked up for the day, so come dinner time people are coming to that event and they can’t get an appointment slot, and
then what makes it worse is if somebody doesn’t turn up later on, so that is where she has to manage it. HWD

And these comments were supported by tutors:

_It works better with pre-booked appointments, and the reason that we say that is, is because then at least people know when they are due to come, they are not sitting around waiting for, I mean if we are half an hour with a client, then they can be, if there is two or three before them, they can be sitting around for an hour and half, two hours, so it’s not always practical that, especially if you have got young children with you. You can’t really wait around for that length of time, so that is, it’s good that the venue books those people in, because then they know when they are due and they know that they have got half an hour._ HWT1

In some cases, however, there were also benefits to the model more frequently employed in community settings:

_With the community centres . . . people are coming along because they have seen the advert and they are taking the time to come._ HWT1

_[I prefer them] because they’re more open events, they’ve got their own time to plan it, their own time to do it in, and they are coming because they want to. They are not coming because they are told; they want to be there for a reason._ HWT1

In workplaces, tutors felt that, in some cases, service-users were participating because the health check allowed them to take time off work with their employer’s permission:

_Within a working environment, lots of people think that this is great, because the employer is finally giving them half an hour off to go and do this._ HWT1

However, it was also felt that as long as people attended, irrespective of their initial motivation, the health assessments were still reaching people and able to provide motivation with regards to making positive changes to their lifestyle. ‘Getting people through the door’ was the most important thing:

_I think with the work place setting, a lot of people will come and initially, I hate to say it, to get half an hour off work, so workplaces are usually a good one to make sure we do get a full list._
Having said that, because we have been back to these workplaces on several occasions, they are always keen to compare the previous results with the current results so, yes, the bug has bitten them to try and improve their lifestyle. So once we got in there, we got them coming, why, what is their initial reason for having the test is irrelevant. HWT2

Another tutor, though, felt there were other disadvantages to workplace venues:

[They can be] more restrictive because not everybody who wants to go and have a health check can have one, in the work place, it doesn’t happen, it doesn’t work that way. Generally there is not enough slots, or they can’t get off work, or it’s not their shift, so they feel as though they have missed out a little bit that way. HWT1

However, as was pointed out, it was always possible to return to venues where it had been impossible to fulfil the demand:

What you can do is go back to them and say ‘Listen, the demand was fantastic. Why don’t you put it on again?’ And invariably they tend to. HWD

Health assessments were delivered in different time slots depending on the venues themselves and the days they were held (during the week or at the weekend). The advice of those working at venues was heeded so that the service would be offered at times when it was most likely that large numbers of people would be present – therefore the health assessments were delivered in morning, afternoon, and evening slots according to the wishes of those at venues. Different time slots were also used when returning to venues so that people who tended to visit at different times would also have the opportunity to take part:

It depends on the venue . . . and it depends on the area. Community venues, I would say, most probably afternoons and early evenings. Pubs, afternoons, early evenings, work places can be any time from five or six in the morning, it can be overnight. HWD

It varies, it’s a mix because you get different people . . . you get people who are like, early retirement, retired, Mums at home with kids, people who aren’t working, but then at night time you are getting others. HWT2
Yes, totally venue orientated. If we go to a college, obviously we are generally better off during the day time although there are some night classes. If it’s a community centre, normally it’s day time. There can be, the, particularly with shift workers, so there is a benefit to say doing something like a four to eight slot, so you can pick up the people coming home from work and the people who are just coming off shift, so that’s quite a good one in some of the places. HWT1

Ensuring that there was a suitable space for Healthworks staff to work in was seen as key in delivering a successful series of health assessments. Although it proved to be the exception rather than the rule, there were instances in which working conditions made the task of delivering the service more difficult, for example, when the booked room was too small for both staff and their equipment:

- Really, the Clock community centre, that was too small. It was booked in via somebody else, there were three tutors, it was too small, we didn’t even know whether people were booked in or not.

- You couldn’t even have the screens up even, could you?

- Couldn’t do anything no. Obviously that didn’t work. But it was 2.5 hours; it’s not the end of the world. You learn from it for next time. HWOM

We were in the Alsop Gym yesterday and as much as it was a superb event in the sense that we were well patronised, it was a small room not much bigger than this, and we had four tutors. Absolutely crazy. HWT2

The major problem arising from being in a small room lay in the difficulty in ensuring privacy and confidentiality to those taking part. Indeed, this tended to be the one of the few criticisms that staff ever received from service-users. In venues where Healthworks were expected to share space with other services, such as had been the case at a number of events throughout the course of the Action for Health programme, the large numbers of people wondering around had presented challenges:

We got a lot of people through in Vicinity when we were at Goodison Park, but it was a nightmare because there was just, like I say, there was somebody line dancing, there was somebody leading the moves, so they were taking them through yoga and exercise, the speakers were right next to the scales, so we had to keep turning them away. Every time somebody needed
to adapt the speaker, they would be in behind the screen, because we only had one screen, and then I had two, like two sentries on duty, stopping people looking at the screens. HWOM

It’s difficult with what we call a public event. And a public event generally tends to be a community event where everybody is there from the carers to smoking cessation, to the blood sugars, there can be everybody working there in the same place - and quite an open environment, which the customer just comes and books in, as and when they want to. But . . . that can lead to problems when we are in public places, for example, Joe Bloggs just walking over to somebody who is already being tested and saying ‘Oh what’s all this about then?’ and you have just got to redirect them again. There is only so much we can do to screen ourselves off from [it] . . . we do as much as possible but it does happen on occasion. HWT1

Goodison was good for attendance but not in other ways. On the downside we were in a massive room, we were near the speakers, and they were line dancing in the same room. So it was just, you couldn’t hear yourself think, and you know we had to put the screens up for privacy but then you have got a lot of people, no disrespect, there was a lot of older people, you know, you are having to pull the screens in. People were going up, looking at what was going on, but obviously we have got peoples’ details in the computer so you need to have that space. You need boundaries. HWOM

Smaller events had presented problems too:

We set up and we thought we were the only ones in the room, and as it turned out they had got the alcohol awareness thing, they were in, and then they brought in a beautician. There was a girl tinting eyebrows and eye lashes and then they came and set up and a bed and they were waxing eyebrows, and then going over and going between the two. Some, one of the therapists had a bag of chips, which somebody came and dropped . . . so you are doing the health checks, you have the smell of a bag of chips. You know, people nipping out for cigarettes and stuff . . . like, the therapists, you know coming back in, putting the stuff on the eyes, going out for a cig, coming back in, it was just . . . it wasn’t appropriate for us. HWOM

Although instances like the above occurred on relatively few occasions, staff did feel that they were problematic. When such issues were faced, it tended to be the first time the service had been delivered at a venue, and staff were unaware that the room that they would be using would not be suitable for their requirements. In some cases, the room into which Healthworks had originally been
booked was suitable, but arrangements were changed by the venue at short notice – meaning working in a very small space or one shared with other services. In such circumstances, tutors simply had to deliver the health assessments as best they could, whilst noting the difficulties experienced in preparation for future visits:

If the venue is over booked, what do we do, because we turned up and we have to deliver because people are expecting us to deliver, you have to try and work around that. Generally the tutors are very good at that; it’s also in those instances, it’s very difficult to put screens around things because otherwise you would have a screen with, like, two chairs and it would be very tight and claustrophobic, so it does happen . . . and it was raised at the last training day in December. [I] encourage the tutors and Y to make sure that when they can, they use the space available, so if we were in a [small] room like this, there would be one over there and one over here, not two sitting there [close together]. You know, so it’s just about us looking at the thing, but sometimes it is out of our control. HWD

It is also important to note that, despite the difficulties faced, it would be counterproductive for the service to limit itself to only bigger venues:

There is a fine line because you are trying to get the health checks into a lot of smaller places, so we accept, you know, our ideal would be that you are in a room and you have got a screen round everybody and everybody has got privacy, but you can’t have that, because then you are sort of confining yourself to the bigger places, which is not really what we are about. We are about getting into the community, but it’s that fine line between getting into the community, sometimes things are a bit uncomfortable for us, we are a bit cramped but as long as it’s, it becomes a problem when the client loses their confidentiality or it’s jeopardised, so that’s the main thing. HWOM

Staff felt that to deliver the service successfully a separate sizeable room was preferable, or in cases where sharing could not be avoided, a room of a large enough size to adequately accommodate the number of tutors working:

The ideal is that you have . . . your room on your own and you have got your screen, or if you are sharing a room, it’s like a big sports hall and you have got screens around it. HWOM
What do we need? Well the simplest thing, when people say to me ‘What size room do you need?’, I always say to them ‘Well, if we have four tutors there, and those four tutors have four clients, that’s eight people, and then you have got whole bits and bats of equipment, so you need a room that is most probably big enough for about twelve people.’ Now I can tell you now, sometimes, X has gone in, or we have gone in in the past ourselves, and you agree a room with somebody and you turn up on the day and the room might have been booked, there is somebody else in there, you are crammed into a little tiny place. But that is about managing, that is what Y does well, that’s what the team does well, they have to manage really in the community, whereas generally you go into a work place and it’s fine. HWD

During interviews staff accepted that issues around privacy and confidentiality were of concern to some service-users, and acknowledged that they did tend to form the major criticism that was made of the service. However, as has been discussed, in many cases, staff were able to do little about the room they had been booked into, and did their best in a space that was somewhat inappropriate for the amount of people passing though. Maintaining privacy during very busy community events had proved difficult, but as the majority of service-users still discussed their experience of the health assessments as positive (and also felt there was adequate privacy), it would appear that the efforts made by staff, to make the best of far-from-ideal circumstances, had paid off in most cases.

2.2.3 Content of the health assessment (1)
Following their initial welcome, service-users began each health assessment by filling in a short one-page form. This required people to fill in their name, age and postcode, and to answer a series of questions (listed below) designed to provide tutors with basic information about the lifestyles of each respective service-user:

- Do you smoke?
- How many per week?
- Are you an ex-smoker?
- Do you drink alcohol? (1 unit = ½ pint of beer or 1 pub measure of spirit or 1x125ml glass of wine)
- How many units per week?
- Are you a regular exerciser? (Do you weekly, for example: swim or play a team sport, attend an exercise class or gym, or walk regularly?)
- Do you consider your present diet to be healthy?
- Are you suffering or recovering from recent illness or operation? (During the last year)
- Are you troubled with joint pains, back pains or arthritis?
- Do you have chest trouble such as asthma or bronchitis?
- Are you pregnant?
- Are you worried that exercise may affect any aspect of your health?
- Are you being treated for high blood pressure?
- Are you suffering from being treated for heart disease or angina?

The completion of these questions was extremely useful to staff as it gave them their first indication of service-users’ lifestyles. After examining responses, staff were able to ascertain which aspects of service users’ health behaviours might be preventing them from being as healthy as they would like. This information could then be used throughout the health assessment, particularly during the motivational ‘chat’ towards the end of each half-hour session:

*If I see that they smoke or that they drink more than the recommended amount then I can come back to that later when I’m rounding everything up after we’ve done the tests. You get a picture of what might be worth concentrating on right from the start.*  

*HWT2*

*I have a look down to see if there is anything which stands out there, for instance if they have had an operation recently, to see what sort of operation, is it going to have an impact on the results that we are going to go through?*  

*HWT2*

Following the completion of this mini-questionnaire (and disclaimer) the tutors then began each health assessment itself. The tests included were designed to provide information on the major risks to people’s general health:

*[It] involves the four major risks around coronary heart disease, which are blood pressure, cholesterol, blood sugar, height and weight. A little bit about their general health, a little bit about smoking and alcohol and from there we go into clinical side of it which is the health checking side of it. When we get the results from that we talk to the individual.*  

*HWT1*

*It’s a motivational service, it’s a lifestyle check and lasts for about thirty minutes, and it basically looks at blood pressure, blood glucose, total cholesterol, body mass index, body composition, and a range of the different lifestyle factors.*  

*HWD*
[It] tells me quite a lot from just a few tests. For instance the body mass index. That will tell me quite a lot about their lifestyle, which could be lack of exercise or wrong food. Blood pressure, cholesterol, body fat, and glucose, so all those things, the results that come out from there, can give me a good idea on how they live. HWT2

The tests covered during the course of each thirty-minute assessment enabled staff to pick up areas of concern that were present in the lives of service-users. Staff felt that given the limited time available to deliver each assessment, the range of tests provided was suitable for meeting the aims and objectives of the service:

It’s quite comprehensive, I think. There is not very much more you can cover around the major coronary heart disease risk factors, because you are looking at their exercise and their diet and their clinical results and whether or not you can help them at all with any of the changes that they need. HWT1

If you are doing that range of tests, you are picking up a range of different indicators, so you are getting a better overall picture, and what it is, is about saying, at this point in time, this is what we have found, then . . . to go and take a bit further advice somewhere else and give you the information about where you could potentially do that. HWD

Staff explained the purposes of each particular test, and how, after considering the results attained by service-users, they were able to provide appropriate advice accordingly:

With the blood pressure, we are looking for a normal reading. If it’s outside that normal reading then we are looking to see whether, we suggest them a referral to the doctor or if it’s marginal then we look at things like whether they are overweight and whether they don’t exercise. HWT2

We then go onto the Body Mass Index, of course, and we have got all the guidelines there and what a healthy BMI should be which is twenty-five or below, and then above that you have got the overweight categories, obese and very obese categories. HWT2

The body fat tells us quite a lot. Again we can take into consideration whether they are in the overweight category . . . we are looking for a certain body fat reading within a certain age group. HWT2
With cholesterol, I would be looking for a reading for under five, which would put them in the best category for a non-fasting test. And then a lot of people tell me ‘Well, the doctor, everybody says it’s under four nowadays’. Well, it varies from doctor to doctor. HWT2

Then, of course, we do the glucose, and what we are looking for is under 5.6 if they have not had anything to eat in the last couple of hours. Generally speaking, if they have had something to eat, it will be over the 5.6 depending on what they have eaten or drunk. If it’s under eight, generally speaking, we say ‘Well, the likelihood of . . . having diabetes is pretty low.’ But if it’s over that then again we suggest that they go for a fasting test to the doctors. HWT2

As soon as I see the result, you see, I can usually see if they have got something and I try and identify. It gives me a clue, a really good clue when I see the results and I go from there. HWT2

Before, during, and after administering each test, staff members asked service-users questions about their lifestyle – the information provided then informed the advice that was given:

With diet, I ask them to give me a general run down of their normal daily routine diet wise, so I ask them to give me breakfast, lunch and tea . . . whether it sounds like a pretty reasonable breakfast, lunch and tea, then we usually have look at in-betweens, the snacking, because that can have a big impact even if the main meals are healthy. So seeing whether or not they get a reasonable balance to their diet . . . meat, fish, fruit, veg, how their daily nutrition actually works out. HWT1

I go on a structured questionnaire with them on the diet. I try to go through breakfast, lunch and evening meal, asking them pertinent things at each time where I know most people can fit certain things in. So, for instance, I start off with breakfast, I say ‘What do you normally have for your breakfast?’ Most people, say, have a round of toast in their hand to go, so straight away you zoom in: ‘What do you have on your toast, do you have butter or do you have a low fat spread?’ Because butter is one of the highest saturated fats which can have a big impact. Then I ask them what sort of milk, is it full cream, semi-skimmed and so on. So whatever area you are focusing on in the diet, there is always something you can come back to: ‘What kind of this are you using? What kind of that? What kind of seasoning?’ HWT2

In cases where results indicted abnormally high readings, then service-users were encouraged to visit their local GP surgery, the staff of which could then run further tests:
If they really do need help with anything then we do need to pass them on, if their results are very high. So they would be passed onto their GP, to be able to follow it up from where we are. Although we would send them out with some really good help and information to go and have a go at trying to help themselves, sometimes it is the case where they really do need to be followed up by their own GP. HWT1

In very extreme cases, when readings are really high, we suggest they go to the doctor, but we make it a very strong suggestion. HWT2

If we do spot something which could be serious then we tell them to go straight to their GP and generally speaking I think these people do go if we point it out to them. HWT1

Obviously the GP is far, well they have far more access to giving a much wider analysis . . . so their blood sugar may very well be raised when they are with me, or their cholesterol may very well be raised . . . but they need that full venous blood sample to do that analysis anyway, and a fasting test which is something we don’t do. HWT1

At the conclusion of assessments, following completion of the tests and the providing of advice (see next section) service-users were also given the ‘Healthworks Lifestyle Information Pack’ which contained not only their results, but also information around maintaining and improving lifestyle. Staff felt this was also an important part of the health assessment, and service-users were encouraged to show their results to their GP:

We encourage people to take the results, and the results booklet if they want, to the GP. So the GP can see who did it, when it was done, what equipment was used, they can phone us if they want to check out who we are and our protocols, but everything is in place, the protocols are all agreed with the PCTs so it’s very well structured. So I, well, the tutors, always say to people ‘If you want, take your blue booklet, your blue results booklet to the GP.’ HWD

The information contained within this pack, alongside the structure of the document itself, has been rewritten and streamlined over time according to both the needs of the target group and developments in current thinking around preventative health:
One of the things that we did do, originally, Healthworks used to give out lots of individual sheets, and we realised they didn’t like that, because people had lots of, lots of bits of paper to take away, so Y and I put a lot of effort into writing this blue booklet, which is all kept together, it’s A4 size, it’s got lots of health information in there, it tells them what the tests were, and it explains how to make healthier choices in their lives. HWD

We used to have six fact sheets that we used to give out, and we changed it, we got rid of them, because they were a bit hard, but they were more factual as in telling you about your cholesterol, telling you about your heart, telling you about smoking, you know the pros and cons of smoking, where the information we have done this time was more useful, I think. It’s like if you want to eat more fruit and veg, it’s the fruit and veg page, it tells them how much is a portion, it tells them, there is a few guidelines. It’s about how to make changes rather than just telling them what they’re doing wrong. HWD

Complimenting the advice given during the course of each health assessment, the content of the pack concentrated on providing realistic and practical information that was appropriate to the lives of those attending:

We acknowledge that people do eat processed food, it’s like anything, you know it’s balanced now, if someone lives on their own, like a bloke who lives on his own, he is more likely to have processed foods, especially, like, in his fifties or sixties. So if you say ‘Well, just have a look on the things for these’, and, you know, with somebody like that you can say ‘Well, get some frozen veg, and just put frozen veg with it’ . . . you have got to be realistic. HWOM

In addition, it also focused upon those service-users who had special health requirements:

There is things like, you know, we put a section in about fats, but, you know, we got, we got the vegetarian bit from the Vegetarian Society because a lot of times with people it’s like ‘Do you have a healthy diet?’ , ‘Yes, I am a vegetarian’. And you think ‘Oh, here we go.’ Just because people don’t eat meat doesn’t mean they are necessarily healthy. HWOM

2.2.4 Advising service-users

During the course of each health assessment, staff provided many different forms of advice to service-users. These ranged from sharing simple tips designed to help people improve their lifestyles to
suggesting people contact other agencies to help them address their health-related concerns. Advice was intentionally given in simple and easily understandable language:

*I think one of the things that Healthworks does, is it uses, it’s accessible but it also uses the right language.*  
**HWD**

*It’s all very basic, it’s all very simple, it’s got to be stuff that people can, I call it portable, portable advice, they have got to be able to take it away with them. And they have got to be able to actually use it . . . practical and sensible.*  
**HWD**

Importantly, the advice given was designed to be realistic for service-users, taking into account their daily lifestyles and the challenges and barriers faced when attempting to live more healthily:

*Something manageable, it’s, like, if that’s all you feel you can do, drinking like two litres of pop a day, if you change to diet coke, you know, sort of saying ‘Well, there is x number of spoonfuls of sugar in a glass of coke, now if you cut all that out, if you don’t do anything else, you will lose weight.’*  
**HWOM**

*[It’s about] the needs of the individual . . . being mindful of the background of where people are and where people are coming from and whether or not they can really afford to go and spend £5 or £6 a week on fruit and vegetables. We have to tailor our approach to where we are and where we are working and the type of people we see.*  
**HWT1**

It was noticeable from observations that when providing advice and interpreting results tutors always discussed things in a positive manner. Whether a person’s results were above or below average, the approach of the staff remained similar – comments and advice were always encouraging and directed service-users towards either maintaining or improving their health behaviours. In instances where a service-user’s results were below average, a ‘sense of possibility’ was nevertheless instilled – as opposed to focusing on results negatively and the ‘damage done’:

*Even if you have very high reading you know, put it into perspective, you know, cholesterol . . . you say ‘Well it is high but, you have said you eat this, this, this and this. If you can cut them out, that will come down.’*  
**HWOM**
You can’t [alarm them] . . . even if their blood pressure is high . . . even if you think that it is high, you don’t say that. You say ‘It’s high today, there are a number of reasons for that, best thing you can do is just go and get it checked out’. You know, suggest [that]. You don’t want to send them away alarmed, you know, the whole point is it’s supposed to be motivational. HWOM

If the results are terrible we are going to be saying to them ‘Listen, you have got a great opportunity from a few small changes to make massive differences in those results. HWD

This motivational component of the service was evident throughout the course of each health assessment. Whilst all advice provided carried equal weight, it was felt that its summarizing at the conclusion of each session was particularly important. This provided tutors with an opportunity to underline and reinforce the key ways in which service-users could experience health benefits:

The whole thing has to hang together, if you really push me though, the most important part is the way that tutor sums up the whole thing . . . the way the tutor just rounds it all off by saying something like ‘Glad you have come, we have gone over all this but just to remind you, you have sort of promised me now you are going to have a look at your diet, you are going to cut out those four packets of crisps you have every day, because that will have an impact on your cholesterol. And also you have promised me that you are going to go for a brisk walk on the way to the pub every night, aren’t you?’ A bit of a banter at the end and that’s it, that’s it, but they sum it up well, they keep it nice and realistic. HWD

The structured questions staff asked throughout the health assessment, coupled with the scores of tests, resulted in tutors focusing on the areas in which service-users could most improve their health. In terms of diet, tutors suggested many ideas which people could try and implement in their daily routine. The main objective was to try and encourage service-users to eat balanced and nutritional meals:

All we are trying to do is see whether or not those healthy balances are there, because if there is something missing, if there is a particular food group missing, then you need to see whether or not that can be replaced by something. HWT1

Tutors found it particularly useful to discuss in detail the typical diet of service-users, asking them what they ate during the average week. The responses of each respective service-user then enabled
staff suggest appropriate ways of improving health. For example, one tutor described how he encouraged people to eat a fibre-rich breakfast:

_I suggest to them to have a breakfast cereal, a good breakfast cereal, which would give them 50% of their fibre needs which they need to clear out the system. So, my recommendation, if they say ‘Well, what sort of cereal?’ I say ‘Porridge is the best, which actually brings the cholesterol down, as well as being high in fibre.’ And then the other two high on my list would be Weetabix and Shredded Wheat. Muesli, All Bran, anything like that which is high in fibre. So, I try and get them off crunchy nut cornflakes, sugar puffs._ HWT2

Another common suggestion was for service-users to increase their intake of water:

_If a person is dehydrated you try and get them onto two litres a day because that will help them to lose weight as well as the flush-out job._ HWT2

Tutors also gave advice on when was best to eat certain types of food. For instance, service-users were encouraged to try and eat fruit and vegetables as part of their lunchtime meal:

_When I ask them about lunch that is the time when I bring in my five-a-day. Because most people have, if they are going to eat fruit, they will have some at lunch time or snacks through the day._ HWT2

Warnings about the risks of eating excess amounts of certain products were also given:

_I also bring in whether they have cheese . . . if it’s more than once or twice a week then that, it’s getting high . . . another big factor, a person with high cholesterol is usually a crisp eater and they say ‘Oh I don’t eat many, I only have one a day’, so again I say ‘Well one or two a week is okay, generally speaking’, unless you have got bad cholesterol and then it’s none, it’s completely low fat diet._ HWT2

_If they have quite a bit of red meat, try and get them off lamb which is the worst, cut off all visible fats._ HWT2

And again, people with specialist dietary requirements were also told how to improve their general diet:
Vegetarians have quite a big problem with not having sufficient proteins, so you need to have a look at that side of it as well. A lot of vegetarians think they are healthy and they are not, so there is that side for nutrition as well, that’s quite an important one. HWT1

You have to be careful with the vegetarians on protein. With a vegetarian you have got to be careful that they are having the right protein. So I usually point them to this book here, there is a specific section in there which gives an indication of the sort of protein vegetarians can get that from, which would be things like eggs, beans, pulses, that sort of thing, there is a whole list of them there. I mean, with nutrition alone you could spend all afternoon with them. HWT2

I go onto carbohydrates because a lot of people say ‘Oh, I have cut that out’, especially when the Atkins diet was on the go. You had to explain to them how dangerous that was, because they were just relying on the protein rather than the carbs which give them the slow release energy. HWT2

When considering how to advise service-users on how to increase and improve their exercise routines, tutors assessed the age and physical condition of those they were speaking to. Advice given was again tailored to the needs, wishes and capabilities of each individual. Walking more, playing badminton, and joining the gym or a local five-a-side football team were all common suggestions. For those service-users who experienced pains in their joints or back pain, swimming and other water-based activities were suggested. Staff also asked service-users what types of sporting activities they had enjoyed in the past and often suggested that they might consider taking up these activities again. Rather than simply encouraging all service-users to join the gym, efforts were made to suggest suitable activities that people could easily undertake and enjoy. For those already undertaking physical activity, tutors provided advice on how to avoid injuries and increase variety in exercise routines. Regular walkers were encouraged to increase the both the intensity with which they walked as well as the distance which they covered.

Receiving advice around giving-up smoking had become increasingly popular with service-users since the introduction of the smoking ban in July 2007, and tutors described at length the ways in which they had addressed this demand. Once tutors had established that service-users had the desire to give up or cut down, they offered a range of different ways which could be of help. Many of these were drawn from their own experience of giving up smoking:
Now smokers, I know from experience they are absolutely up to here with being told ‘Don’t smoke.’ So, I try and do it the way I thought was right, was right for me. What you have got to do, you know yourself, and you know yourself when the time is right for you to stop smoking, you will go for it. But I usually say to them, to try and get it into their brain that, yes, sometimes in the future you are going to stop, and it’s a matter of finding the right time to do that, and try to plan for it. HWT2

I am an ex-smoker which generally works quite well, I think. Considering I was quite an excessive smoker, I don’t sit there as a hypocrite. I have been there and I know how difficult it is, and I know how hard it is to give up smoking so I am usually quite a good one for somebody who really wants some sort of motivation. HWT1

The preferred method of tutors was to encourage service-users to give up gradually rather than suddenly:

Well it’s like ‘When you do you have your first one and will you have a smoking break - and so you go out, well, can you stop going out in the break with your colleagues, and just go out when you want one?’ Because sometimes, you know, that might be three in a day that they just have out of habit. HWOM

I just say right, until such a time as you can get there, first of all, if they are a very heavy smoker, I suggest they cut down by a half, try that for a couple of months and then go for another half, eventually to try and get them down to five a day, and I explain to them that five a day is all they need for an addictive point of view. By that time you will have got your head round that, saying ‘Well I may as well go the whole hog now. It’s not that big a jump.’ HWT2

Rather than setting unachievable targets, staff also emphasised that service-users should set themselves reasonable goals:

I normally use as a good analogy for them: ‘Tell me which one you actually really, really enjoy in a day. After a meal, first thing in the morning, with a cup of coffee whatever’ . . . then you can say to them ‘Well, okay, how about those ones in between, how many of those do you actually want or need?’ You will find that even if they cut back on a few a day, you are talking about a pack a week, so it’s quite a lot. Rather than giving them a goal that they are not going to achieve, you are better off saying ‘Well, can you cut out that one, and cut out that one and then
see how you feel and then if there is anything else after that, you just cut back a little further.’  

HWT1

For those smokers that were ready to give up, another common strategy that was encouraged revolved around setting a specific date on which to quit:

What we normally say is ‘Find yourself a goal, find yourself a time, think about when it’s right for you, don’t just jump off the deep end and say ‘Right on Monday I am going to quit now.’ Build up to it, give yourself a plan, let yourself go down that route. Try and find something that is going to take your mind off it a little bit, so it’s replacement of what you were doing then, so if you were, see whether or not you can start to do a little bit more exercise, go for a walk, just go to the park, take the dog out . . . try to change some of your habits.’  HWT1

Lastly, staff also linked people with smoking cessation services who could provide further and more detailed information on ways to give up:

There is a lot of assistance now, Fag Ends and Roy Castle and everything, whereas at one point in time it was totally up to you, so we point people towards them if they’re interested in that because we only have half an hour for everything whereas actual smoking cessation groups can spend hours and hours with people over weeks and weeks.  HWT1

We have contacts for smoking cessation within the area and we pass them on . . . so they are smoking cessation groups but they meet in different halls and sports centres at different times, so they can phone this helpline now and find out where there is something local to them, which is good. Something local to them works, somewhere where they have got to go a little bit further afield they might be a bit more reluctant to do.  HWT1

It’s mainly smoking cessation, that’s up and running everywhere now and there are a lot of people who still smoke so we do suggest that to a lot of people. There is a free national number, but speak to the GP as well, because the GP has to refer them. It’s like ‘Well if you want to stop smoking don’t be frightened of going to your GP because you will get onto the scheme then and then get the patches.’  HWOM

When addressing service-users’ alcohol consumption a number of different challenges were faced. Firstly, tutors had to respond to service-users’ confusion over the unit measurement system for
alcoholic drinks. A significant proportion of time was spent informing people of the alcohol content of different drinks, a difficult task when bearing in mind the strong lagers and larger-than-average measures now frequently served in pubs, bars and clubs:

The majority of the time, although people are becoming more aware nowadays of what an alcohol unit is, they still have this vision, or a lot of people still have this vision that the short that they are having is a single and it’s not. I mean there are not very many places where you walk in to a pub and get anything less than a double measure. HWT1

People don’t realise that they are drinking a large which is a short, or a large glass of wine . . . there are nine units in a bottle of wine, whereas people think there is, because they only get three or four glasses out of it, there is three or four units. There isn’t, so it’s getting that across. HWT1

Having explained how alcohol is measured in units, tutors then informed service-users of the recommended levels regarding alcohol consumption, and endeavoured to make people aware of ways to reduce their intake to within these limits:

It’s making people aware of alcohol units and levels. A lot of men don’t know that twenty-one units is the recommended level and a lot of women don’t know it’s fourteen for them. We always tell them that when we’re going through everything. If they didn’t know that before then at least they take that away with them. HWT1

To some people ten pints a day is nothing, but we try and get them to relate to what they should be in comparison to where they are. And even getting them to cut back that little bit, if, say, having some fellas go to the pub and have four pints a night, if you try to get them to have three instead of the four, you are cutting back an awful lot on alcohol units a week. HWT1

Staff gave ideas to service-users on how to consume alcohol in a healthier manner. Some suggested having one alcoholic drink less per night, whilst others suggested that drinking smaller measures, such as half a pint or a bottle of beer, would be beneficial (particularly so for those who also wanted to lose weight):

I would say ‘Instead of having a pint of lager, when you go out, why don’t you have a bottle of Holstein Pils?’ So if they are on forty units a week of lager, if they go to a bottle of Holstein
Pils, I use the excuse, well, it’s not excuse it’s a fact, that in Holstein Pils all the sugar, all the alcohol, sugar is turned to alcohol, so if you wanted to lose weight straight away, that will benefit. But it’s only half, a bottle, as against a pint. HWT2

On other occasions cautious warnings were given:

If they are just people who enjoy a decent social life, then I just suggest to them ‘Well, you are okay at the moment, you are only young, you are doing a lot of exercise, you are drinking lots of water, but there will come a time when that could kick in and if you are one of those unfortunate few who has got that addictive thing in their brain, then it could turn out to be worse and then you have got problems with all your organs, especially your liver.’ HWT2

Staff also provided advice to service-users that were clearly heavy drinkers:

I had one yesterday and I knew he was lying to me. A bloke there said he only drank forty units a week, but his eyes, you could see he was an alcoholic, plus the fact that he was absolutely reeking of alcohol. When I went through what he actually drank, you knew jolly well he was telling a load of cobblers. HWT2

However, when such service-users were reluctant to admit they had a problem with alcohol, they were often the most difficult people to give advice to:

I think it’s easier to handle a smoker than it is an alcoholic, because an alcoholic really does have to admit that they are an alcoholic. So I am very guarded with them. With an obvious alcoholic it’s more difficult and if they don’t admit or acknowledge they have a problem it’s hard. We can give them advice on how to cut down but it has to come from them really. HWT2

Whereas when service-users admitted they had an alcohol-related problem, staff were able to direct them to other organisations:

Now if people admit they have a problem, in a way that’s easier to address than someone who doesn’t want to admit it. There are some people who say ‘Yes, I have got a problem.’ And I say ‘Well, the only way that, you need outside help for that.’ I don’t think an alcoholic can treat themselves, I don’t know any alcoholic who is a recovering alcoholic who has done it on their own, so, those, when we have been round those community centres and pubs, that is when I say
'You have got to just get it in your head that you need help.’ I try to link them up with their doctor or the AA and they usually say ‘Yes, I know I have got to do that.’ So once they, when you get to that sort of clients, they do admit it, then you have got to just give them that little bit of a push. HWT2

Another challenge relating to alcohol intake concerned binge-drinking. Staff revealed that when discussing alcohol it sometimes became clear that service-users were drinking large amounts in one sitting. Staff therefore discussed the impact such habits could have with service-users, though some were often confused in cases where they were drinking within recommended levels, but over just one or two nights. Staff acknowledged that the recent media coverage on this topic had been helpful to some extent (as service-users had already heard of the term) and further discussed how they tried to encourage healthier drinking patterns:

Your initial lead in is something like ‘Well, do you just go out at weekends or do you drink during the week?’ And then, so, the better way of dealing with binge drinking is almost to say to them, rather than telling them to quit, you say to them is, instead of having ten pints on a Saturday night, you need to be spreading that throughout the week.’ So even if you are talking about a couple of pints each night, that is better than that ten pints all in one go. HWT1

2.2.5 Lifestyles of service-users
The scale of the challenge faced by staff was illustrated by comments concerning the lifestyles of service-users. Although some lived healthy lifestyles, it was common for others to live extremely unhealthily; and whilst some possessed a good knowledge of health matters, inaccurate perceptions with regards to lifestyle were also clearly evident:

It’s very wide. From the extremes of complete non-activity to obesity to anorexia, we follow it all through, there is not one type we see. Some of them have quite a good knowledge of health and others have none whatsoever. A normal day for some is to have a pasty at lunchtime and fish and chips at night and they consider they are having a good diet because they are eating. And that’s just the way it goes. There are people who think that fish and chips is a good diet because it’s fish and chips, because they are potatoes, it’s a vegetable and they have their mushy peas as well. HWT1
Such inaccurate perceptions were informed by lay beliefs rather than received medical knowledge. By comparing themselves to peers who were in poorer health, service-users were able to reassure themselves that they were not at risk of early disease:

_Nearly everybody knows that smoking is bad for them, but not everybody is prepared to realise all the issues of it. They all have their own definitions and their own take on how risky it is. And if someone is a ten-a-day smoker and everyone around them smokes two packs, then you can kind of see how they see themselves as less at risk than their mates, how it wouldn’t seem as harmful. HWT1_

_The classic thing is they have got people who are bigger than them, bigger friends . . . I mean, I tested somebody . . . his results were up to here and he said ‘You know, I am not being funny but there are people in this place worse than me’, and you have to get across that it just doesn’t work like that. HWOM_

In the light of such examples, it was evident that a significant part of staffs’ role was in addressing gaps in the knowledge of certain service-users. Their help was also seen in instances where they were able to provide knowledge and advice on how to eat healthily on a budget. The cost of eating healthily presented problems for many service-users, and although accessibility was rarely mentioned as an issue, the affordability of healthy food was. By providing useful tips on how to eat more fruit and vegetables as cheaply as possible, the target group was given further ideas on how their lifestyle could be improved.

### 2.2.6 Suggestions for improvement / the future

As is discussed later in the report, when service-users were asked if they thought there were any ways in which the health assessments could be improved, one of the main suggestions made was to extend the range of tests that were on offer. Some staff believed that the root of such suggestions lay in service-users making comparisons to their experience of other health services. Because service-users viewed the health assessment as ‘health check’ rather than a simple lifestyle assessment it was perhaps unsurprising that service-users made such comments:

_It all comes down to how they perceive [the service] . . . our definition of it, is it’s a lifestyle assessment, it’s marketed as a health check because if you put health check people think ‘Oh, I’ll go and get my cholesterol done’, you know. Lifestyle assessment, it’s vague for the general public. HWOM_
The types of tests which service-users had requested were often more complex medical screening procedures rather than the tests carried out by Healthworks. Staff rightly pointed out that such screenings could only be conducted by qualified health care professionals and that it would be unsuitable to add them to the existing format of the health assessment:

*We can’t diagnose because all we are saying is, you know, with your lifestyles, your blood pressure is up a bit but you smoke heavily, so if that came down it would probably come down . . . ours is purely lifestyle assessment. HWOM*

*You have got to be very experienced to be able to identify serious illness like cancers and so on. If we could do that it would be lovely but we are not qualified. HWT2*

*It’s a lifestyle assessment rather than a health check, that’s a better way of describing what we are doing . . . there are limitations in what we can do, prostate is obviously a big thing for men and we can give them literature but, really, for those things they have to see the GP, you need more specialised care for that. HWT1*

Even if it were possible to add such tests, it was also likely that the speed in which all results were given would be affected. Ethical issues also make their addition unlikely:

*I mean there are things, people say you can do these cancer tests, take check cells, and some you have to send off and they come back but I am not sure how ethical that would be. As long as you get their name, and their postcode, because you need to give feedback, I think that’s enough. HWOM*

*I don’t think you can add any more tests because then, I think, we are sort of stepping out into, out of lifestyle territory and that’s what we do. You know, there is BUPA who do tests but they have to send the results back, our market is that we give them back there and then. HWOM*

The Healthworks Director also emphasised that service-users requesting such tests was not necessarily negative:
That’s a positive thing. As a result of coming in they have decided they want more tests. But we have to remember we are not screening, we are using these tests as a motivation around lifestyle and a discussion around lifestyle. HWD

Although it was not planned to introduce more screenings for cancer etc., staff did discuss (re)introducing other tests to the service in the future.

*Stamina we are going to reintroduce . . . we took it out because I didn’t think that the test we inherited back in 1989 was giving accurate results and I didn’t want that test then reflecting on the other tests. However, we have been asked by a number of places ‘We would have liked to have done a stamina test.’ So what we have done is we have taken a lot of advice, particularly from Loughborough University. We have now got a test that we feel happy with. The only problem is, it takes about thirty minutes to administer from start to finish. What we are going to do is offer that soon, most probably, offer that as an optional extra. HWD*

*Lung capacity – we’ve had that in the past and it’s given very little result . . . I think maybe introducing a smokelyser test could be far more beneficial . . . it would give the customer the idea of the carbon monoxide, that sort of thing would be more beneficial to a contract like in North Liverpool. HWT1*

However, staff also believed that such tests should only be reintroduced if they did not extend the length of the health assessment more than was necessary. They noted that many service-users appreciated how quickly the service was delivered, and were concerned that an increase in the length of time people had to take out of their day could not only lead to a drop in participation, but may also impact on one of the most important parts of the service – the motivational discussion at the conclusion of each assessment:

*Right now, we have got the time to explain the ins and outs of what they can actually do to help lower their cholesterol or reduce their blood sugar, or reduce the blood pressure. Whereas before, with the bike tests and the lung capacity we were very restricted trying to get those particular tests in as well as everything else. HWT2*
2.2.7 Staff conclusion

Both Healthworks staff and the Project Support officer expressed satisfaction with the way in which they were able to deliver the health assessments for the Action for Health programme. Most importantly, there had been much positive feedback from those who had used the service:

Anecdotally, X says she is getting some very positive feedback locally . . . one or two people who I have seen when I am going round the area of North Liverpool have said ‘Oh, I had one of them, you know, it was fantastic.’ There are a lot of positives. No one has come to me with any big negatives to date, the tutors, Y, anyone. HWD

With North Liverpool, I think they are, they seem to like what they are getting. HWT1

I would say 90% of people who come, after they go, they are buzzing about it. And you see it more in the workplaces because you can hear people as you are going round the corridors and they are all talking about it . . . it is very satisfying, the response we get. HWT2

Specific examples of how attending a health assessment had been able to positively impact on individuals’ lifestyles were given. In some cases, participation had gone on to lead to diagnoses of serious illness:

[We’ve had] really good feedback. What happened was, one person in one of the community venues found out as a result of the test with us, that she was diabetic. We don’t diagnose it and it was like ‘Your blood glucose is really high’, just suggested to get it checked out. And she has made no secret of the fact that she has been diagnosed diabetic since, so she is on, like, medication, but she tells everybody. Because she knows a lot of people, she’s in this sort of position in the community, that really boosted our figures, because it’s like ‘Well, if I hadn’t gone to this health check I would never have known.’ HWOM

A person’s cholesterol came up high, which we just put down to high cholesterol which needed medication, but that person had cancer. That person wrote in and they would recover from that. HWT2

The ability of the service to impact upon health was also frequently seen when those who had already used the service on a previous occasion attended for a second time. In many cases service-users’
results had improved dramatically, which gave them a further ‘boost’ and encouraged them to maintain the good habits they had adopted:

There are two particular places that stick in my mind. One is the community college just on Scotland Road. And I have actually been back there twice now and there are two ladies in that college who work there . . . one lady works in the kitchen and the other one works as a lecturer. The lady in the kitchen since the first time we went has lost five stone, and one of the lecturers had a very, very high, dreadfully high cholesterol, and basically considers we saved her life. HWT1

I think, particularly, the lady in the kitchen had, knew she needed to lose weight and had known for a long time she needed to lose weight. I don’t think she had the motivation for it and after having gone through the health check, finding some of her clinical results weren’t too good either, telling her the sorts of things that changing her diet, lifestyle and exercise could do for her, and then coming back and finding out how well she had done. Apart from the weight lost her test results were much better and she could then see how her lifestyle had influenced that. HWT1

I tested a husband and wife, young couple, two children, both of them had some very poor results, clinically . . . and all of them now, they eat healthier, the whole family does, it’s not just them. And they all exercise together now and the last time I checked them they had come right into the good ranges. HWT1

They have changed their diet and the females especially, they say ‘I have lost two stone since last time I saw you.’ And you see the results come out and it’s nice to see because when somebody loses two stone you do see the best differences in the results. But the cholesterol is a good one, when they see that come down from the high fat diets that they were having before. HWT2

Somebody who has started exercising and they have joined the gym after they have left us, they come back and they are full of how well they feel and of course a lot of it is mental, so they feel happier mentally too, in themselves. HWT2

I’ve been handed, a couple who always came into ABCC, have handed me little notes saying how brilliant it was. He went six months ago and his cholesterol was high – he implemented all the
stuff that the Healthworks team said – reduce your saturated fat, increase your oats – and he’s come back and it’s absolutely perfect six months later, so he was made up. PSO

Witnessing the effect their advice had had on different service-users greatly pleased those delivering the health assessments. The following parts of this report seek to add to such examples (and other data gathered from staff) by outlining and discussing the opinions of those who the service was aimed at – the target group of North Liverpool residents aged eighteen and over.

2.3 Service-user experience and perspective

2.3.1 How users found out about the service

Both questionnaire respondents and interviewees indicated the variety of ways in which they had found out about the health assessments. It was most frequent for men and women to have been informed by a ‘friend/relative/partner’ (44.8%). As interviewees explained:

My wife comes to the centre. She heard it was on and said ‘Do you want to come over? And I said ‘Yes please.’ I used to get them in work but I’m now retired so I wanted to come down today. HCM25

My husband comes here a lot and he was telling me about it so I came up here. HCF31
Demonstrating the effectiveness of the advertising methods used by the Project Support Officer in conjunction with different venues, it was also common for those who attended to have been made aware of the service via either a poster (35.6%) or leaflet (23.4%):

_Someone give us a leaflet and we booked an appointment to come._  HCF5

_I come to the yoga on a Monday and I just seen this. They were giving out leaflets and I thought I’d come along._  HCM27

_I actually come to the Sports Centre so I actually seen the advert on the notice board. When was it? About two or three weeks ago._  HCF33

_I just seen them on the board. I came here with the kids, they’re doing athletics here and I just seen it on the board. It was just by chance, I don’t come here regularly. The poster did its job. About a month ago it was, I booked a time and put it in the diary . . . I only live round the corner._  HCM21

Although only 3.3% of questionnaire respondents had attended a session about the health assessments, data gathered during interviews with service-users revealed that many organisations had incorporated information into their regular meetings as a means of publicising and raising awareness for the service:

_Well, I come here because I’m diabetic and we have our meetings up here. Last week they told us about it, that it was on, and I decided to come along._  HCF1

_We were given some information on it at a local residents’ meeting._  HCSU122

Others had been told via community workers and community organisations within North Liverpool, some of whom had close links with the Action for Health programme:

_[I got some] information from ABCC (Neighbourhood Council)._  HCSU14

_I was told by a colleague running sessions for Action for Health._  HCSU101
I come to the ‘Friends of the Park’ meeting and our secretary, she must’ve got something through the post to tell us about it. She couldn’t come today but rang me and asked me to see what it’s all about and report back to everybody else. HCF43

I was emailed through the youth centre that I run. About two weeks ago. I rang up, asked if I could get myself down here and they said ‘Yeah, no problem.’ HCM23

Whilst just two people (0.8%) had seen the service advertised in a local (free) newspaper, of the responses which fell into the questionnaire’s ‘other’ category (9%) one person (HCF39) was notified through the post whilst the remainder indicated that they had been told about the service by colleagues. Again, the frequency of this was also evident from remarks made by interviewees. Indeed, their comments appeared to underline the high level of support for the service within North Liverpool. The efforts of staff working at the venues hosting the health assessments, some of whom had had a positive experience of attending themselves, had led to the participation of many people:

The guy who runs the HIMP project said to book myself in if I got the chance. He’s had one done, I think. HCM8

We were approached by someone in the centre. I work for a company which is, well, we’re tenants here. I’m glad they came through to ask us because we’d never have noticed otherwise; we’d just be hidden away in the office. And even if we had we’d probably’ve assumed it wasn’t for us. HCM10

Our men’s health worker came round the building and asked us if we wanted to be a part of it. HCF4

I found out through the girls in the office. HCF13

I work in the building and someone was telling us they were on this week. HCF3

Enthusiasm for the service was particularly evident in venues which specialised in healthy activities:

The gym instructor asked me if I’d be interested in going. I think he’s drumming up business for you, he’s a fitness freak! HCSU33
My fitness instructor suggested I go because I’ve just started coming here and he said it’d be good to get up-to-date readings of things like blood pressure and that.  HCSU30

And the service also received support from management staff who worked in the venues where the health assessments were taking place:

I’m the boss and I’ll give anyone the opportunity to have half an hour off to do something like this. It’s in our interests that people are healthy, isn’t it?  HCM10

Lastly, some service-users were also made aware of the service by simply stumbling upon them by chance. These participants had not intended to attend, but decided to do so ‘on the spur of the moment’.

2.3.2 Reasons for attendance

When responding to the question ‘Why did you decide to participate in the health assessments?’ almost half of the men and women who completed a questionnaire (48.5%) cited their infrequent attendance at their GP as a reason for participation. Just under a third of respondents described how they were ‘encouraged by a family member or friend’, whilst 29.3% were ‘already in the building and decided to participate’ there and then. Over a fifth (22.6%) indicated that they were ‘worried about their health’. Of the 4.2% who provided other reasons, some had been motivated to attend by the ill-health of family members:

My Dad died of a heart attack and I wanted to know my heart was okay.  HCSU10
I decided to attend the health check because of my age and family history of heart disease (mother died at 63 yrs of a heart attack). Even though I am of slight build I knew there was still a risk of heart disease. HCSU142

Similar motivations were also described by those interviewed:

My brother suffers with high cholesterol so I wanted to get tested myself, get that checked out. HCF2

Mainly, me cholesterol and me blood sugars I wanted to be checked, because I’ve never really had them done and with getting older you’re always thinking about it. And because of the family history, it’s in the family. HCF47

Cholesterol - that was the real purpose of why I came. There’s nothing to worry about and that’s a relief because there’s a real concern in the family; my sister’s got high cholesterol and she’s on prescription tablets. She insisted I get tested because there’s heart trouble in the family, so that was great for me personally. HCF19

Whilst others described how poor results from previous health tests had been a factor:

My last health check showed a high cholesterol level. HCSU14

I’ve had blood tests in the past and they weren’t brilliant so I wanted to see whether it’s changed. HCM46

I had one six months ago. I just wanted to see how things had improved or decreased. HCM45

As almost half of respondents didn’t often attend their local GP practice, for many, the health assessments provided the only recent instance where they had had contact with someone with regards to their health. Although staff made service-users aware that the assessments did not constitute a replacement service for their local surgery, it was perhaps inevitable that many compared the two services. In contrast with their experience with GPs, for example, the convenience of attending a health assessment, and the relatively short length of time it lasted, were both reasons for their popularity:
Sometimes you don’t have time to visit your GP, what with work and that, but with these, it comes to us, so it wasn’t that big a deal to come for half an hour. But to go to my doctor I’d have to travel there, wait to be seen, and then travel back here, and you’re talking at least an hour, if not more, and that’s a lot to be taking out of the working day, isn’t it? HCF2

Others also described the relative ease with which they were able to attend the health assessment, as opposed to visiting their GP. Service-users liked the fact that the health assessments came to them, and that they did not have to go out of their way to attend, meaning the time they had to take out of their working day was minimal:

With this it was half an hour off work and the boss was happy with that, but with my GP, I live quite a way away and that would mean a morning off so this is better to me. HCF9

I’d never in a million years have gone to my doctor to get this done . . . when you’re working nine till five . . . it’s just not worth the effort really. HCF17

I did think it was a good idea because by the time you wanna go to the doctor’s and you try and get an appointment, if you’re lucky it’s weeks and weeks and weeks . . . but this is really good because you’re in and out. HCM23

Some felt that they would rather not burden their GP by asking for the tests that were included in the health assessment. Whilst they were happy to attend the health assessments whilst healthy, service-users were reluctant to go to their GPs unless they were in ill-health. It was felt that GPs were already overworked and had ‘enough on their plate’ dealing with people who were ‘seriously ill’:

You feel like you’re wasting the GP’s time. I only go to the doctor’s every five or six years. HCM16

It’s easier to come to this because at the doctor’s they’re overloaded, at saturation point. To go for a check like this you just feel like you’d bother them. HCF34

It’s definitely easier than visiting my GP. I wouldn’t go to her for these tests, I don’t know anyone who would. They’re under so much pressure, aren’t they? Everything is so rushed. I’d feel bad about wasting her time. HCF6
I’ve been wanting to have my cholesterol checked but I didn’t know how to go about it because I haven’t had any health problems to take me to the doctor’s to have it done. I wouldn’t go to them for just one test with how busy they always are. HCF19

The punctual appointment system used by staff overseeing the health assessments provided another reason for participation:

*This is better than sitting in a waiting room. I had a slot for eleven o’clock and I got seen to at eleven o’clock.* HCF43

*Anyone’ll tell you it’s easier to get an appointment here.* HCF36

Considering such comments, it is unsurprising that results of the postal questionnaire showed an overwhelming majority of respondents indicating that they found attending the health assessment more convenient than seeing their GP:

![Figure 5: Chart showing responses to question: 'Did you find attending the health assessment more convenient than, say, visiting your GP? (n=239)'](fig5.png)

Almost 95% of those who answered said that they found the health assessments more convenient, with only 2.1% indicating that they did not. Just 2.9% said they did not know with 0.4% not responding. A large majority also *preferred* attending the health assessments to going to their local surgery:
In total, over 80% of those who responded stated that they preferred attending the health assessments, with 16.7% not preferring them to their GP. Just under 3% indicated that they did not know.

2.3.3 Content of the health assessment (2)

One of the strengths of the service provided lay in the wide range of people that it was able to provide health assessments for. Those in good health, average health and poor health were all able to participate and receive advice regardless of the state of their personal wellbeing. For some of these individuals the different tests that were offered were a motivating factor for their participation. Out of the fifty people interviewed, almost a fifth (nine people) had never before had any of the tests that were offered as part of the health assessment. Others had only had one or two tests, most commonly for blood pressure, and so to be tested on other areas such as glucose, body fat and cholesterol was not only unexpected, but meant that there was a high level of satisfaction with the overall content of the health assessments:

*I’ve never had me cholesterol done or glucose or anything like that before so it was really helpful for me to find that out.*  HCF9

*Y’know the body fat, when they stick the sensor on, that was interesting. I’ve never had that done before.*  HCF22

*I’d never had any of the tests, only the blood pressure which I’ve had done at the doctor’s, but the others, never.*  HCF11
It was interesting to find out my cholesterol because I’d never had that checked before. The only one I’ve had done actually was blood pressure because I had surgery a few weeks ago so they checked my blood pressure every hour after surgery. HCF13

In general, service-users commented that the health assessments had covered more they had expected. Service-users were happy with the simplicity of the various tests conducted, which were described as ‘straightforward’ and ‘easy’. There was also surprise at the range of tests on offer:

It did more than I thought it would do actually. I thought it’d just be a basic check on me blood pressure. My wife booked it so I didn’t realise they’d do stuff like cholesterol levels and your blood sugars. HCF34

It covered more than I’d hoped for, I was really impressed. It was more in-depth than I thought it would be, really good. HCF35

It covered everything I’d hoped for and more. They do things like your water, whether you’re dehydrated, which is something I’d never had thought about before. HCF17

Other service-users were happy with the content of the health assessment because it enabled them to be assessed on areas which they had heard about via various media and health campaigns:

Cholesterol is good to know because you hear about it all the time, on the telly, on the side of the cornflakes box, everywhere. HCF6

It’s a cracking idea. At the moment there’s an awful lot on TV about healthy diets, and I think they’re trying to push it right into your face. HCM25

And for those who had previously experienced those tests included in the health assessments, the opportunity to be retested was also welcome, as a considerable amount of time had often elapsed since they were last measured:

I’d not had any of the tests for about ten years and I was curious to see if I’ve deteriorated! HCM10
I don’t really go to the doctor very often so it’s a long time since I’ve had my blood pressure taken, you see. HCF50

I haven’t done me blood pressure for a couple of years and me cholesterol for exactly the same. HCM23

Taking tests after such a length of time was reassuring to service-users, as many were worried about their health. Results were often comforting to those taking part:

I didn’t really know what to expect because I hadn’t had one before, but it was nice to know that I’m okay. To see it is really, it was really reassuring to see that I’m alright. HCF30

I believe the health checks offer reassurance, but can also provide an early warning of any possible problems. HCSU239

I was a bit worried about diabetes and high cholesterol but they put my mind at ease with them, to be honest, so I was happy. HCF11

Service-users also appreciated that staff provided all the tests together in a relatively short period of time:

That you can find all that out in half an hour is marvellous. Cholesterol, glucose, blood pressure, body fat. It was so quick. HCF39

Again, this was in contrast to peoples’ experience of attending their local surgery, where often only single tests would be carried out:

I’ve never had a full check or anything like that. Just the odd test at the doctor’s over the years. It’s quite good to get everything done at once; it makes sense that way really. HCM40

Having results provided ‘there and then’, coupled with the short length of time the health assessments lasted, were also seen as positive features of the assessments:
Well, half an hour is great. If it was an hour I mightn’t have bothered because you’re so busy of a day that any longer has a knock on effect. But half an hour with everything done and dusted, with all your results with you to take home, it’s very good. HCF4

I don’t know about you but I’ve been in and out of the doctor’s and the hospital and it always seems like you’re waiting for ages for your results. Here, the lady just puts everything into these little machines and it prints it out for you right away. I was impressed with that. HCF39

The equipment and technology utilised by Healthworks was also spoken of highly by other service-users:

I was amazed at the way they did these things. The technology now, the way they did blood sugars, amazing. HCF50

It was felt that this equipment ensured taking part was ‘quick’, ‘easy’ and ‘efficient’. One man also expressed his delight that the machines used meant that the ‘Body Fat’ test was far ‘less of an ordeal’ than he had previously experienced, when he had undergone a similar test, but with a set of callipers. In contrast to his previous experience, he stated that the method used by Healthworks was ‘so straightforward, and I didn’t feel humiliated like before.’ As well as praising the equipment used, service-users also noted that the content of the health assessments was greatly enhanced by the ‘friendly’ and ‘efficient’ staff that delivered them. Interviewees described how staff members’ ‘expertise’ was greatly valued, that they trusted their knowledge, and that they preferred attending the assessments to conducting similar tests by themselves at home:

They really know their stuff; they interpret all the figures for you straight away. HCM8

They seemed very knowledgeable and they made it a nice half hour really. HCF6

I think cholesterol was good to know, because I couldn’t do that myself. You can buy the tests now but my son works in the hospital and he says it’s better to come to something like this because you’re not going to get a proper reading, y’know, with these over-the-counter things. HCF1

Finally, the content of the health assessment was felt to have been further enhanced by the distribution of the ‘Healthworks Lifestyle Information Pack’ provided to service-users at the conclusion of each
This pack consists of a twenty-page booklet covering areas directly relevant to the content of the health assessment: blood pressure, physical activity, fruit and vegetables, sugar, fat, salt, carbohydrate foods, protein, water, alcohol and smoking, as well as an individual health profile detailing the results attained during each service-user’s assessment. Service-users welcomed the information contained in this pack. Firstly, because it enabled them to keep a record of how they had scored in different areas, which would enable them to compare their results with any tests they had in the future:

I asked her if she would write them down on a piece of paper, y’see, and she said ‘It’s alright, I’m putting them all down in this booklet for you. That was very good. HCF31

I was impressed I actually got a booklet to take away with me. Usually it’s all in your head and you have to remember, but now I’ve got the physical evidence, a physical copy of my scores. I’ll show the wife! HCM10

It’s brilliant to have it written down for you. I can show my sister the results cos she’ll be asking my scores and everything when I next see her, and it looks like there’s really useful information in the booklet. HCF19

It’s useful because you can always come back again with it and see if you’ve improved or whatever. HCF20

I can compare notes in the next one – have I improved, has this gone up or down? It’s there in the folder, take it away and read it, see what you’ve gotta do to improve it. HCM23

You can use it as a marker for future tests and you can see how you’re doing – up or down or the same. And it is hard to remember results sometimes, don’t forget. It’s a bit of a blur when people at the hospital or the doctor start hitting you with figures. HCM48

And secondly, because the information provided would help them make positive changes to their lifestyles following attendance:

And there’s all the little tips about the right fats to eat and what not to eat and that so it’s all good stuff. HCM23
It’s nice because you can refer to it, you can look through it and you can read through the different things. Like I wanna give up smoking for a start so it gives you information about that and cos I’ve got it all written down now about my cholesterol and my blood sugar I won’t forget my scores.  HCF30

2.3.4 Advice given during the health assessment

Although the entire content of the health assessments was designed to act as a motivating experience for those taking part, perhaps the most important means of actually effecting change lay in the way that staff provided advice. Although each staff member working for Healthworks had developed their own individual method of delivering the health assessments, they all shared in common the use of simple and easy to understand explanations of the results, coupled with encouraging recommendations to improve or maintain health and wellbeing. Service-users clearly appreciated the way in which staff spoke to them. They especially valued how staff gave clear explanations of both the tests they were doing and the results which followed:

They explained everything right before they did it, explained what each thing was and what the machines would do . . . he just went through everything, really simple to understand. No technical jargon or anything.  HCF22

I was very pleased, it was good. They took the time to explain everything. It’s the first time I’ve ever had a cholesterol test. I’ve never had the other things done in my life either. What they were gonna do, what the rating was, they made it understandable.  HCF36

It was interesting actually, and obviously [there was] good explanation of what the tests were about and what the figures were. It was very easy to understand. You didn’t have to be a scientist; [it was] like layman’s terms.  HCM10

One man described how the advice given was at an appropriate level for those using the service. Advice was provided in a friendly manner in language that was easily understood. He also suggested that undergoing the health assessment provided by Healthworks was a less intimidating experience than going to the doctor for many people:

I think people are more scared of going to their doctor than they are coming here. These seem, like, on your level, they don’t speak to you like you’ve been to medical school or whatever. They treat you like a neighbour or one of the family.  HCM8
Other service-users further emphasised the appreciation for the way things were explained, and the value of staff members not ‘talking down’ to the target group:

*The outlook is like, obviously if it’s a weight issue or an alcohol issue it’s not gonna be preached to you, it’s explained. So it’s up to you then, to take the advice. I don’t feel I was, like, preached to or talked down to, nothing condescending. I was quite relaxed with them. HCF34*

*They explained it all clearly to me in a way that was not like a lesson, if you like, more just informative, but in a friendly way. I didn’t get told off or talked down to. HCF19*

Whilst another highlighted the educational function the health assessments could perform for service-users. Examples were given of how the advice provided during the health assessments could make clear what had previously been confusing:

*[I’d] never had this Body Mass Index shown to me before. I had heard about it but I wasn’t really sure what it was but he told me it was just a measurement related to your height and your weight. HCF36*

*I never knew about the different types of fats. Apparently there’s your trans fats which give you heart disease and give you more bad cholesterol and lower your good cholesterol. To be honest that was a bit of an eye opener – I didn’t know there was good and bad cholesterol. HCF14*

*What was interesting was that they said sometimes cholesterol is hereditary which I didn’t know about, or stress-related. HCM46*

The educational aspect of the health assessments was also underlined by the frequency with which service-users’ results (for blood pressure, cholesterol, blood sugar, body fat / body composition and height and weight) contrasted with what they had expected. New and often unexpected information was provided to those taking part:
Better-than-expected results were most frequently seen (in over 60% of cases for all of these tests). In these cases, people obviously welcomed this information and spoke of how this gave them encouragement with regards to their health. It was less common for people to receive results that were worse than they had predicted. However, in such cases service-users felt that this news would act as a ‘springboard’ to changing health behaviours. Even though the health assessments had informed them that they were in poorer health than they had anticipated, they still viewed attending as a positive experience and believed it was better to know their results as opposed to not knowing, so that appropriate steps could then be taken. For all tests, the proportions of service-users receiving results ‘as expected’ were less than those who had received results that were either ‘better’ or ‘worse than expected’.

Perhaps most importantly for the target group, the advice and information given throughout the course of the health assessments was not only appropriate to their lives but realistic in terms of what they could achieve. Because staff members did not ‘tell’ service-users what to do, and because the suggestions they offered were relatively easy to achieve, the target group felt that they were more likely to heed the recommendations that were made:

*They’re not saying pack in the booze, pack in the bad food; it’s instead of having four cans, have two, eat more fruit, make sure you have breakfast cos it starts your body getting going. Helpful little tips. It’s all do it in moderation. HCM23*

*They’d be nothing worse than if they said ‘You’re overweight, your cholesterol’s terrible, you’ll be dead tomorrow unless you do this, live like a monk.’ But it’s moderation, add all the little bits together to make the big picture better, make you a fitter, healthier person. HCM23*
They said ‘Do what you want, do what you like’, which is great because I hate the gym and I can never keep it up when I do go down there. I have started walking more recently and he told me to carry on with that and increase the amount of it I do because if I like it then I’m more likely to carry on doing it. HCF22

Service-users described at length the advice they had been given by tutors. In terms of dietary advice, it was common for greater portions of certain types of food such as fibre, fruit and vegetables and oily fish to be recommended, as in many cases service-users had indicated during the course of their health assessments that these foods had not made up a big enough portion of their day-to-day intake:

She told me to fill up on more fibre, wholemeal bread, pasta, because they help you stay fuller for longer and you won’t want to snack as much. HCF33

To eat more fruit and fibre each day . . . very good advice on cereal as well. I thought I was having my fibre but I’m eating bad fibre apparently, which was interesting. HCF37

She said to eat more fish, oily fish. She picked up on that, that I don’t eat that, when we were talking about my diet. I don’t really like it but I’ll try and have it somehow! HCM27

I found out about what food I should be eating. That was useful to know, it’ll help me with my weight. HCF5

Others were told that certain products may not be as healthy as they appeared:

[I’ve] to watch what I eat, even diet soups and things, which she said are low in fat but can be quite high in sugars and salt. HCF9

Another common suggestion made by tutors related to the amount of water that people drink. One of the most frequent outcomes of the health assessments was for service-users to be told that they were dehydrated. Consequently, interviewees described how they had been advised to increase their water intake:

She told me I was dehydrated and how the liver turns fat into energy but that it can’t do it if it has to pick up the slack from the kidneys, which get overworked or something if you’re dehydrated. So I’ll be drinking plenty of water from now on. HCM23
What was very interesting was some of the benefits that I might get from doing different things. Like if I drink more water it also helps clear your thinking a little bit as well and it cleans out your system. HCF13

I was dehydrated which I didn’t realise. I normally drink a lot but I don’t drink a lot of water so I’ll have to go on the water. Normally I’m more of a tea and coffee person. HCF32

One man who was already drinking adequate amounts of water described how he was extremely grateful for the advice he was given on how to make it more palatable:

I’m on insulin, I’m a diabetic. My doctor said to me not to drink tea in the morning, no milk. ‘What can I have?’ I said. He said ‘Water.’ So in other words water all the time, nothing but water! Believe you me, you get sick of just drinking water. But she was saying to me over there ‘Why don’t you put some lemon in it with hot water?’ Now no-one’s actually ever said anything like that. HCM18

The same man was also appreciative of tips given to help him when shopping in his local supermarket:

Home shopping in Tesco’s, by phone or by web, to say you’re going down. I need that because I’m sight impaired, I can’t see black and white. The staff are running round, ‘I’ll get you this or I’ll get you that, it’s low in sugar.’ But it’s got all these chemicals in too, see? But she said you can put your particular ones down, particular brands, and they will shop for that one all the time. So I got that out of it, that’s a really big help, a hell of a help, brilliant. HCM18

Others also appeared generally appreciative of tips suggested around food and diet:

They give me advice on lots of things like diet, what kinds of food to eat and everything, which were brilliant. HCF15

In terms of exercise, service-users also felt the advice they had been given was useful – crucially, both those who exercised rarely and those who exercised frequently were happy with the suggestions made:
[She said] how exercise releases that good feeling, endorphins . . . it’s good to hear all that. And that how only a little bit of walking can make all the difference. Get off the bus a stop early, that kind of thing. I will do it, it’s no big sacrifice, is it? HCF13

They said to vary my exercise because I’m only really lifting weights at the moment. If I can get some other stuff in, like running or swimming, to get the heart pumping then they said that’d improve my all round fitness. HCM16

Advice on quitting smoking was also a well-received component of the health assessment. Service-users who smoked at the time of the tests appreciated the fact that some tutors had previous experience of smoking and giving up successfully. This added to their confidence in staff and they described how their knowledge had been genuinely useful in providing tips regarding how to quit. Again, this was sometimes in contrast to the advice they had received from other health care professionals:

My doctor gave me a leaflet once but it just had a number on it so you can join that Fag Ends or whatever it is. Ring this number. But I don’t wanna join a group! I just want to give up smoking myself. So here I was told some useful stuff, not just ‘You need to give up, join this group.’ HCF49

She told me to try to cut down gradually like she’d done. Cut out the first one in the morning, then the last one at night and then go from there. Eventually you’ll get to where you can have a proper go at giving up for good. I’m gonna give it a go. HCF5

Importantly, smokers were given advice on how to stop regardless of their results. In some cases, for example, service-users smoked but still achieved good results on the tests included in the health assessment. Tutors, however, whilst emphasising these positive results, also underlined how continued smoking would impact negatively on their overall fitness over time:

My results were actually good but she told me that my smoking increases my cholesterol and that and obviously it’s not good for you, so they will, me results, get worse if I carry on. Then she gave me a bit of advice on how to cut down and then stop – it was useful because she’s given up herself, she said, so at least she knows what it’s like, she knows how hard it is to do. HCF30
My health check was fine and I was relieved cos I smoke. That surprised me a bit, but because of that they gave me more of an incentive to quit because it’s not like I’ve damaged myself too much yet, it’s not too late. So if I give up then I have a good chance of being healthy long-term. HCF5

Similar advice was also provided (and appreciated) in regards to other lifestyle choices:

Even though she said mine was quite good she also told me what would happen if the figures went higher and got worse, which was useful. They also gave me the darker side of it, what would happen if I didn’t keep up good habits, eating right, not drinking too much. They give you both sides. HCF6

And for those who were already living healthily, comments made by staff still proved useful:

I live well, I think, I’m pretty healthy, so it was an affirmation of what I already knew anyway. But it’s just given me a bit of a push because you can’t hear that kind of information too often, can you? In a way it stops you getting complacent about your health, doesn’t it? If you keep hearing these things regularly, it gives you the motivation to keep going. HCM7

The advice given on alcohol intake mirrored that described by service-users elsewhere. Tutors suggested cutting back gradually in order to reduce alcohol consumption in the long-term:

I do drink maybe a little too much. I go to the pub most nights so she gave me some tips to cut down on how much I drink. Just have a half at the end of the night when normally I neck a pint really quickly before I go. Maybe have one pint a night less each time I go out. She said although it’s only a pint or so less it’ll be five or six pints less a week and that’s quite a lot of units. HCM46

There was only one instance of someone not happy with the advice they were given. In this instance, a male service-user was sceptical of the figures surrounding alcohol consumption:

To be honest with you, the facts are, right, the beer’s obviously an issue which is what she’s saying, obviously she’s an expert. But I find it very difficult to reduce the amount I drink. I only drink about twelve pints a week, maybe fourteen and I play sports five nights a week. I’m not that far off the recommended [amount] . . . I find it difficult to reduce that, I think it needs a bit more flexibility. I’m not disputing it, but it’s gotta be different for different people. I’m out, I
play football, squash, badminton, I go the gym. I’m a plasterer as well – that’s gotta balance out the drink, hasn’t it? And I’m not a small fella, I’m tall, more than the average height. She’s absolutely right, but these guidelines could do with a bit of flexibility. You’re not telling me that a fella who’s five foot three has the same recommended units as someone who’s six foot six. It’s ridiculous really. These guidelines should really take that into account, they’re more for the average person and that’s what everyone should be told. HCM40

Overall, however, aside from the example above, service-users were pleased with their interaction with tutors. They also clearly heeded their advice regarding making full use of other health services:

They said to go to my GP and get the proper tests done. I’ll book an appointment this afternoon. HCF24

I’m a bit concerned about the cholesterol – it was only 5.4 before and it’s eight now so I’m going to go and get that checked again with my doctor, the nurse at the doctor’s. It was a bit of a shock. HCF26

She told me to go and see my doctor and ask him to check my blood pressure again, just to check it and to keep an eye on it in case it goes up or down. HCM27

The signposting role staff fulfilled was also seen in responses to the questionnaire. As a result of attending the health assessment 11.3% of questionnaire respondents went on to contact their GP, 5.4% went on to contact a smoking cessation group, 2.1% had been in touch with NHS Direct, and 1.3% had contacted Heart of Mersey and alcohol services respectively.

2.3.5 Changes to lifestyle habits

The ability of the health assessments to motivate service-users to make positive changes to their lifestyles forms one of the most important components of the work of the Healthworks team working throughout North Liverpool. Although, as has been mentioned, the health checks do provide other functions, such as offering reassurance to those who take part, it is in identifying factors that impact on health and through providing advice on how to address problematic behaviours and habits that much of the true value of the service must be assessed. Therefore, a specific section of the postal questionnaire was designed to allow respondents to report any changes to lifestyles that were made as a result of their attendance at the health assessments. This part of the evaluation was particularly important when bearing in mind that interviews with service-users were conducted immediately after
their attendance, and therefore only allowed discussion relating to intended changes. Data gathered via the questionnaire complimented that collected via interviews, but crucially provided the research team with a picture of how the health assessments had impacted on the everyday lives of those who had taken part.

Service-users were provided with a series of options via which they could report the different ways in which they had tried to change their lifestyle as a direct result of attending the health assessment. These options were as follows:

**Smoking**
- ‘I have given up smoking’
- ‘I have cut down on the amount I smoke’

**Alcohol consumption**
- ‘I have cut down on the amount I drink’
- ‘I have reduced the amount I drink to no more than the recommended units per week (21 units per week for men and 14 units per week for women)’

**Diet**
- ‘I have started to eat a healthier diet’
- ‘I have increased the amount of water I drink’

**Exercise**
- ‘I have started to exercise regularly’
- ‘I have increased the amount I exercise’

**Other**
- ‘I have made other changes’ *(Please state)*

The proportions of service-users that made any of the changes in these categories are illustrated in Fig 8:
The most popular changes made by questionnaire respondents were in relation to diet. Almost half (46%) indicated that they had ‘started to eat a healthier diet’ as a result of attending. Amongst the changes that had been made were the following:

- *Added more fibre – changed a few items.*  HCSU30
- *I always try and have five a day.*  HCSU38
- *Stopped eating crisps and cut down on chocolate.*  HCSU56
- *I have a glass of fruit juice every morning.*  HCSU65
- *Instead of having fish and chips every Friday I now only have it on payday (once a month).*  HCSU84
- *I no longer eat outside of proper meal times.*  HCSU85
- *[I’ve] controlled sugar intake.*  HCSU91
- *[I’ve] stopped drinking fizzy drinks and started having water instead.*  HCSU101
- *We have started getting a box of vegetables delivered to the house every week.*  HCSU121
- *Fruit, fruit fruit!*  HCSU137
• [I now have] far more vegetables with my evening meal. HCSU145
• I am eating less meat and more fish. HCSU149
• I am now taking the skin off my chicken, even though it’s the best bit! HCSU198
• I’ve stopped eating ready meals because of the high salt content. HCSU201

The second most common change to be made also related to diet. Around 38% of men and women reported that they had increased the amount of water they consumed. Such a change was presumably the consequence of large numbers of service-users being informed they were ‘dehydrated’ during the course of health assessments, the frequency of which was noted during observations and also commonly remarked upon by service-users themselves during interviews. Many interviewees expressed surprise at being told they were drinking insufficient water and vowed to increase their fluid intake - particularly as it was felt to be a relatively easy change to implement, and not without substantial health benefits. These views were clearly echoed in the responses of those who completed the structured questionnaire.

Following diet, another area where respondents had made changes in large numbers was in terms of exercise. Almost a fifth (19.7%) had started to exercise regularly following their attendance at the health assessment, and a slightly smaller figure (18.8%) had increased the amount of exercise that they did. Several respondents stated that they had made efforts to increase their total exercise time to five half-hour sessions per week, an amount currently recommended by the Department of Health. In addition, one man had joined a running club, and another had taken up playing five-a-side football. Five respondents recounted how they had started walking more in their spare time and several women had also started swimming and attending aerobics and yoga classes. One of these women was especially grateful to the staff at the health assessment because attending these yoga classes had helped to alleviate a long-term back injury:

I spoke to the lady about my back and how it can give me grief every now and again. She told me that yoga would help my back become stronger and I am now a member of a local yoga class. I have been going for over six months and am proof of how your health checks and yoga can help people with their back problems. HCSU204

Just fewer than 16% of respondents indicated that they had cut down the amount of alcohol they consumed since attending the health assessments, with over 6% reducing their intake to within the recommended units per week. Again, respondents elaborated on the types of changes they had made:
I now drink much less than I used to, particularly during the week. HCSU192

Although I still go to the pub at weekends, I don’t drink in the week anymore. HCSU147

I have stopped drinking so many cans at home. I now buy half the amount of beer than I did before. HCSU181

I’ve managed to get down to the recommended units but twenty-one is not that many. I have found it useful to drink bottles instead of pints as a way of drinking less in the pub. HCSU95

Predictably, it was least frequent for respondents to have given up smoking (4%) as a result of attending the health assessment. However, it must be borne in mind that just as a proportion of respondents did not consume alcohol, many of those attending the health assessment and responding to the questionnaire were not smokers (78.6%). Nonetheless, taking into account the many health benefits to be gained from giving up smoking, the figure is nevertheless encouraging. One respondent told of how they had made a successful attempt to quit after being advised to join a local smoking cessation group:

The lady at the health check told me ways to stop. I joined the Fag Ends smoking group shortly afterwards and gave up for good three months ago. I feel great! HCSU97

A higher figure was seen for those who had reduced the amount that they smoked (13.8%), and respondents again gave examples of how tutors had helped them do this:

I have been trying to think of ways to give up since the smoking ban was brought in and the gentleman who gave me a health check gave me some very useful advice on how to do so. I have since made two attempts to give up and will be making another one soon – hopefully it will be third time lucky. HCSU89

Although I have not yet given up I have cut down a lot on the cigarettes I smoke. I am down to three a day when previously I was smoking more than twenty. HCSU131

Although 3.3% of people indicated that they had made other changes, on closer inspection these did fall into the categories provided. Respondents tended to use the ‘other’ option in this section of the
questionnaire as an opportunity to relate general information about the varying ways in which they had made changes:

*It brought about a change to eating habits and encouraged me to exercise. HCSU99*

*I discovered cholesterol was high for me. I signed up for the gym and tried some of the healthier eating tips to make small changes and improve my sometimes misguided idea of a healthy diet. HCSU142*

The comments of one respondent were especially interesting. Attendance had led to a diagnosis of diabetes and as a result led to substantial changes being made in the lives of both themselves and their family:

*I discovered I was diabetic following [the] health check. This shocked me and came as a complete surprise as I had no physical symptoms. I have since visited my GP and undergone blood tests and screenings. My whole way of life and diet has changed as a result, including that of my family. We are all more aware of our diet and all take more regular exercise. I have found the health check to be a very positive experience and have advised other staff/customers to take one. HCSU3*

The examples provided by service-users above illustrate the frequency with which positive changes were made as a result of attending the health assessments, as well as the range of different changes that were implemented. As is evident from Fig 9, the majority of those who responded to the questionnaire did take some measures to improve their lifestyle:
In total, 67.6% of those attending had made at least one change or more since their health assessment. Whilst 32.4% had not made any changes, comments made at the end of the questionnaire illustrated that this was usually because they were already living a healthy lifestyle at the time of attending – perhaps unsurprising given the success of the health assessments in venues such as sports centres and local gyms. Therefore, although their experience of the health checks was still viewed as positive, it had acted more in terms of affirmation and encouragement to maintain health rather than greatly improve it. Of those who had made changes, 16.4% had made one change, 24.8% had made two changes, 14.7% had made three changes, and 7.6% had made four changes. Lower numbers of respondents had made five changes (3.4%) and six changes (0.8%).

### 2.3.6 Access and convenience

**Fig 10**: Table showing responses to questions about venues that hosted the health assessments.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>No Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the venue convenient for you?</td>
<td>238</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>239</td>
</tr>
<tr>
<td>(99.6%)</td>
<td>(0.4%)</td>
<td></td>
<td></td>
<td></td>
<td>(100%)</td>
</tr>
<tr>
<td>Is it somewhere that you go regularly?</td>
<td>222</td>
<td>16</td>
<td>-</td>
<td>1</td>
<td>239</td>
</tr>
<tr>
<td>(92.9%)</td>
<td>(6.7%)</td>
<td></td>
<td></td>
<td>(0.4%)</td>
<td>(100%)</td>
</tr>
<tr>
<td>Was there adequate privacy?</td>
<td>220</td>
<td>9</td>
<td>8</td>
<td>2</td>
<td>239</td>
</tr>
<tr>
<td>(92.1%)</td>
<td>(3.8%)</td>
<td>(3.3%)</td>
<td></td>
<td>(0.8%)</td>
<td>(100%)</td>
</tr>
<tr>
<td>Did you feel it worked as a setting in which to deliver health assessments?</td>
<td>222</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>239</td>
</tr>
<tr>
<td>(92.9%)</td>
<td>(2.1%)</td>
<td>(2.9%)</td>
<td></td>
<td>(2.1%)</td>
<td>(100%)</td>
</tr>
<tr>
<td>Would you have preferred the health assessments to have been held somewhere else?</td>
<td>13</td>
<td>203</td>
<td>14</td>
<td>9</td>
<td>239</td>
</tr>
<tr>
<td>(5.4%)</td>
<td>(84.9%)</td>
<td>(5.9%)</td>
<td></td>
<td>(3.8%)</td>
<td>(100%)</td>
</tr>
</tbody>
</table>

All but one respondent stated that they found the venue in which the health assessments had taken place convenient. There was much support for the service because of its efforts to visit people in their own neighbourhoods and communities, rather than expecting people to travel out of their way to attend. Remarks made by interviewees supported questionnaire data which revealed 92.9% of service users regularly visited the venue their health assessment was held in, and people also noted that venues were convenient because of the close proximity to their home:

*I think it’s more convenient, especially being in community centres and things like that, where we all, at least a lot of us, go anyway. HCF15*

*We’re in the building and it was our dinner hour so it was easy to come down. HCF4*
This place is good for me, I’m only ten minutes away.  

HCF22

Those who worked in the venues where the assessments were held were exceptionally pleased with how convenient the service was for them:

I work here so how can I not be happy? That’s about as good as it gets.  

HCM8

Well if you’re holding it in workplaces you’re going to get people coming in aren’t you? It’s no hassle, just pop along when they can fit you in.  

HCF24

The majority of respondents (92.1%) indicated that they also felt there was adequate privacy where their health assessments had taken place. Only nine people (3.8%) said they did not think there was, whilst eight people (3.3%) stated that they did not know. However, although the majority of people felt that adequate provisions had been made to ensure privacy and confidentiality, some interviewees did feel that it was one area which could be improved:

[I would have liked] a bit more privacy really, because I could hear what people were saying and I’m sure they could hear what they were saying to me.  

HCF9

I would have liked a bit more confidentiality because there’s a lot of discussion about personal things and I think people would generally like their results to be kept just to themselves. It is easy to overhear what’s going on with the person next to you. It’s getting the right accommodation to match the service. People would probably open up a bit more in a space that was more conducive to confidential discussions.  

HCM10

The only thing is, it doesn’t bother me but it might have been a little more private. I wasn’t bothered but other people might be and it might discourage people to come and get one.  

HCF33

Such comments were supported by several questionnaire respondents, who indicated that they would have preferred the assessments to have taken place in ‘a more private place’ or somewhere ‘one-to-one with no overlookers’.
There was general satisfaction with when the health assessments were held, with 93.7% of respondents finding their appointment to be held at a convenient time. Just 3.3% of people would have preferred an earlier time while 2.9% would have preferred a later time.

Opinions on the length of the health assessments were also positive. Over 92% were happy with the length of time it took. Only 6.7% of people would have preferred it to be longer, whilst 1.3% would have preferred it to be shorter.
2.3.7 Opinions about staff

Fig 13: Table showing response to questions about staff who provided health assessments (n=239)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were they friendly?</td>
<td>239 (100%)</td>
<td>-</td>
<td>-</td>
<td>239 (100%)</td>
</tr>
<tr>
<td>Did they make you feel comfortable?</td>
<td>237 (99.2%)</td>
<td>1 (0.4%)</td>
<td>1 (0.4%)</td>
<td>239 (100%)</td>
</tr>
<tr>
<td>Did they explain what they were doing adequately?</td>
<td>236 (98.7%)</td>
<td>-</td>
<td>3 (1.3%)</td>
<td>239 (100%)</td>
</tr>
<tr>
<td>Were you happy with the manner in which they gave advice?</td>
<td>235 (98.3%)</td>
<td>3 (1.3%)</td>
<td>1 (0.4%)</td>
<td>239 (100%)</td>
</tr>
</tbody>
</table>

Service-users’ responses relating to the staffing of the health assessments were extremely favourable. As the above table illustrates, 100% of respondents thought staff were friendly and over 99% reported that staff had made them feel comfortable. Over 98% felt staff provided adequate explanations during the course of the health assessment and a similar figure were happy with the manner in which staff gave advice.

Interviewees spoke of their appreciation of the different ways in which staff had made their experience of attending the health assessments enjoyable and informative. One of the key factors in creating such a positive impression lay in the knowledge that different staff members possessed:

*The people here obviously have some sort of expertise in the area. I don’t know what training they’ve had but they really know their onions. There were lots of things I didn’t know and lots of things I’d never thought about that they covered when they were talking to me. And that’s a real help, to have an expert spend some one-on-one time with you.*  
HCM27

*She was quite knowledgeable, even though she’s not a dietician she was giving me advice on food. She spotted various little holes and she filled them, being nice, but she also said to discuss it with my doctor and it was good advice.*  
HCM18

Whilst discussing the knowledge that staff possessed, one man also remarked that he felt he was more likely to act on the advice given during the health assessment than he would do if it was provided by his GP:
I will act on it. More so, strangely enough, than I would’ve done with me doctor. I don’t know why, I’m not sure. The person I spoke to, he obviously had some experience, and the other thing is he was pretty much the same age as I am, had had the same sort of experience as me. And my GP is a lot younger so, so it’s really interesting that I found it easier to listen to someone my own age. HCM7

Several other interviewees also commented that they liked the health assessments because the tutor was of a similar age group. Nobody indicated that they would have preferred a male or female tutor - it was felt that because the content of the assessments was general in nature that having someone of the same gender as themselves would have made little difference to their experience of the service.

Another positive element in the way the health assessments were delivered related to the relaxed atmosphere that tutors created. Staff put service-users at ease and they were then fully able to concentrate on the results and information they were given. Again, this often contrasted to experiences of other health care services:

*It’s a friendly atmosphere for a start off, and as I said, they explain, like, even how the machines are working and what they measure and what’s your normal on things. Instead of when I went to my doctor and he just said ‘Your blood pressure’s really low, you’ve got to go into A&E and get an ECG.’ She panicked me! She didn’t tell me what was normal or anything; she just said it’s really low and told me what my blood pressure was, but these have a different approach. I know they’re different jobs but it’s people skills, that’s important when you’re talking to people about their health.* HCF30

*It’s more attentive than your GP. The lady took time to sit and explain things. I felt like I was being listened to and I felt like she was giving me useful information back from the information I was giving her. So not just paying lip-service to what I was saying.* HCF33

*The one-to-one personal touch; they were very nice, polite, didn’t rush you, which you don’t get [elsewhere]. It’s very laid back, relaxing, made you feel comfortable. They’re not telling you off, [they’re] encouraging you.* HCF6

Service-users particularly welcomed how they were made to feel relaxed about the areas of the assessment which required the taking of a small sample of blood. This was often an area in which people needed reassurance:
They’re very nice people, very reassuring, helpful, which I needed because I was a bit nervous, as I said, and I don’t like needles either. HCF17

It was fine, they were friendly, made you feel at ease. They let you know what they were doing and when the needle was coming! HCF2

Everything, before she did it, she told me exactly what she was gonna do and that made it less worrying for me. HCF43

My partner hates needles but the way they do it here is far kinder, it’s only a little pin-prick so he wouldn’t have minded that. HCF13

Service-users noted that the manner of staff also made their experience less intimidating:

They don’t scare you or frighten you or make you feel intimidated or anything. HCF43

And they also welcomed the way in which staff were not judgemental:

With these guys they’re not being judgemental at all. HCM7

They’re non-judgemental as well, that was quite good actually. HCM10

In all, during the course of data collection there was only one instance where a member of staff was criticised.

I was specifically asked not to be told about my weight (I have numerous mental health issues and it was important to me not to hear my weight). Then I was told my weight – it distressed me in the run up to Christmas. I wanted to know about cholesterol, blood pressure, glucose, diet information etc. If it was written down in kilograms I could have avoided seeing it. I think peoples’ requests should be honoured but apart from that I’m glad I had the health check. HCSU30
2.3.8 Suggestions for improvement (2)

At the conclusion of their discussion with the lead researcher, each interviewee was asked if they felt there was anything that could be done to improve the health assessments, with questionnaire respondents also providing a series of comments on the same area. As service-users had mainly had a positive experience of the service, many of the suggestions made focused upon ways in which to expand it and make it available to more people. For example, some believed that the health assessments should be offered on a permanent basis in the North Liverpool area:

*I think on a permanent basis you’d get more and more people wanting to come in, get it done, word would spread. Look at the likes of meself, I’ve told loads of people. HCM23*

*These health checks should happen on a permanent basis so that people like me can see whether they are getting better or worse with their health, or maintaining it well like myself. HCSU7*

Others suggested that the health assessments should be made available on a more frequent basis. One individual thought they should be offered monthly:

*I’d like to see them on a regular basis. I’d say monthly, myself. I’d like to see them connected to small local health centres . . . they should do more outreach, more localised programmes. HCM18*

Whilst others thought a visit three or four times a year would be more appropriate. It was felt that this would enable service-users to receive an update on whether any progress had been made since they last attended:

*I think they should come here every, if it was funded enough, three or four times a year – keep an update on people, see how they’re making progress every three or four months. HCF24*

*I think a bit more often, more frequent. Because I wouldn’t mind going say, every three months or something, to get an update. HCF36*

Mirroring the length of time usually left by the Healthworks team before returning to a venue, another service-user felt that it would be better to leave around six months before attending a second assessment:
I think it was a very good thing, these health checks, and you should have them more often, say every six months. I know a lot of people would agree. HCSU24

Service-users felt that increased advertising would also improve the service, ensuring that attendance was always high:

I saw it the other week on the wall but I would say it should be up a bit bigger because I have a friend who comes and she never noticed it, so it needs a bigger sign. HCF31

As long as there’s enough advertising about for it then it can only be a good thing - in supermarkets and everywhere really. HCF30

I know a lot of people that would come if it was advertised a bit more. Even if it was put in the free paper, the Merseymart, that would get people in. I mean people round the area, they wouldn’t know until I told them this was going on, y’know? Because they wouldn’t come to the centre, some of them . . . and they wouldn’t see the notice then, would they? So if it’s advertised in the free paper it’d be good. HCF31

Others felt that attendance of the health assessments could be boosted by notifying people who had previously attended when it would be returning in the future:

I don’t know whether they could take a list of details and email you or something, so you know when they’re going to be back and you can come every year. HCF22

If they took your mobile number then they could text you to let you know when they’re coming back. HCF4

Another suggestion to increase the numbers of people attending involved the health assessments being offered in more and different types of venues:

Just for them to be available in more places. HCF22

They should go to the men’s boxing gyms, because it’s all women here today. HCF35
Aside from making the health assessments available to a wider range of people, there were also suggestions on how to improve the content of the sessions themselves. One man thought that the types of machines used for the cholesterol tests could be reviewed:

The cholesterol check, there’s an overall figure. When you go to the hospital there’s two figures that go up and down. If you had a smarter machine, which I saw on a programme not so long ago, same sort of thing - prick off your finger, put it in – probably a slightly more expensive machine, if you could buy one of them that’d be good because one of the things, it seems, is you’ve got an overall figure but you don’t know what the balance is. That could be mostly bad or it could be mostly good, so it throws a different light on the result. HCM25

Others felt that the addition of more tests would also be beneficial:

I wouldn’t have minded having a lung capacity one done. That was one thing I thought may have happened to day but it didn’t. HCM48

What I think would be useful would be a full proper health check. You can book into hospitals, private hospitals obviously, right, but they do a comprehensive health check which does the lot, you name it. If you could do that here you’d be doing a lot of people a lot of favours. If you could check everything, any possible cancers, arthritis, the works. That would be a real useful thing and you’d get a lot of people taking that up. If they can do it in the hospital, why can’t they do it here? This is a rough thing, if they got more into it I think it’d be beneficial. HCM40

Other, however, disagreed with those above. They viewed the tests on offer as more than adequate for the half-hour period for which the health assessments ran:

The time was fine; he told me everything I needed to know. You don’t need to add anything. If you had lots of notice maybe it could be longer, if it covered everything anybody needed . . . but half an hour is fine, when lots of us are just popping in and out, or doing it after we’ve been to the gym. HCF20

I don’t think there’s a need for any more tests. I don’t think they should go too deep, anything more than they do is for your GP really. HCM7

I don’t think there’s really anything you could add. HCM10
And in the main, most service-users described their satisfaction with their experience of the health assessments:

*I can't think of any [improvements], I think they're fine. They give you lots of information, what you need to know and how they're doing things, how all the different machines work.*  HCF30

**2.3.9 Service-user conclusion**

Service-users’ comments about the content and structure of the health assessments were generally extremely positive. There were numerous testimonies demonstrating the widespread support for the service and its ability to impact upon the lifestyle of individuals resident in North Liverpool:

*I have always thought that everybody should have regular health checks, because in the long-term I always think it would cut down on health costs if early signs are detected. I, for one, was delighted that these checks were happening in our neighbourhood and told as many people as possible.*  HCSU98

*I think it’s a very good initiative. I think we care about our cars going in for MOTs and we care less about our own bodies. It’s very good to be able to check up on your health; it’s very important. I don’t know why companies don’t take more of an interest in the health of their employees – surely this kind of thing once a year would be in everybody’s best interests.*  HCM48

*I think they’re a brilliant idea. I would never have thought about going to my GP for these sorts of tests but I would now that I have had them done once. I can keep an eye on how my results fare in the future, see whether I’ve improved.*  HCF9

*These are great for prevention advice . . . I went down the hill a little bit, health-wise, but this should help me get back up there.*  HCM7

*It’s good for all ages or sexes. They're very informative and very revealing and give you that info on things that you might turn a blind eye to at times . . . but it’s very informative and very useful.*  HCM45

*I think this is a very comprehensive way of doing things. I think for people who don’t go to the doctor’s very often, this would be a good thing.*  HCF50
Even though it’s just confirmed what I already know, it’s really a good kick-start to go and do what I know I should be doing. Instead of putting it off till tomorrow, I’ll start today. HCF3

I just think it’s great. I think there’s a whole load of things that need doing as far as helping people become more aware of things around here. I’ve never been a fan of the health promotion stuff, with all respect to the people that do it, because it’s very nice brochures, and the design work has been lovely, but people just put them in the bin, if they even pick them up. But these are better because people are actually sitting down with people in the community that they’re from and live in. It seems like more of a commitment than a brochure or a leaflet. HCM7

I know I’m overweight and [was] a bit frightened to come because you know they’re going to tell you what you already know. But now I’ve had it done I’m glad. HCF17

These are brilliant . . . I recommend these for everyone to come, and then if you’ve got any problems go to the doctor’s. These put you at peace of mind with what to do. HCF28

A lot of people would say these are quite trivial but they’re not. They’re something quite important. [They’re] trying to keep you healthy, not just patching you up and sending you back out. HCF32

The favourable views that service users held were further illustrated when considering the number of attendees who said they would recommend the assessments to other people following their participation:
Of those who completed the questionnaire, 72.8% said they would recommend the health assessments to other people while just 0.8% said they did not know. Interviewees explained why they would advise others to attend:

I’d definitely recommend them. I think, y’know, if there is something to raise up, it’s best to have it raised up and do something about it and obviously it puts your mind at ease. HCF11

I’ll tell me mates to come down because I think it’s a good indication of your health, especially when you get to a certain age in your life and think about it more. I’m thirty-six, as you get older you need to know if there’s any problems and now I know. HCF34

Over a quarter of questionnaire respondents (26.4%) said that they had already recommended the health assessments to others, and this was again mirrored in the comments of interviewees:

I have done actually, in the past. I did see a girl and she’s booked in for this afternoon at three o’clock. HCF20

My sister’s outside and she doesn’t wanna know but I made her go and get a test. She’s one of those people who’d rather not know but in the end I made her get it done. HCF22

I had one before, about twelve months ago. They said the cholesterol was good, which was good to know. My BMI was high before and my cholesterol’s come down from last time. HCF1
Support for the health assessments was also evident in peoples’ responses to being asked whether they would attend a health assessment in the future:

![Chart showing responses to the question: Would you attend a health check again in the future?] (n=239)

Over 84% of respondents said they would use the service again in the future, with a further 7.9% having already had a second health assessment. Only 5% of people said they did not know whether they would attend again in the future, and just 2.9% said they would not do so.

2.4 Discussion

The findings presented in the current chapter of this report contribute greatly to our understanding of how the health assessments operated as part of the Action for Health programme. Data gathered from interviews demonstrates that those involved in the organisation, support and provision of the service were all positive about how 2937 health assessments had been delivered in North Liverpool by June 2008. Data from further interviews with service-users, observations and the structured questionnaire complemented those provided by staff – and enabled the research team to present a record outlining the key issues for the service and its stakeholders.

One reason for service-users’ positive views of the service lay in its convenience - health advice was easily accessible in an environment viewed as familiar and comfortable. The variety and type of venues that the health checks were delivered in were seen as contributing factors to the wide range of people taking part. Service-users enjoyed using a service that ‘came to them’, as opposed to visiting somewhere less convenient.
The health assessments were viewed as a service that could be accessed irrespective of how people were feeling about their personal health. Whereas many service-users in good or bad health rarely saw their GPs, it is interesting that the majority of those who attended the health assessments had no specific health complaints to discuss. By giving people the chance to talk with someone about how best to take preventative measures to improve their health, the service provided its target group with information that they rarely sought elsewhere.

Another of the strengths of the health assessments lay in their ability to provide detailed, tailored advice to people, regardless of whether they adopted healthy or unhealthy lifestyles. Positive health behaviours were reinforced amongst those who were already maintaining good health and wellbeing, whilst those who were less healthy were encouraged to incorporate such behaviours in their daily lives. The results of the questionnaire, which showed that almost 70% of those attending had made at least one change to improve their health as a result of attending, provide a testimony to the service’s ability to impact on those at whom it is aimed. Changes made ranged from the relatively easy, such as increasing water consumption, to the more difficult, such as giving up smoking. Improvements to diet and increased physical activity were also reported. The benefits of making such changes are clear. Increased water consumption has been linked ‘with a reduced range of conditions including heart disease and some forms of cancer’; physical activity also helps in the prevention of heart disease, as well as diabetes and stroke prevention; long-term improvements to diet can lead to a reduced risk of non-communicable disease; and giving up smoking can help to cut down the likelihood of suffering from similar diseases, as well as reducing the chances of experiencing stoke and impotence (Briffa, 2004; Bassey, 2000; Taylor et al. 2002).

The service did appear to be reaching those who needed it the most – those at risk of early disease. Data collected by Healthworks recorded that over a fifth (21.4%) of those who attended were smokers, only 31.1% fell into the ‘healthy weight’ category and 76.6% had ‘poor’ body composition. In some cases, excessive alcohol intake was also reported – one service-user reported drinking an average of 210 units per week. Questionnaire data also revealed that large proportions of single people were reached, a group consistently linked with poorer health and lower life expectancy (Cheung, 1999; Ben-Shlomo et al., 1993). Those with limited knowledge of health matters were also seen by tutors, and they reported how, in some cases, poor health was described as ‘normal’. Service-users appeared to have grown accustomed to poor or ill-health, and as such, expectations for their own wellbeing were low. There also appeared to be a distancing between their lived experience of poor health and the poor health behaviours that were adopted. For example, rather than linking it to poor diet, excess weight was normalised by comparisons to peers who were also overweight, or
seen as unproblematic in comparison to peers who were either extremely overweight or obese. Whilst there was disparity in the levels of knowledge service-users possessed - many were aware of the risk factors associated with poor diet, excessive drinking, a lack of exercise, and smoking - with the exception of campaigns that recommended an increased consumption of fruit and vegetables, or increasing levels of exercise, they were usually unaware of official guidelines. There was also clearly confusion surrounding the unit-measurement system for alcoholic content in drinks. Therefore, addressing any gaps in knowledge and informing service-users of current official recommendations made up another important part of tutors’ role. As has been noted, knowledge, followed by a change or development in attitudes / beliefs and the adopting of certain behaviours, is often the first step in leading to improved health (Hyde, 2003).

The way in which such knowledge was delivered was also described by service-users as contributing to the effectiveness of the service. The manner of staff, coupled with their ability to communicate in a friendly, reassuring, clear and easily understandable manner, meant that service-users were not intimidated by the experience of undergoing a health assessment, and were subsequently more receptive to the advice that was offered. Contrasting with the target group’s contact with other health care services, service-users were able to learn more about their own health and health issues in an enjoyable way. The structure of the service, the advice given, and the one-on-one contact service-users received was also beneficial in other ways – many service-users were uncomfortable with attending smoking cessation groups, and so welcomed the opportunity to talk about giving up with tutors alone.

Signposting people to other agencies and organisations formed another key part of the service’s role. Where appropriate, smoking cessation and alcohol services were amongst those to whom service-users were directed and recommendations to visit GPs were also common. As a result of blood pressure testing alone, over 12% of those attending were advised to request further tests at their local surgery. There were also two examples given of service-users who had, after being advised to do so by tutors, seen their GP and been diagnosed with serious conditions. In both cases these individuals expressed their gratitude to staff delivering the health assessments. Clearly, then, informing service-users that the health check does not constitute a replacement service for their local practices, which can obviously provide more specialist facilities and services, will continue to remain a vitally important part of the advice provided. It is also clear that despite some service-users’ wishes for screenings of various cancers to be made available at the health assessments, it would not be practical or appropriate for them to be undertaken in the locations in which the health assessments took place. In addition to ethical issues, staff employed to run the health checks were not qualified to undertake
screening for such diseases. It is also likely that any addition of such tests would increase not only the length of time of each health assessment, but also the speed with which tutors would be able to deliver results – two of the main contributing factors to many of the positive comments made by service-users.

In general, there were few criticisms of the service from those who took part. When asked for any suggestions on how the service could be improved, comments tended to simply focus upon ways in which the service could be held more often and in more venues, underlining service-users’ general satisfaction with their experience of the health assessments. Whilst the most common criticism of the service, related to concerns about privacy and confidentiality, must be acknowledged, the fact that the overwhelming majority of questionnaire respondents did not regard this as problematic must also be taken into account.

This study is somewhat limited by its reliance on self-report measures. It is possible, for example, that those service-users who reported making changes to their health since attending were far more likely to complete a questionnaire than those who had not. Furthermore, the greater-than-average proportion of illiterate adults in North Liverpool may have meant some were unable to provide information relating to their experience of the health assessment in written form. It is also likely that those who did not regularly use the venue in which health assessments took place were unable to complete a questionnaire.

Although both financial and time constraints meant it was not feasible in this short study, future research into the effectiveness of the health assessments may benefit from repeated tests on participants for blood pressure, stamina, cholesterol and BMI to allow any improvement in individual health to be monitored over a long-term period. Whilst no significant data emerged from comparing questionnaire responses with age, ethnicity, marital status, and work status, it would also be useful to collect and analyse data in relation to the income levels and qualifications of those taking part to further examine how different service-users experience the service. Exploring responses according to socio-economic status, through the use of measures such as the Townsend scale, which is linked to postcode address, would also strengthen any additional work.

Health promotion services such as that provided by Healthworks as part of the Action for Health programme may only play a small part in addressing the challenges faced in attempting to improve health in deprived communities. Nevertheless, large numbers of service-users (both men and women from a wide age range) reported taking positive steps to improve their health, suggesting that the
service’s aim of assisting and encouraging people in taking preventative measures to improve their health was met. Bearing this in mind, such initiatives deserve careful consideration nationwide from those commissioning health promotion programmes.
3. BLACKBURN HOUSE COURSES
3.1 Background
The second component in the evaluation of the Action for Health programme examines two training programmes for female residents of North Liverpool delivered by the Blackburne House Group. Based in Blackburne House in central Liverpool, the Blackburne House Group has an established reputation as a provider of training courses for women and was commissioned to deliver three training programmes under the Action for Health programme: Healthy Living Healthy Life; Fresh Focus; and Careers and New Developments for Young People (CANDY). It is the first two of these programmes that were to be included in this evaluation.

Healthy Living Healthy Life is a programme aimed at women who are suffering from low self-esteem or depression and is designed to promote personal and social development and to increase confidence and self-esteem using a variety of different techniques and approaches. Over ten half day sessions the programme covers a range of topics and approaches, including general health and lifestyle, nutrition, relaxation, yoga, women’s health issues and support in giving up smoking. The programme outline indicates that for a course to run there must be a minimum of eight and a maximum of twelve participants.

The Fresh Focus programme is also aimed at women who have experienced depression or anxiety and is designed to help participants to gain or regain a sense of direction. Like the Healthy Living Healthy Life programme, Fresh Focus draws on a variety of techniques and approaches that are aimed at reducing stress and building confidence, including yoga and relaxation, as well as creative activities such as creative writing and arts and crafts. Each Fresh Focus course is designed to be delivered to ten participants over a ten-week period for six hours a week.

3.2 Research design
In the original research proposal component two of the evaluation was designed to evaluate the Healthy Living Healthy Life and Fresh Focus programmes, using a mix of qualitative research methods to explore the views and experiences of course participants as well as those involved in the organisation and delivery of the two programmes. These methods were to be: observation of two sessions of each of two separate courses, one Fresh Focus course and one Healthy Living Healthy Life course (four observations in total); one focus group for each of the two courses with course participants (two focus groups in total); semi-structured interviews with key stakeholders involved in organising and delivering each of the two courses. However, due to various difficulties relating to the organisation and delivery of the courses it has not been possible to complete this plan of work. In the event one observation was completed and two key stakeholder interviews were conducted.
3.3 Summary of fieldwork undertaken

In December 2007 and early January 2008 preliminary discussions were held with the Action for Health programme’s Project Support Officer (PSO) and with the tutor from Blackburne House Group (BHT) responsible for delivering the Healthy Living Healthy Life and Fresh Focus courses regarding arrangements for the evaluation. The Project Support Officer was involved specifically in facilitating the Healthy Living Healthy Life courses taking place in Anfield, organising venues and publicity etc. It was felt that it would be useful to include one of the Anfield Healthy Living Healthy Life courses in the evaluation. Discussions with the Blackburne House tutor were useful in identifying all the Healthy Living Healthy Life and Fresh Focus courses planned in North Liverpool in the early months of 2008 (when the fieldwork for the evaluation needed to be undertaken). She indicated that as well as the one planned in Anfield, two other Healthy Living Healthy Life courses were planned to start in January, one for Fountains Sure Start to be delivered in Blackburne House and one in Vauxhall Health Centre. She advised that recruitment for the Anfield courses had been difficult in the past and that the Vauxhall Health Centre course would be a better one to evaluate as it was more likely to have the full quota of participants. She also explained that no Fresh Focus courses were arranged at that point in time, although she anticipated that one might be organised to take place in Rotunda Community College, starting after Easter. Fresh Focus courses might also be arranged in other venues.

Following these discussions it was felt that because of the established contact with the Project Support Officer, an attempt should be made to evaluate the Anfield Healthy Living Healthy Life course, with the proviso that if this was not possible due to low numbers then the Vauxhall Health Centre course starting at the same time could be used. In relation to the Fresh Focus course, it was decided that if the Rotunda course was to take place this should be used for the evaluation.

The researcher attended the taster session at Anfield Sports and Community Centre (ASCC) on the 14th January 2008 for a Healthy Living Healthy Life course, with the full course due to start the following week. The intention behind running the taster sessions seems to have been to give potential participants the opportunity to find out what the course would be like and to make an informed decision about whether or not they want to commit themselves to attending all ten sessions. The Project Support Officer had taken responsibility for publicising the taster session and the course itself, with leaflets being circulated in the neighbourhood of ASCC prior to the taster session.
The taster session had originally been planned to start at 9.30am but at some point the time had been put back to 10.00am. The first two participants to arrive, just after 10.00am, were both known to the Project Support Officer from previous courses. A third woman with a toddler arrived shortly after, intending to attend another course taking place in the centre, but seeing the publicity for the Healthy Living Healthy Life course she decided she would like to attend that instead. The Blackburne House tutor arrived at 10.15am. After waiting a little longer for further participants to arrive, she decided that the session could not go ahead because there were not enough participants and because two of the three women who had turned up could not count as beneficiaries because they had already attended other Action for Health courses, although they could have attended the course if enough new participants had been recruited. Ten new recruits were needed for the course to go ahead. After discussion amongst all those present it was decided that another taster session should be held on the 18th February, with a view to the course starting on the 25th February. The two women who were already known to the Project Support Officer seemed keen for the course to go ahead and seemed confident that they could help to recruit enough participants themselves through another course that was taking place and other local contacts.

The researcher also discussed with the Blackburne House tutor the possibility of attending the Vauxhall Healthy Living Healthy Life course which was to begin the following day. The tutor advised that although it was a Healthy Living Healthy Life course it was going to be slightly different in focus and in the client group it was aimed at than the other courses. It had been set up at the request of one of the GPs in the health centre and was to be aimed specifically at women suffering from stress who had been seen in the practice, and the emphasis was to be upon yoga and relaxation techniques rather than more broadly upon promoting various aspects of health and well-being.

Faced with all this information a decision was taken to continue with the plan to evaluate the Anfield course and to keep open the possibility of also evaluating the Vauxhall course. Subsequently, however, it was decided that it would not be possible for the Vauxhall course to be used in the evaluation as the tutor felt that the course participants were too vulnerable. It was also decided that the Anfield Healthy Living Healthy Life taster session planned for the 18th February would not be taking place because there had been no recruits to the course and it was unlikely that the course would be rearranged. The tutor also advised that Vauxhall Health Centre had approached her about running another Healthy Living Healthy Life course in the near future and that if this went ahead the evaluation would be built into the course from the start so that participants would be fully aware of it when they joined the course. At this point the researcher decided that in order to be sure of having any course to evaluate the Healthy Living Healthy Life course being run at Blackburne House for
Fountains Sure Start should be used. The Blackburne House tutor agreed to the researcher attending the next session, the report of which is given in the following section. In the event the session on the 27th February proved to be the only course observation that could be conducted for the evaluation.

Following the observation of the single session of the Fountains Healthy Living Healthy Life course, no progress was made in setting up any further fieldwork as no further courses were arranged that could be included in the evaluation. Occasional telephone calls were made to the Blackburne House tutor to establish if any courses were taking place, but none were. In May 2008, following discussion with colleagues involved in the research a decision was taken not to continue trying to set up further observations.

3.4 Report of an observation

The researcher attended a session of the Fountains Healthy Living Healthy Life course at Blackburne House on the 27th February. Only two women attended the session, three or four others having sent their apologies to the tutor. The session had been planned as a yoga session. The two women arrived together at 10am. At the start of the session a discussion took place between the participants and the tutor about the date of the next session. The Blackburne House tutor said that she had been informed by Sure Start that the following week’s session would not be able to take place as another course was taking place that day. Both women said that they had been informed by the receptionist at Blackburne House when they arrived that the session had been cancelled but that they had not been informed of the cancellation by Sure Start or of any other course taking place, and said that they wanted to come to the Healthy Living Healthy Life course. It was agreed that a session would be held the following week, 5th March. The tutor suggested holding an additional, final session on Monday 10th March, which both women said they were able to attend.

The rapport between the women and the tutor seemed good, informal though not over-friendly. With such a small group it was difficult to get much of an idea of what kind of group dynamic existed between course participants. The session began with some gentle warming up exercises, loosening limbs and joints. The exercises during the session were generally fairly gentle, with a focus on breathing and basic standing posture as much as on holding particular yoga positions. The focus seemed to be mainly on the exercises as a form of relaxation rather than as body-conditioning exercises, although the tutor did explain how different stretches were useful for different kinds of exercise. She also referred to the benefit of different stretches for different organs, particularly the kidneys and lungs. Towards the end of the session she took the class through an exercise which was supposed to be particularly helpful for people with asthma, in helping to relax the lungs and prevent
asthma attacks. She built this into the session specifically for one of the women whom she knew suffered from asthma.

As the tutor took the class through the exercises she gave a commentary on what kind of effects they were supposed to have. She also gave suggestions on how the women might build them into their daily routine. This stimulated some discussion, with the women commenting on how they had tried to do some of the exercises at home. One woman said that she didn’t like doing the exercises when her partner was there, and described how she had tried them when he was out, and how one of her children joined in. The other woman said that she had tried doing some relaxation exercises with her son in the bath, including ‘omming’. The tutor also talked quite a bit about her own experiences, particularly as a mother when her children had been young, and how she managed to fit her yoga exercise and relaxation into her day whilst the children were at school. None of this discussion threatened to take over the class, however, as both the women seemed keen to be there and to get on with the exercises.

It had been established at the start of the class that the two women were being collected by taxi at about 11.30, so the class was an hour and a half shorter than normal. The last fifteen minutes of the class were spent doing relaxation on the floor, which was obviously a popular part of the class for the women. At the end of the session the tutor recapped that the researcher would be coming to the session on the 10th March.

In the event, the session provisionally arranged for the 10th March did not take place, and the final session took place on the 5th March. However, rather than holding a separate session the tutor decided that for the final session the class participants would attend a special ‘pamper day’ that was being held for participants in another course. This meant that it would be impossible for a second observation to be conducted. However, the researcher did attend on the 5th March with the intention of running a focus group at the end of the session with the Healthy Living Healthy Life course participants who were there. Unfortunately only two of them were present, which meant that running a focus group was out of the question.

3.5 Findings from key stakeholder interviews

Semi-structured interviews were conducted with two key stakeholders: the Project Support Officer and the Blackburne House tutor responsible for delivering the courses. These interviews help to bring some insight into some of the problems that emerged during the attempts to conduct the fieldwork described above.
One of the main problems seems to have been Blackburne House’s lack of experience working out in local community settings. Instead they deliver most of their courses in Blackburne House itself. Their lack of connectedness to local community organisations, particularly in North Liverpool, meant that it was difficult for staff of the organisation to set up links with community organisations willing to host the courses. As the tutor explains it:

I think there needs to be more liaison with community groups because we found it very difficult to get in to talk to community groups . . . cos there was this huge meeting at Liverpool football ground and we were there and quite a few people said ‘We’d like to run your course in this area and this area’ and we said ‘Yeah, yeah’ and then [the learning manager] went and followed them up and there was shut doors everywhere so . . . we’re city centre we’re not North Liverpool and also I think for us we work in different areas, we work with the LSC a lot, so we do have different links, we do a lot of work with the PCTs, we’d like to work with the drivers more so than in the community. BHT

The quote highlights the inexperience of Blackburne House staff in working with community organisations and their preference for working with organisations ‘driving’ local service provision rather than with community organisations. There was perhaps a failure, both on the part of Blackburne House, and indeed of Action for Health, to fully appreciate the amount of preparatory work that would be needed for the courses to be successfully set up and delivered in local community settings. Given the amount of groundwork and ongoing administrative work that the courses required, it might have been sensible for Blackburne House to have appointed a member of staff with experience of working with community organisations whose time could have been dedicated to the administration and management of the programme. As it was both of the two key Blackburne House staff members involved in running the courses had other competing priorities within Blackburne House and were unable to make the administration of this part of the Action for Health programme a priority.

Once the difficulties became apparent they were drawn to the attention of the Action for Health programme co-ordinator, at which point the Project Support Officer was brought in to facilitate the delivery of the programme, taking responsibility for identifying and booking local venues as well as for designing and distributing publicity for the courses. The Project Support Officer has clearly been enthusiastic and committed in her approach to what has obviously been a difficult task, something which is acknowledged by the tutor:
I think [the Project Support Officer] has a really difficult job cause she didn't really know what we were doing, and in particular she did want to come to one of the classes and say 'What is it you do?' cos she came to the one in NSPCC. BHT

The Project Support Officer is a resident of North Liverpool based in an office in Anfield and has clearly engaged creatively with the task of publicising the courses, designing publicity materials herself and finding imaginative ways of distributing them in the local community, as this quote from her illustrates:

The good thing is because I have got such a good base in Anfield there were other people giving leaflets out for me. I think people who came to the first one, if the other course had been booked I would have just given them leaflets to say go, as well as me going round the shops and the doctors’ surgeries. PSO

However, it seems that even these efforts were not enough to generate sufficient local interest in the courses for them to run successfully. The main problem was that the courses did not attract sufficient numbers of participants, with the taster session at ASCC reported earlier, for which only three women showed up, apparently being typical. The tutor similarly describes attempting to run a course at NSPCC at which only two or three women arrived the first week, followed by only two women the second week, at which point the decision was taken by Blackburne House staff to cancel the course. From Blackburne House’s point of view eight to ten participants were needed for the courses to run. This was stipulated in the course outline for the Action for Health programme. As the tutor explains, for the courses to run optimally it is important for the courses to have this number of participants, as this enables the creation of a productive dynamic between participants, facilitating the creation of social networks that can be sustained beyond the end of the course:

We needed between eight and ten people to run it. Because of, if you think about some of these courses, they're group orientated courses, they need to be, you need to work in a group, you need to bounce people off each other, you need to find a support network so that when they've finished they can still have a community. The one that was really good was the one at St Columba's because those women are still doing things within ABCC. Those women are still working within the community and one lady has gone on to yoga teacher training course herself, somebody else has got a job, so they're actually successful in that they, as a group, supported each other. BHT
The rationale for group size is clearly sound. Although it could be argued that Blackburne House staff were too ready to abandon courses on the basis of insufficient numbers of attendees, particularly at ‘taster sessions’ such as the one at ASCC described earlier, it is also clear that without sufficient numbers of participants at the start of a course it is unlikely that the course will succeed. Rather, it is more likely that participants will leave if the class is not of a sufficient size to allow for the creation of a productive and enjoyable learning environment.

The problem of low numbers was exacerbated by the apparent need to meet targets relating to the numbers of beneficiaries of the courses. Where courses had been successful, such as the one held at St Columba’s church, women who had attended those courses were enrolling for other Action for Health courses. Whilst this is a mark of the courses’ appeal and success where they were successfully delivered, the women who attended a second course could not count as new beneficiaries. This was certainly one of the reasons given for abandoning the Healthy Living Healthy Life course at ASCC described earlier, with two of the three women attending having attended a previous course. Given the context of the recruitment difficulties faced by those running these courses, this seems to have been an unhelpful additional constraint.

A number of other factors are identified by the tutor as having contributed not only to the problem of low uptake but also to that of retaining participants who did enrol on the courses. Firstly, the fact that the courses were free is identified as a disincentive. Blackburne House staff have experience of running both free courses and those for which participants are charged a fee, and have recognised that the courses which are free do not attract as much interest as those for which a charge is made. They are also likely to suffer higher drop-out rates. Secondly, on the basis of the courses that were successfully delivered, the tutor feels that the courses would have benefitted from being shorter than the six or ten weeks that they ran for, as attendance tended to fall off after a few weeks. It is felt that more intensive two or three day courses might be better attended, and possibly attract greater interest. The third factor identified by the tutor as accounting for the low uptake of the courses is the lack of motivation of the target populations to take an interest in their own health and well-being. She makes the point that many women in the areas in which the courses were being run lived in ‘survival mode’ which meant that they did not give a high priority to the kind of holistic health-oriented activities that the courses were promoting:

*Also, like, what value people put on health, which I think is a big question, what value do people really put on their health, to attend these things? So it was, you know, at times people put other things before themselves. So they end up not going to the yoga class or they're not going to - you*
know, to boost your own confidence, not going to education classes because they're just living, they're just surviving. You know, in areas where things are down, you just survive. BHT

She goes on to reflect on how this problem of low motivation affected one of the courses that was successfully delivered, that held in Vauxhall Health Centre. This course was held at the request of the staff of the health centre, and was seen by the tutor as being successful in addressing the physical and emotional needs of a fairly vulnerable group of women. Despite this success, however, the course still suffered from recruitment and retention problems, with only ten women enrolling out of fifty who put their names down as being interested in the course. Of the ten who enrolled only five or six continued with the course through to the end.

In addition to the problems recruiting and retaining course participants there seem also to have been ongoing communication problems between Blackburne House and community organisations that have further hindered the process of setting courses up. However, these communication problems can be seen as being in large part be due to the lack of clear managerial/administrative responsibility for the courses within Blackburne House that has already been identified. One particular example that is mentioned by both the Project Support Officer and the Blackburne House tutor relates to a course that had been planned to take place in Rotunda Community College. The tutor explains what happened from their perspective:

We went to run one at Rotunda and absolutely nobody told us what was happening with recruitment or anything, so we didn't, we just assumed it wasn't going to run. Cos it was in their blurb, we got it to them before Christmas to put Healthy Living Healthy Life in January and then we heard nothing about it, so, and when we phoned up we couldn't get hold of [Rotunda centre manager] so we didn't know, we just let it go because obviously it's not recruited. BHT

The Project Support Officer explains her understanding of what the problem was, from the perspective of the Rotunda centre manager:

From what I heard from [centre manager] she had tried a few times to try and get dates back off them and never got anything. But that again, that is just what she said to me, I don’t know what has happened from Blackburne House’s side of things. PSO

These quotes highlight the problems of poor communication and inadequate management that seem to have dogged the Blackburne House component of the Action for Health programme. Blackburne
House staff believed that firm dates had been set for the course they were to run in Rotunda, with details reportedly being published in Rotunda’s ‘blurb’. However, the Rotunda centre manager reportedly tried and failed to get dates from Blackburne House staff. It is impossible to apportion blame for this failure of communication simply from these quotes. Certainly the tutor recounted the situation as an illustration of the difficulties that Blackburne House had had in their dealings with community organisations. However, what seems clear is that there was a failure on Blackburne House’s part to take sufficient initiative in following up the arrangement made with Rotunda, with staff assuming that the course was not going to run simply because Rotunda had not been in contact with them to let them know about recruitment. Again, this seems to be a consequence of the lack of clear responsibility for the management and administration of the courses on Blackburne House’s part. Another similar failure of communication seems to have occurred over the setting up of a course at ASCC:

There was one instance when we were in Anfield Sports and Community Centre when we just spoke, when we cancelled that course we just, [the tutor] said ‘We will do these dates’, I said ‘Oh right, check with the venue let me know whether they are ok’, I said, because otherwise I can’t advertise something if I don’t know everything is confirmed, and I never heard anything back until a week before the date that she had suggested, and said ‘How are the numbers going for the new course?’ I said ‘Well, you never confirmed any of the dates with me’, so I had done no publicity. Spoke to the venue a couple of weeks later, and they said, they had asked why the course had been cancelled, they had been told it was because I hadn’t advertised enough, which I was kind of a bit annoyed at. PSO

Once again, this failure of communication seems to be due mainly to the lack of anyone to take responsibility for the arrangements needed to ensure that the courses were set up. The tutor seems to be the one individual from Blackburne House who has been actively involved in the running of the courses during the time that this evaluation has been taking place. However, it is clear that as a course tutor the overall management and administration of the courses is not part of her remit. She also acknowledges that there was no-one else within Blackburne House whose role was to take the lead for managing the setting up of the Action for Health courses:

We needed somebody else cause I'm the tutor really, so for me I'm not the person who needs to be going out into these places and running round, that's not my role . . . you've got [a learning manager] running around trying to sort it out, it's only a tiny part of her role really, she's got a much, much bigger role within the organisation, she's one of our learning managers so her main
aim is to get funding for us . . . so it became secondary . . . we should've, we could've appointed somebody to do it but there was no funding to do that, but we needed somebody.  BHT

Despite the many problems that have dogged the delivery of the Blackburne House courses, where courses have been delivered they seem to have been well-received and to have produced some tangible benefits for participants. These include improvements in physical and mental health through the yoga and relaxation components of the course, which were particularly significant for the Vauxhall Health Centre course participants:

*Quite a few of them were there cos the doctor had pushed them in the room, doctor said ‘I've got to come to this’ so they sat there, then I'd move them round and they'd feel much better, so then we'd discuss why it should make you feel better, things like moving your body helps to free it up and things like that. Some of the comments were that one lady slept better and another lady found that she was doing things that she didn't think she could ever do again.*  BHT

The social dynamic of the courses is also seen as being particularly helpful in developing systems of social support through which women can be enabled to help each other in quite practical ways with problems in their lives:

*One lady whose son was being bullied and she broke down so everybody else supported and helped her and said ‘This is what you can do’ and so there was this whole network of talking and open and frank discussion because of the confidentiality within it. And that was a Fresh Focus course so we were doing a bit of art work and we were just painting away and they were just discussing things and then this using that art as a medium just to relax and then all of a sudden she said ‘Oh this is happening to me’ and then this woman said ‘Oh, well this will help you’ . . . and then you suddenly realise that that woman needed an outlet, so she's, her son was being quite seriously bullied so they were seeing what they could do to help her talk it through, what help she could get. I think she found it a help cos I think the people there were able to help her. It was a ten week course and it took about eight weeks for that to happen, for her to open up to that level, and that was through yoga, doing a little bit of art work . . . and I think that's important that it was a group rather than two or three individuals that we had support in a variety of ways, people could give their views as to how they would deal with it.*  BHT

It is clear that the courses delivered by Blackburne House as part of the Action for Health programme had the potential to bring some real benefits to women who participated in them, and where the
courses were successfully set up and delivered these benefits have been apparent. However, what is also clear is that this component of the programme has suffered from the lack of a co-ordinated and planned approach which has meant that the potential of these courses has not been fully realised.

3.6 Some concluding observations

Poor communication and the lack of a coherent and co-ordinated approach have marred the organisation and delivery of the Action for Health courses. Insufficient account seems to have been taken of the difficulties involved in taking Blackburne House’s courses out into the local communities of North Liverpool. This has affected the identification of venues and the process of publicising courses and recruiting participants. Despite the best efforts of the programme’s Project Support Officer to identify venues and publicise the courses, in only a few cases were the courses actually able to go ahead. A number of factors have been identified as contributing to the low rates of recruitment to the courses. These include the lack of preparatory work undertaken by Blackburne House with local community organisations; factors relating to the duration of the courses; and the low motivation of potential participants. Some of these difficulties can also be seen as contributing to low rates of retention on the courses.

In terms of the success of the courses themselves, it is not possible to draw any firm conclusions from the limited fieldwork undertaken for the evaluation. The small number of participants in the various Action for Health courses with whom the researcher had contact during the course of the evaluation seemed to be enthusiastic about the training they had received. The one session that was observed was based solely around one activity: yoga, so it is not possible to offer any assessment of the breadth of coverage of the courses, and whether they met their stated aims. However, the rapport between the small number of participants and the tutor in this session seemed good, and the women who attended seemed committed to the course, having arranged childcare and travelled to Blackburne House from North Liverpool to attend the sessions. It is worth noting, however, that only two out of the stipulated ten participants were present at the final two sessions, which underlines the problem of retention identified by the course tutor.

The Healthy Living Healthy Life course held in Vauxhall Health Centre was, on the report of the tutor at least, particularly successful. The fact that it was tailored towards a more specific client group may have contributed to this success. However, this observation is made only on the basis of the report of the tutor responsible for delivering the course, so no independent assessment can be made. Furthermore, even in this course retention was a problem.
To conclude, it is very difficult to offer any firm assessment of the success of the courses delivered as part of the Action for Health programme. From the little amount of observational fieldwork that was conducted, and from the reports of the course tutor it would seem that the courses were well-received and brought some valuable benefits to participants. However, the problems surrounding the setting up and administration of the courses seem to have overshadowed any success that the courses may have had.
4. NEW BEGINNINGS
4.1 Introduction
The New Beginnings Partnership was formed in July 2004 from links between Anfield and Breckfield Community Council (ABCC), Breckfield and North Everton Neighbourhood Council (BNENC) and the Arena Housing Association. New Beginnings aims to ‘provide a range of services to help elderly people live independently, emphasising health, safety and housing support.’ (New Beginnings Partnership Evaluation, 2007) These aims respond to the comments of older people in North Liverpool, as outlined in a local appraisal report, which highlighted a need for practical support and services, better information and advice available locally, and better access to services. In addition, areas such as transport, leisure, health and community safety and housing issues were all noted as points of concern by older people in the area. Objectives for the service therefore include improving ‘health through awareness events, and referrals to GP and other services, and through injury and accident prevention’; improving ‘home and personal security, and a reduction in crime and the fear of crime’; improving ‘living conditions with home improvements and disability aids’; and improving the target group’s ‘financial security through benefits advice.’

In evaluating the work of New Beginnings, the research team sought to examine issues of concern to older people in the North Liverpool area and examine how New Beginnings has assisted them in terms of the practical support and advice and information provided. This part of the study also seeks to explore the views held by the New Beginnings target group of events held by the service as part of the Action for Health programme.

4.2 Methodology
To gather data two main methods of data collection were employed: 1) observation and 2) face-to-face semi-structured interviews.

4.2.1 Observation
The lead researcher conducted an observation of the New Beginnings event at The Lighthouse, Oakfield Road, Anfield on Tuesday 11th December 2007. Interaction between stallholders and those who were attending the event were observed and short notes were taken throughout the day. The lead researcher was also able to gather examples of the types of materials distributed to attendees at the event. Where possible, the lead researcher held conversations with different stakeholders, such as representatives of the community groups raising awareness of their services and distributing information, as well as those at whom the event was aimed (the over fifties from the North Liverpool area). Comments made by these stakeholders were recorded using field notes. All notes taken throughout the day were subject to a provisional analysis and interpretation by the lead researcher on
the next working day after the event. Formal analysis involving the coding of data in order to form categories appropriate and relevant to the research took place in April 2008.

4.2.2 Face-to-face semi-structured interviews

i) Interviews with New Beginnings staff members

In-depth semi-structured interviews were carried out with four different members of New Beginnings staff. These included the New Beginnings Manager, the Property Services Officer, the Welfare Rights Officer and the Admin Officer. Topics for discussion included the day-to-day role of the service, the events held in the community, perceived benefits to service-users and the problems and challenges encountered in delivering the service. All interviews with New Beginnings staff were conducted in the New Beginnings offices in January 2008 and lasted between thirty-five minutes and an hour and twenty-five minutes in length.

ii) Interviews with New Beginnings service-users

Following consultation with New Beginnings staff members, the research team was provided with contact details for a range of different people who had used the New Beginnings service. These service-users were then contacted by the lead researcher by post with a covering letter and information sheet (Appendix VI) outlining the purposes of the study. He then contacted these service-users by telephone with regards to their possible participation in the study. Seven separate interviews were conducted with people who had made use of the New Beginnings service. These included five interviews with individual service-users, one interview with a service-user and a relative, and one interview with a relative. With the exception of one telephone interview (with a relative) all interviews were conducted face-to-face in the homes of New Beginnings service-users. Written consent was obtained prior to all face-to-face interviews and verbal consent was obtained prior to the telephone interview. All participants were given the opportunity to ask any questions relating to the study before interviews began. Interviews lasted from between twenty-two minutes and forty-five minutes in length. All aspects of participants’ contact with New Beginnings were discussed.

Interviews with both staff and service-users were subject to thematic analysis. Sections of interview scripts that related to ideas or concepts relevant to the study’s aims were identified and coded. Categories were then used to organise the coded sections of text. The software used was NVivo version 7.
4.3 Findings

Interviews conducted provided a platform via which both staff and service-users were able to talk about their experiences of New Beginnings. Data gathered revealed satisfaction with the aims, structure and delivery of the service. Service-users discussed how New Beginnings had impacted personally on their own lives and staff recounted the various challenges they faced in delivering the service. Along with the observation conducted, the different interviews also provided the lead researcher with information concerning the background of New Beginnings. The following sections of this report present data gathered from both observations and interviews to illustrate the views of the service’s key stakeholders – and how the work conducted in conjunction with the Action for Health programme has impacted on the service’s target group.

4.3.1 Staffing arrangements

There are currently four members of staff working full-time for New Beginnings. Overall responsibility primarily lies with the New Beginnings Manager, who acts as team leader but is also involved with the ‘housing support’ component of the service. A Welfare Rights Officer, a Property Services Officer and an Admin Officer (who also assists with housing support) complete the working team. The New Beginnings staff also manage the Handyperson service for older people in North Liverpool, whose post is funded by the Neighbourhood Renewal Fund, whilst the Property Services Officer assumes sole responsibility for a newly launched ‘decorating and gardening’ service. The team possess experience in variety of areas directly relevant to their day-to-day roles, having worked with social services, Age Concern, the Citizen’s Advice Bureau (CAB) and housing associations. Because staff have also worked (and, in some cases, lived) in the North Liverpool area for considerable lengths of time, this was felt to be advantageous. All staff have been CRB checked.

Apart from the Property Services Officer, all staff work under temporary yearly contracts. The lines of accountability / reporting arrangements in place were seen by staff as suitable and effective and training sessions were also viewed as both ‘useful’ and ‘appropriate’. All reported good working relationships within the New Beginnings team and described how roles often overlapped (‘we don’t just keep to our own field, we do try and touch on somebody else’s field’) with the frequent referral of issues from one member of staff to another. The Welfare Rights Officer, for example, described how she had reported safety concerns to the Property Services Officer.

Aside from events held as part of the Action for Health programme, the vast majority of the staffs’ contact with North Liverpool residents took place in service-users’ homes, ensuring confidentiality that could not be guaranteed in the New Beginnings offices. Outreach work had also taken place with
local organisations such as BNENC and ABCC. When events were held, all staff were in attendance to answer any queries the New Beginnings target group had about the service offered. Action for Health’s Project Support Officer reported that staff were self-sufficient and able to deliver events with minimal support.

4.3.2 Events held by New Beginnings for the Action for Health programme

Since its inception, New Beginnings has established a proven track record in holding different events for older people in North Liverpool. These events have focused on promoting healthy lifestyles (how to be ‘happy, healthy, safe, and active’) through providing a forum whereby local residents can meet with a wide range of organisations whose remit links to the needs of older people. As part of the ‘Action for Health programme, New Beginnings has held five such events. With 550 attendees in total, the New Beginnings team exceeded their original target of 500 by some 10%:

- Tuesday 22nd May 2007 - Goodison Park (183 attendees)
- Wednesday 11th July 2007 - Mowbray Court (80 attendees)
- Tuesday 11th December 2007 - Liverpool Lighthouse (91 attendees)
- Tuesday 11th March 2008 - Everton Sports Centre (101 attendees)
- Monday 14th April 2008 - Liverpool Football Club (95 attendees)

The majority of events took place on either a Tuesday or a Wednesday as these were seen as the most convenient times for the target group (Thursday and Friday traditionally being seen as ‘pension’ and ‘shopping days’). They usually lasted for up to four hours in length - typically beginning at 11am and finishing at 3pm, allowing people to have returned home by their preferred time of 4pm, comfortably before it began to grow dark. Individual events were themed to reflect the wider aims of the Action for Health programme, as well as other local organisations involved in health promotion, such as Liverpool PCT. The first event, for example, focused on ‘Keeping Active’ whilst the Christmas event and summer outdoors event emphasised ‘Alcohol awareness’ and ‘Safety in the Sun’ respectively.

Amongst the organisations taking part in the above events were Age Concern, Help the Aged, the HIM (Health Inclusion for Men) Project, Liverpool PCT, Healthworks, Pssst (alcohol awareness), Total Fitness, Merseyside Fire & Rescue Service and Jonathan Ray Opticians. At the observation conducted at the event in December 2007, all these organisations had set up separate stands and those attending were able to discuss services with different representatives. These groups were also able to
use the event to distribute literature and items relating to their aims to those attending the event. Such items included a ‘Keysafe Unit’ for preventing ‘hook and cane’ theft, free energy-saving lightbulbs, an audio cd providing advice about smoking cessation, a ‘Winter Warm Up’ pack containing thermometers with markers specially designed to help older people via guidance about heating requirements, and an interactive wheel to measure the units in various types of alcoholic drinks. A number of ‘message in a bottle’ packages were also distributed to encourage people to keep their personal and medical details on a standard form and in a common location (the fridge) which can then, if needed, be easily accessed by the emergency services.

Leaflets distributed covered a wide range of topics. Help the Aged, for example, provided leaflets offering advice on ‘Working out your income tax’, ‘Claiming disability benefits’, ‘Personal Safety at home and in the street’, ‘Claiming State Retirement Pension’, ‘Getting support and care at home’, ‘Claiming Pension Credit and other benefits’, ‘Finding and paying for a care home’, ‘Your housing choices’, ‘Preventing accidents in your home’, ‘Caring for your bones’, ‘Caring for your eyes’, ‘Caring for your feet’, ‘Managing your medicines’, ‘Helping you manage your money’, ‘Managing hearing loss’, and ‘Coping with shingles’. Other organisations also distributed a variety of leaflets and booklets on areas that reflected the wider aims of New Beginnings. Those attending welcomed the distribution of such literature:

*It’s very handy to come to one place and get all this stuff. I can read through it all when I get home.* NBSUOB6

*There’s stuff on heating that’s good for me because the bills are horrendous in winter; [it’s] timely to get that now.* NBSUOB4

*I’ve got a big bag to take home with me to look at. There’s all sorts from fuel to cataracts to breast cancer.* NBSUOB2

And staff suggested that, when provided at successful events, information relating to health and wellbeing may be more likely to ‘get through’ to its intended audience than if it had been distributed by other means:

*They are getting the information and I think to make the event memorable and to put things on, like last Tuesday, I think they connect the good event with the information, because they will say ‘Oh, I picked that up at that event, that was really good, and I am sure I have got the stuff*
somewhere’ and I think they have got it connected then, that it was such a good event. Whereas if it was just all information thrown at them and they came in, there wasn’t a cup of tea, there wasn’t anything, they would just be out the door again and they wouldn’t have picked any information. The same information would have been there, but they wouldn’t have picked any of it up, because it’s not connected. NBM

Though we have everybody there like alcohol awareness, diabetes support and that, they see it as a social event, but they pick up the information as well . . . they think it’s just a nice day out, but I don’t think they realise that they are picking up the information. NBM

In addition to the stalls manned by representatives of community organisations, events provided healthy food and drink to those attending, and offered a series of optional activities, such as chair-based exercises, stand-up bingo, line dancing, and a sing-along. At the ‘Spring into Health!’ event held at Everton Sports Centre in March 2008, and the ‘Celebrate 08’ event held at Liverpool Football Club in April 2008, card craft making and a ‘gentle exercise’ class were included amongst the activities on offer, as well as demonstrations of ‘Fit Ball’ classes. Both events also provided music during lunch hours, by a local Irish folk band and a guitarist accompanied by the ‘Kaleidoscope Singers’ respectively. Gifts and prizes were also distributed to those attending, such as Easter baskets and Easter eggs. The ‘Celebrate 08’ event also saw the introduction of a new activity – an ‘internet café’ where people could learn IT skills. Reflecting New Beginnings’ aim to provide residents with information on classes and services on offer locally, contact details for all organisations that were holding activities were provided, and attendees were invited to contact them should they wish to pursue their interest and participate in any weekly classes that were being held. Activities were well-received by the target group and seen as appropriate activities in which older people could easily participate:

I’m going to have a go at the line-dancing; that should be fun. NBSUOB2

I’ve done the chair-based [exercise] before and it gets me moving a little bit. I can’t be too energetic, if you like, nowadays, but I can manage that. NBSUOB5

The numbers attending clearly illustrated the popularity of the events (particularly at Goodison Park, where attendance almost exceeded the capacity of the venue). Importantly, staff were able to maintain the popularity of events with those who had previously attended, while also attracting ‘new faces’:
We do get a lot of the same people, you know, which is good, but we are aiming to, you know, reach new people. And there were a few new faces on Tuesday, but even with twenty new faces, it’s twenty new people that are getting the information about wellbeing, it’s twenty more people who didn’t know we existed and who may give us a call. NBM

Attendees of the event at the Lighthouse remarked that it was a particularly good choice of venue for them due to its close proximity to their homes, enabling many to come by foot. In some cases, staff had also helped with transporting people to and from events:

We will say to them ‘Look, you can come here because this is going on’, and in certain cases I have offered to take people just so that they are not going by themselves. NBSM1

So we point them in the right direction, and say ‘Well, you can do it, you know what’s out there, if you want to go we will help you.’ That’s just what they need . . . a lot have lost their confidence to go out, their family have moved away, they are the only ones there. So we support them in coming down. NBM

Some had heard about events via a mailing sent out to all those in Anfield and Breckfield by New Beginnings staff. Prior to events, these mailings were used to raise awareness and generate publicity:

With the events we tend to do a mail shot in all of Anfield and Breckfield, so we will reach everybody over fifty, and luckily at most of the events we have new faces, so we can then tell them about the service . . . and they also raise the profile of New Beginnings and, you know, I think this last year they have been really successful, and I think we have really, apart from seeing you know, new faces and going out and meeting people, we have really, like, got some good working relationships with other organisations. NBSM2

Attendees recounted that these mailings had proved successful:

They let you know if there’s anything going on in the Lighthouse. They do little events and they let you know. NBSU5

I get the newsletter and they mention these in there. NBSUOB8
They always let you know what’s going on; you get a letter through the post. NBSU5

For others, encouragement from friends prompted their attendance:

My friend told me. She was coming along and asked me if I wanted to. It sounded like it might be quite good for a day out. NBSUOB7

Staff felt that this type of peer-to-peer encouragement was not uncommon, particularly amongst older women (who tended to attend in greater numbers than men):

It’s about three-quarters women. I would definitely say so, because women are also, they will go and invite their sister-in-law or invite their friends, whereas men tend to come on their own. Women will come in a group or they will come, they will say ‘I came to the last event and I got this information, can you let my friend know what the information [is]? I have been trying to tell her but it’s not coming across right.’ NBM

Such comments were supported by one New Beginnings service-user, who, although she had attended and enjoyed an ‘Action for Health’ event in the past, said she would only attend again if she had someone to go with:

I haven’t been since because if the girl over the road doesn’t want to go, I don’t go. I like to go with someone. NBSU1

Many people did attend alone, however, and did not allow a lack of companionship to dissuade them from attending:

They do come on their own a lot because a lot of people do live on their own. So it tends to be single people receiving the invitations, but, I mean some people do come in groups. NBSM2

Interestingly, one of the main benefits to those attending the events staged by New Beginnings related to how social interaction was encouraged. Those attending, including those who came alone, were provided with the opportunity to meet new people. Staff remarked that this had led, in some cases, to friendships being formed:
It’s the kind of thing you can come to on your own, you know, and then they will say ‘I will go and try the card making’ and then the next minute they are going to the bingo together with people, or they go on shopping trips . . . it’s marvellous. NBSM3

The social thing comes through because they do obviously have hot lunches, a sing-along; they always have the line-dancing. It’s great. PSO

It was therefore felt that one of the most positive outcomes of the events lay in their ability to reduce the social isolation of local residents, who often experienced little contact with other people in their day-to-day lives. Alongside the provision of information and advice, events also encouraged ‘social inclusion’:

You do get a lot of people who are isolated round there. I’ll go to a few sheltered homes to let them know they’re there and I’m pretty sure X does. But they come out of the sheltered homes to come to them, it’s great. It’s great just to see people out. PSO

We had one lady, who is a double amputee, hadn’t been out of the house for three years, and she came to one of our events, and then she actually built up the confidence to actually go shopping on her own, in her wheelchair. She’s one of our success stories . . . she never got out and she didn’t see anybody apart from going into the lounge in the sheltered scheme. So we arranged for a taxi to take her and give her a taster of what was on offer. And, you know, she goes to card making now. Well, she doesn’t make a card, but the fact that she is sitting there; having a cup of tea . . . it’s the interaction. And knowing that there are people out there, who speak to her. NBM

A lot of families move away now, people have been married or their spouses have passed away and they are on their own and, you know, their friends have perhaps passed away or moved away. So you do tend to have, you know, older people coming along, particularly those living on their own, who can be quite lonely in the house all day. NBSM2

The events do get them out and about. We tend to do them during the day so, because a lot of people, come four o’clock, especially this time of year, they lock their door and they are never out. But they feel, if they have had some social interaction during the day, they can cope with the long nights ahead. NBM
Staff recounted that the events provided service-users an opportunity to see people they had known for a long period. The events helped people to maintain friendships by providing residents with the opportunity to meet up with peers who were still living in the same area. As well as the potential health benefits to people’s physical health (through participation in exercise-based activities) the opportunity for social contact in a safe environment enabled the events to impact positively upon people’s mental wellbeing. This in turn helped to build the confidence of those in the target group, many of whom suffered from deteriorating health:

All they want to do is just go out, have a cup of tea with somebody, and get away from the four walls that are there. The events give them an excuse to do that in a safe environment. NBM

The social wellbeing, the events that they actually hold. People get together, have something to eat and dance for a little bit. They’re made up. It’s the overall aspect of health rather than just physical wellbeing. PSO

I think it’s a day out as well, you know, I mean it’s good to pass across the information, I mean we do all, all the organisations get referrals, but I think it’s just a nice day out, like the Christmas event we have, we had carol singing and lunch and dancing and that kind of thing, it’s just a nice day out. And as I say we do try and help people be less excluded, and less isolated and they feel a little bit better for coming down. NBSM2

The wellbeing has always been at the forefront, what would you do, if you were fifty-plus, what would you want to go to? So we have asked a lot of people, who we have gone to visit, what do you want to do? NBM

Hopefully, we showed how easy it is to lead a more healthy lifestyle just by making a few small changes and taking a bit of gentle exercise – even things like dancing, having a sing-a-long or getting creative by making cards can have a really positive impact on our wellbeing. NBM (Celebrate 08 newsletter)

The variety of activities happening was also felt by staff to be one of the strengths of the events:

They love the fact that there’s been so much put on for them. You get to some events where there’s a lull in the middle but it’s bust all the time. You can have food, you can dance, you can do whatever you want. They’re there for the full four hours. PSO
We had one outside, we had marquees and there was a barbeque and we did a healthy salad and a baked potato and two old gents, one started playing an accordion and then they sang Irish songs and they were dancing in the gardens and they were complaining when they had to go home! It was a brilliant day, that one, that was one we did in Kirkdale, just on the boundary with Bootle. NBSM3

Some stalls focused upon improving physical health and wellbeing through the promotion of nutritious foods and awareness-raising about safe alcohol consumption:

We normally have the five-a-day bloke . . . and he usually comes with baskets of fresh fruit and that goes down well because a lot of them say ‘Oh, I haven’t had an orange in years’ and they go ‘I will go and get some of them’ and at least they are getting fruit, aren’t they? NBM

[The PCT], they bring down a lot of fruit and water and it goes down really well. Because it gives them a taster. ‘Oh, I haven’t had this for a long time’ they say, ‘Oh, that was nice, that.’ We try to say the benefits of it and, as I say, a little conversation, it leads to everything, leads to a lot of things. NBM

On Tuesday, because it was an alcohol-free event we tried to do the alternatives. So we did, like, non-alcoholic mulled wine and stuff like that. NBSM3

Others focused upon promoting safety:

The slipper exchange, we have done that on a few occasions. They bring their old slippers and we will give them a new pair. We had a podiatrist come and there were these adjustable slippers with the Velcro fastening. NBSM3

We got some free sun cream in the summer and we gave little sun creams out. It’s just another aspect of taking care of yourself, protecting yourself. NBM

And practical services were also offered free-of-charge:
At some events we have had, a barber, free service, we have paid for the barber, but it’s just getting them and thinking 'Maybe I do need a hair cut and it will get me out' and so you know, we are open to any suggestions. NBM

Even the likes of the hand massage and the beautician, I mean that just, you know, a little lady getting her hands done, just picks her up no end. NBM

Both service-users and their relatives welcomed this variety of activity:

I went once; it was really good too. It was, like, a lot of things happening and food as well, really good. NBSU1

A couple of weeks ago they had one . . . they had a little bingo and you could have your nails done and you could have your blood pressure taken and there was little stalls, they have craft, you can do that. And there’s a restaurant so you can have a little meal. And a couple of months before that there was a Welsh women’s choir and there was a big band as well, another time. NBSU5

They don’t just help with the household things. There is this push on the healthy side which says ‘Let’s get you out of the house’ which is obviously mentally very helpful and stimulating, but also encouraging the proper eating and a bit of exercise and things like that. NBR2

And those who had used the New Beginnings service, but had not yet had a chance to attend the events, along with their relatives, felt that they were an interesting idea:

It sounds like a good idea but we haven’t had much chance to look into what there actually is happening at the Lighthouse yet, but we will do once we’ve moved and settled into the new place. NBSU3

Every so often they get something through the post. He’s trying to get her to go to one of these over-fifties events and things. I’m sure that once she’s been she would actually like it. He’s actually said, on more than one occasion, that he could give her a lift down there. NBR2

Perhaps most importantly for New Beginnings, the events played a valuable role in publicising their work, and had subsequently led to many people seeking their help (‘I would say they are quite
In some cases, staff had simply ‘got chatting’ to those attending, and used this as an opportunity to raise awareness about the range of services that people were entitled to:

Even if they only want to know about where to get new curtains, we will say ‘Try this place’, then we can give info out and people may contact us in the future. NBM

I will try to find out as much about them as possible . . . sometimes you are chatting to people and it becomes apparent they are struggling a bit financially-speaking, [they] may benefit from having advice about benefits from our benefit advisor. NBSM1

Because all New Beginnings staff were present at events, this allowed local residents to talk face-to-face about any concerns they had. Staff believed this was useful, as it gave them an opportunity to begin building up a friendly relationship with potential service-users:

We are all there and we all, you know, do a bit, whether it be sit on the reception and help people and guide them or take them up and show them where to get a cup of tea and, you know, because we have, we have a stand where we give information out, you know, people will come up and if I am on the stand they say ‘Oh, this is benefits advice’ and I can say ‘Oh, Y is over there if you want to have a quick word with her, you know’ and you know, they can go and speak to her if necessary. NBSM1

Having the ‘handyman’ present was seen as particularly important, as many older people were worried about who would be carrying out work in their home. Meeting the handyman who would work on any future jobs gave attendees an opportunity to ask any questions they had regarding the service:

When we do a major event like the one at the Lighthouse, everybody is there including the handyman, which is important because people like to see who is coming to their house. NBSM1

Staff believed that meeting with potential service-users at the events, and imparting useful and practical advice to them, was greatly beneficial in terms of generating publicity amongst the target group:
It also gives them a link to say ‘Well, I have had that from them and that was really good, so maybe I will ask them if they can help me with this.’ NBSM1

Information provided during attendees’ contact with New Beginnings staff was also reinforced through the distribution of an ‘induction pack’ which outlined the different ways in which the service could assist people:

We give them an induction pack of what we are all about, all our phone numbers . . . little leaflets. We always say, ‘If you are not using us now, then you know we are there for the future.’ NBM

We will give information out to people, and it may be, that, you know, you get some enquiries for benefits advice or we will give out, we have things we can give away, promotional items, you know, and we have other things, which are quite beneficial to people especially if they live alone . . . saying to people ‘This is, you know, something that is useful and practical.’ NBSM1

Because New Beginnings exists as a support service, aside from generating publicity about themselves, a key aspect of staffs’ contact with attendees of the events lay in signposting people to other organisations and activities. Staff emphasised the range of different ‘goings-on’ in the area and distributed information about classes that were running locally. Events also provided a forum whereby staff could find out what the target group was interested in. In one case a lady wished to attend Spanish classes but was having difficulty in finding a suitable course - staff were then able to find the type of class she wished to attend. They were also investigating the possibility of holding photography and woodwork classes after some local men had expressed an interest in these areas. Computer courses were also being held in response to peoples’ comments:

We found out a lot of them were trying to get into computers so we are organising computer classes now at the Lighthouse, we part-fund it . . . there are quite a few of them who are really interested in it. We have got one chap, I think he is ninety-two, he has just started the computer course. He didn’t particularly want to buy himself a computer just yet in case he didn’t like it, but he is really enjoying himself. NBSM3

In other cases, staff had directed people towards events similar to those held by New Beginnings, such as tea dances, and maintained strong links with community venues in North Liverpool so they were able to keep people up-to-date with information about different events being held.
Reflecting the links that New Beginnings had forged with local organisations (many through a local partnership forum), staff were able to direct people towards a range of different services. Referrals were made to organisations as diverse as Careline (City Council Social Services), ABCC, BNENC, Mersey Travel, the Police, the Fire Service, local sheltered accommodations, housing associations, Money Matters (Age Concern), as well as to GPs and District Nurses. Staff underlined the importance of being able to direct people towards appropriate services:

*I think it’s sometimes a matter of not knowing what is available to them, and how to access it, how to access, where to go for help . . . it’s a bit overwhelming because although there are lots of things about, if, you know, if you don’t go out, you don’t know about them.* NBSM2

Accessing services recommended by New Beginnings had clearly positively impacted on the lives of some service-users. Some had been placed on housing lists and in sheltered accommodation, others had been helped with issues around financial abuse by Age Concern, and again, people had been assisted in maintaining social contact with peers:

*One man, lives on his own, he used to like to go for a drink to a pub almost by Walton Church and he couldn’t get there . . . we got in touch with Merseylink who pick him up now, Sunday teatime, drop him off at the pub and then come back for him at 10:30 . . . so he has established contact with friends he had never seen for a long while . . . and when I was going home from work the other night, he was actually on the bus going to Breck Road to do a bit of shopping, so I think it’s just give him that bit of confidence now and he is getting out into the community . . . you can see the difference in him.* NBSM3

The same man had also been helped by being put in touch with Age Concern, who, through a local volunteer, provided assistance with shopping, pension collection and paying bills. By signposting to other organisations, staff were able to help attendees even if the issue or concern went beyond the particular remit of New Beginnings – ‘if there is anything which is beyond our particular roles we always have other organisations that can help.’

### 4.3.3 Service –users’ experience of New Beginnings

As well as linking local people with other agencies, the profile of New Beginnings itself was raised through events, giving some members of the community their first contact with the service. As described in the previous section, many people who attended the events then went on to contact the
New Beginnings service for help. This was another important outcome from staging events, and the benefits which service-users then went on to experience were discussed during interviews.

Staff had helped to impact upon service-users’ lives in many different ways. One major feature of the work completed revolved around improving safety in the home. This typically involved a member of the New Beginnings team overseeing the installation of handrails, smoke alarms, walk-in showers and security features, but also included performing tasks which were deemed too dangerous for some service-users to do, such as changing light bulbs and curtains. Staff also discussed how they were hoping to distribute carbon monoxide alarms to service-users in the future. Wellbeing and safety in the home was always prioritised by staff. Irrespective of the reason for a person’s initial contact with the service, an inspection of each service-user’s residence was always performed to see if there were any areas which could be improved upon:

When we go out, we do a quick assessment. We don’t go round looking in nooks and crannies, but I will be sitting there thinking ‘Oh you haven’t got a chain on the front door there’ So I will come back and I will have identified that, so I will say to the lady ‘You haven’t got a chain on the door there, would you like one?’ and she will go ‘Erm’ and I go ‘Well, can you afford it, I mean they are only about £1.50?’, but £1.50 to a little old lady, is a lot of money. We will put it in for free and they jump at the chance. NBM

We are always looking round and if you see, like, double adapters in sockets and we have a, well, I have a line goes straight through to fire service, their central office where we can say, you know, ‘There is a risk of a fire hazard’ and they will actually come in and they can provide, or if we see evidence of cigarette burns and stuff, they can give you, you know throws for settees but they are flame retardant, flame retardant bedding. NBSM3

[We check if] they have got smoke alarms, have they got locks on their window . . . do they, are they keeping things in a safe place? NBSM1

Service-users and staff described how safety in the home had been improved:

A chap that was working for New Beginnings, he put a lock on my door, the safety catch. It’s really good. If I go to the door I don’t usually open it at night, but if I go to the door I can put the chain on now. They did it for nothing. NBSU1
Our remit is wellbeing and safety in the home, so the handyperson did start out as grab rails, moving your bed downstairs when you come out of hospital, that is how it first started, so it’s more security, making sure your lock’s right, you have got a peep hole in the door, you have got a chain on the door, downstairs windows have got locks on, so we prioritise those type of jobs . . . they have to pay for the materials, the labour is free, but if they do live in the New Beginnings area and they wanted a chain on the door, we would fund it. NBM

And those using the service also welcomed the fact that such jobs were carried out at a minimal cost:

You pay for your stuff, which is natural, and only right, but you don’t pay for the labour, which is always what costs the most. NBSU5

Other examples of how safety had been improved were also provided. In one case, New Beginnings were able to fit secure locks on windows and doors for a couple prior to them going on holiday. In another, the Welfare Rights Officer secured funding from the council to ensure a lady’s home was rewired according to current health and safety standards. Although, in some cases, jobs like those described may appear minor at first glance, it was these types of jobs that often were the most difficult for local residents in North Liverpool to get done. Service-users recounted that it was hard for them to find people who were willing to undertake small jobs. New Beginnings, was therefore important in that it filled a gap in the market at little, or very often, no cost:

It was just a small thing, there was damp and the skirting board started to get very warped. Now to anyone else that’s just a small job but who does the small jobs? So I rang up and said, explained that it’s just the skirting board under the bay but I can’t get anyone to do it. And she said ‘We’ll send someone out to have a look.’ A few weeks later somebody came out and said that could be done and we’ll send someone out. Z measured it up for me, I had to get the wood and that, and the man came, did it for free, I paid for the materials. I was just made up to get it done because I couldn’t get it done. NBSU6

Staff emphasised the need that existed for help with these smaller jobs. Although they were relatively easy to fix for New Beginnings and their staff, for some residents, there was a genuine health risk should they have attempted to address them themselves:
If you are an eighty-five year old . . . you know, your landing light has gone, the last thing we want to do is recommend people to climb on something at the tops of the stairs if they live on their own because there is a real risk to their health. NBSM1

If the light on the stairs has gone, she can get up in the middle of the night and fall down the stairs. Quite often, the Handyman service that they offer, the little things, a shelf needs putting up or a handrail needs putting up. Something like that, that she might need as she gets a bit older and more infirm, he says ‘Just give us a ring, the Handyman’ll come out and he’ll put it straight on.’ NBR2

New Beginnings put up curtains for you. It’s impossible for me to do it on my own, I could fall and just be lying there. A friend of mine over the road, she can’t put curtains up either, and I said to her ‘New Beginnings will put them up for you.’ NBSU1

Such jobs were causing a great deal of worry:

Smaller jobs they worry about. I mean they worry about putting a light bulb in, and ‘My son lives in London, and he is not coming up until the weekend, how am I going to get my light bulb in?’ and they are standing on chairs, they stand on a chair and you are thinking ‘Oh my God’, you know, they are going to end up falling. NBM

Carrying out smaller jobs also impacted greatly on peoples’ everyday lives. Changing a lightbulb on the stairs reduced the risk of falls, putting a chain on a door alleviated peoples’ fears when someone called round to their home, and the installation of safety features in bathrooms not only prevented the likelihood of accidents, but also enabled people to carry out day-to-day tasks independently, increasing feelings of confidence and self-reliance:

She put me in touch with Z and they got me a shower put in, a walk in one. I couldn’t sit down in the bath. I had to put one leg in the bath, wash, get out and then put the other leg in and wash. I used to dread washing, now it’s easy. NBSU2

In addition, in some cases, contacting New Beginnings over a small job had had benefits in other ways, with staff able to help service-users access funds which they did not know they were entitled to. One man, for example, wanted a new door-frame and received an £875 grant from the British Legion.
for a complete new door. Another lady had enquired about having a new handrail fitted in her bathroom, which went on to result in funding for a new stair-lift and walk-in shower:

*We can get funding for walk-in showers, that’s part of my role, because, well, they can’t have a bath, and there is one, you know, they are incontinent and they need baths and they have accidents and you know, they have got a carer, but it’s time consuming to put them in the bath and, so we will talk about that and especially the British Legion, so we can go in with a simple handrail referral, it can lead to all sorts. One lady in particular, she wanted a grab rail and I ended up getting her a grant for over £7000 for a walk-in shower and a stair lift. All because of a grab rail.*  

*NBM*

Service-users’ were predictably delighted with such outcomes, and appreciated staffs’ knowledge of organisations which granted funds for jobs in the home. Through the efforts of staff, service-users had received funding from companies such as Fords and Littlewoods, and in many instances, the British Legion. Indeed, two of those interviewed recounted how funding from the British Legion had benefited them. One man, for example, who had difficulties in getting in and out of the bath, was embarrassed about not being able to wash himself as often as he liked. Because of his embarrassment, this, in turn, was causing him to become socially isolated, negatively affecting his ability to maintain social relationships. The installation of a new walk-in shower via New Beginnings and the British Legion had helped make a real difference:

*Y told me, she had a look in there and she got in touch with Z and Z came and then someone else to see how I sit on the toilet and get in the bath and all that. The British Legion helped pay for it, [a walk-in shower], I was a regular soldier.*  

*NBSU2*

*It’s a lifesaver really. I mean to say, washing’s a basic. If you can’t wash you can’t go out.*  

*NBSU2*

Similarly, another service-user had also experienced the benefits of a walk-in shower funded from the same source:

*And then they helped me with my old bathroom. I was having problems getting in and out of the bath, and of course I fell a couple of times. So of course one of the ladies from New Beginnings, she came round and said ‘You could do with a walk-in shower.’ But they’re quite expensive, but she said ‘Well, was your husband in the army?’ which he was, so she said she’d see what she*
could do with the British Legion. Three weeks, maybe four weeks, the chap came and it was all installed, from the British Legion. NBSU5

The British Legion, I would never had thought of them. I said to X, ‘How much is it gonna cost me?’ and I didn’t think I’d be able to do it and she said ‘Was your husband in the army?’ And there was no problem with that, I didn’t know my husband’s number but the British Legion did. NBSU5

Another way in which staff had been able to help service-users was by recommending reputable local tradesmen for jobs that were beyond the remit of the New Beginnings handyman. As part of his role, the Property Services Officer had set up a register of local contractors who were prepared to offer a competitively priced value-for-money service to New Beginnings service-users. The insurance arrangements of all contractors were checked and they were also subject to continual monitoring:

Part of our recruitment process is, we ask the contractors to provide references and I then go and speak to the people who they have put as their referee and have a look at the work they have done. It could be a flawed system, but what we then do is, obviously recommend them to somebody and we ask each client who we recommend them to, to provide feedback. NBSM1

It’s an ongoing vetting process, that’s the way it works. Each job that the contractor does we ask the client to fill in a little questionnaire, it’s nothing complicated . . . the time it took the contractor to get in touch with them and made their appointments, did they arrive on time, did they behave respectfully in that person’s house, was the client pleased with the job they did? With regard to the actual job itself, I can then go back and look at it. I will view one in five jobs they do, just to make sure they are adhering to the standards that I expect. NBSM1

Those who were approved for this register of local contractors tended to be smaller firms who were more suited to the needs of the New Beginnings client group:

We try to focus on smaller businesses, with smaller overheads, who are prepared to offer a more personal service, you know, because that is what our client group appreciates. Bigger builders . . . that doesn’t work for us . . . if I wanted an electrician to go out and see somebody, I couldn’t say to that person, ‘Yes, Bill is coming out to see you and he is really good.’ All I could say is this company is sending somebody out to see you, you know. Part of it is the personal . . . if I can reassure them over the phone that this person . . . Bill Jones or Tom Smith, whoever, is coming
out to see you and he is a really nice guy, and they do a good job . . . that does make a big difference, it’s that sort of personal contact. NBSM1

Taking into account the often-limited financial means of the New Beginnings client group, only those who had proved that they would perform a professional reasonably-priced job were used. Service-users were aware that New Beginnings exists as an independent organisation and received no financial reward from companies on the register, resulting in a trust of the workers that were recommended by the Property Services Officer:

We are not getting anything . . . all the contractors who we have on our list, they haven’t paid to come on our list, they don’t pay an annual fee, there is no financial gain for New Beginnings . . . if I found someone who I had approved did something I didn’t like, you know, we are not in a situation where they have paid to join our register so we are not stuck with them. NBSM1

The worth of such a register was clear. Staff pointed out that service-users had told them of their worry about being ‘ripped off’ by workmen and felt that ringing someone at random and inviting them into their home was something of a lottery. New Beginnings provided a much-needed service which alleviated the worry of a vulnerable group:

If they phone somebody up out of the local paper or the Yellow Pages, you know, and say ‘My front door is sticking, I need it planing’, the biggest problem they have with small jobs is that nobody wants to do them. So if they found a joiner who did want to do it, he would want £50 or £60. If you are looking at somebody with an income of £119 a week, you know, half your money to plane your door is a lot. I could recommend a joiner to go and do that for far less than that, because we have a good relationship with people. NBSM1

They need to be able to have someone who can recommend someone to them, and be able to trust that person . . . say a lady has phoned up and she has got a faulty light switch, go out there and fix it for a reasonable fee, not go out and tell her the whole house needs rewiring. NBSM1

It’s as you get older. There is that worry about who you let into your home. I could no way pick up Yellow Pages and go through it and have them round. It could be anyone. NBSU6

I could actually do some of that, I could go through the Yellow Pages but you don’t know who you’re getting, you don’t know the standard, you don’t know what they’ll be like. NBR2
It’s not just older people who can be vulnerable, our age group we work with is the over fifties. And people of that age tend to feel, they don’t know who to trust because they have heard a lot of rumours, they are more vulnerable, because they have less access to, you know, the internet, and they may feel less confident about using phone books, they are less mobile so they are less likely to get out and see work that contractors have done. NBSM1

Service-users described their satisfaction, both with New Beginnings staff and those companies who were on the New Beginnings register. They felt that the Property Services Officer recommended ‘good people’ who ‘did an honest job for an honest price.’ They also welcomed the Property Services Officer’s presence at their home when work was taking place, as he oversaw jobs and explained what was required on behalf of service-users. This gave people further reassurance and a confidence in the work that was being carried out:

Through Z arranging things they know that Z’s there, he’s right there and so there’s no room for any funny business. And if there was New Beginnings wouldn’t give them any more jobs anyway, would they? NBSU6

What I will do, I’ll say to Z when they have to do it, would he put in those couple of days, would you call in. I’ve got Z. You can’t be too careful, it’s a lot of money and there are cowboys out there like on Rogue Traders. NBSU6

Peace of mind. The main thing is who’s coming to your house? They’ve all been checked out and Z is there to tell them what needs doing. NBSU6

One chap, he did the pointing out there, he did the stairs and he did the dry rot. I got an estimate off him and I said ‘I’ll have to think about that Z, I don’t know.’ He said ‘Okay’ and I spoke to him again and he then broke that price down for me and it made more sense then, I knew what I was paying for, several jobs at the right price. And when those men were here . . . Z would appear and sort of have a look around and keep an eye on things. It’s reassuring. NBSU6

Service-users also gained confidence in staff after they had helped them work through their financial difficulties. As noted earlier, many had been financially helped through the receipt of grants from organisations such as the British Legion. As well as this, the Welfare Rights Officer also helped to
maximise service-users’ incomes by assisting them in applying for benefits that they were unaware they were entitled to. Accessing this money often had a significant impact, as it was not uncommon for service-users to struggle financially. People who had received extra benefits also received a boost to their mental wellbeing because having access to their own money enabled them to live more independently, without having to rely on relatives for support:

*If you give somebody who is on the breadline £20 of extra benefits, well that’s a huge lifeline, and they can have a quality of life.* NBM

*It all connects and if you are happy in one part of your life, I think it’s a knock-on effect, and I think the money is the big issue. Once they have got the money, or they have got the grants, or they have got the funding, they are happy then. And, you know, putting a shower in, that’s great, because they have got the independence, they can shower themselves, they haven’t got to go to their daughter’s, and it’s a huge knock-on effect.* NBM

Because a large proportion of New Beginnings service-users were either approaching retirement age or already retired, staff were often able to identify peoples’ entitlement to pension credit or other benefits:

*We just get somebody ring up and ‘I have been diagnosed with a serious illness, I am coming up to my retirement age, how will it affect my benefits? Is there anything I can claim?’* NBSM3

*Y came and she guessed the pension credit or something I’d be entitled to. I didn’t think, I thought it was dead debt cos a chap came a few years back and he said about this pension credit and I thought, it’s something, you go in debt. I think he was from the council or somewhere. I didn’t really understand it, what it was all about. So anyway, it was a friend up the road, her Auntie, she’d died, but she’d had pension credit and money in the bank, much more than I had, and she said ‘Why don’t you apply for it?’ And that’s how I got in touch with Y. So now I get a little bit more money, all through Y. And caring allowance, I get that too, all through Y. That goes in the bank, y’know, every week, with my pension.* NBSU1

*Round about October someone came out from Arena Housing, we were just talking and talking about all the changeovers there’s gonna be when we move and all that. And she mentioned about Y sorting benefits out. We had nothing to lose so we just said ‘Yeah, we’ll have a look and see what is what’ because my fella came to pension age last April, he always thought he would...*
be better off than what he actually was. And then Y came out and said ‘You should be getting
this one and that one’. NBSU3

She just asked us what benefits we got, and at the time we were only on income support, pensions
and what my husband was getting. She said ‘By rights you’re entitled to this as well.’ All the
places we’ve ever been, all the forms we’ve filled in, and we never knew. They’ve never ever
mentioned anything else about these benefits. NBSU3

One interviewee had also been helped with his council tax:

I had a bit of bother with council tax, I was up the wall with it. And the woman came and sat
there and she made me feel relaxed. She got it all sorted out, and the rent. She got a couple of
things sorted for me. Tell you what, it’s like a weight off me shoulders. That council tax, honest,
I’ve gone down there and I’ve sat in the queue and waited and the girls there are looking at their
watch. NBSU2

And because good links had been established with companies and organisations such as United
Utilities and CAB, staff were also able to help with general household bills and outstanding debts:

I can negotiate with creditors, we can organise repayment plans, if it’s multiple debts it’s very
time consuming so will refer to colleagues back at CAB. NBSM3

We go to these various networking events and we had somebody there from United Utilities and
what they have got on offer is unbelievable. So I sent away for all the information packs and it
was news to me, this writing off scheme, you play ball with us and we’ll cut off half. NBSM3

I’ll tell you what else they did, they said ‘Don’t worry about the gas, the electric, the council
tax, the water, all that. We’ll do that.’ They came in, y’know, in the old house, read all the
meters, did all that stuff you have to do. And she came out and did it all, great. NBRI

Staff not only helped service-users by informing them of what they were entitled to, but also by
helping them with writing forms (including passport applications) and speaking to representatives of
social services and other organisations. Service-users described the problems they had had with
filling in lengthy and complex application forms, which were often worded in ways that were not
easily understandable. They therefore welcomed staffs’ ability to negotiate with different
organisations and then communicate the relevant information back to them in simple language. Additionally, service-users reported their happiness with the way staff explained processes as they would happen, as well as how they gave specific details about the length of time it would take before they were given a decision on their claim. There were many cases where service-users expressed satisfaction with not only the outcome of their contact with New Beginnings, but also the speed with which they received extra money. Furthermore, staff had been able to provide reassurance to those who were worried about suddenly receiving such large backdated sums, confirming that they were entitled to them and would not have to pay anything back. The service provided by New Beginnings was also compared favourably to other services on Merseyside, who although operating in the same field, were unable to provide such positive outcomes.

4.3.4 Staff

When discussing the different ways in which New Beginnings had been able to help them, service-users and their relatives noted that they were particularly pleased with how easily accessible staff were:

She just comes. If you ring her up and she’s not in the office, then one of the other people there will give her the message and she’ll get back to you. If not that day then usually the next day. You go anywhere else and you’re waiting three, four weeks. NBSU3

He’s very prompt. I ring him, [if] there’s an issue, invariably he’s there the same day. And he rings to tell her he’s coming; that’s really, really helpful. He think things through beforehand, he thinks through the impact of going to an older person’s house, makes sure they’re comfortable with that, if he’s going to be late he rings them. That, I think, you can’t put a price on. NBR2

I just phone up and they come. The same day or if they’re busy, the day they say they’ll come. NBSU1

There was also satisfaction that once contact had been established regarding an issue or concern, specific problems were dealt with extremely quickly:

We had a problem with people in the house. She very quickly forgot that because it was dealt with very expeditiously the next day. NBR2
The outside toilet was leaking. Within twenty-four hours he had come out, sealed the top of the outside loo where all the water had been pouring down the inside of the wall. It was done within twenty-four hours. NBR2

They put the shower in, within about six weeks they’d got it done. I was expecting more like five or six months. NBSU2

Aside from the benefits arising from the official roles performed by staff, service-users’ experience of dealing with New Beginnings had been positive in other ways. For example, a ‘befriending’ element was clearly present in the interaction between staff and service-users. Staff noted that because the area they worked in was relatively small, they were able to spend more time with people than other services would be. They were able to chat with service-users (both on the phone and in person) and provide them with much-needed social contact – the lack of which had been highlighted as a key issue for older people in the area:

They love it. Especially when they phone up for a handyperson job, you are on the phone for [ages]. But it’s fine, we might be the only ones they speak to all day. NBM

If someone phones up and they are a bit lonely you do try and make conversation with them. Some of them might not have spoken to anyone for two weeks or something so it can make all the difference to them. NBSM2

Sometimes people just want to have a bit of company. NBSM1

We all empathise with them . . . they appreciate someone not talking down to them and being more like a friend to them . . . and I think that’s why it’s worked so well. NBM

Service-users and their relatives appreciated this contact from staff, who were variously described as ‘friendly’, ‘caring’, ‘interested’, ‘well-mannered’, ‘trustworthy’ and ‘approachable’. Simply ‘having someone there to go to’ gave the target group ‘peace of mind’:

He does it in a way that my Mum feels very, very comfortable with. And she’s not a person that is out and about a lot and is not used to having a lot of people in the house, so she looks at it, on him, as a friend. You can’t put a price on that, you really, really can’t. NBR2
Having someone there. It’s, like, Z, and it may sound a bit funny, he’s like another son who’s here, whereas my son is in Cambridge, my other son comes up on a Wednesday. Z just says ‘That’s what we’re here for. We’re here to help.’ NBSU5

They phone to see if you’re alright, just now and again, they phone to see if everything’s alright. I’m on me own so that is nice, just to see if you’re alright and if anything needs doing. So they are brilliant, so polite. And Z is a nice chap, he really is. NBSU5

She said to me ‘Now you feel like a friend.’ NBSM3

Relatives felt that this ‘befriending’ aspect of the service was one of its strengths, with one lady mentioning that she felt staff went ‘above and beyond’ what she would expect when dealing with her mother. The two relatives interviewed both described how the New Beginnings staff had alleviated their worry as well as that of their parents, and also reduced the amount of pressure they felt they were under – something particularly important for those who lived a considerable distance away. One interviewee described the ‘relief’ she felt at knowing the service was there for her mother, who now had an alternative source of help for when problems arose.

4.3.5 Problems and challenges / Suggestions for improvement

Whilst interviews generally paint a positive picture of the work New Beginnings undertakes in the North Liverpool area, staff did note that their work presented some challenges. For example, it was more difficult to deliver events in some areas. Whilst few problems were faced within the Anfield and Breckfield area, where staff had spent many years raising the profile of the service, establishing the events in areas outside of the service’s normal boundaries had proved more problematic:

We had the event in County . . . we are not based in the neighbourhood so they don’t even know we exist . . . we have tried to get into the local community, but even the community centre, you know, the manager there, you know, she was even a bit ‘How much is this going to cost? What will I have to do?’ Even the sheltered schemes are a bit [less open]; whereas here they are very open. Again, it’s probably to do with we have been here four years and they know us. NBM

Staff felt that if their day-to-day work covered such areas, then such barriers would have been easier to overcome:
If we had the time to actually work there and be seen on the streets, and to be seen in the community centre, then I think they will start, curiosity will get the better of them. NBM

However, it should be noted that all events held by New Beginnings as part of the Action for Health programme were well attended and staff were able to meet the attendance targets they had been set. Consequently, it was felt that it was still useful to hold events in different areas. Even though many attending in these areas were not eligible to go on and use the day-to-day New Beginnings services because of postcode restrictions, staff were still able to signpost them to organisations that could help:

We don’t really work in the Everton and County area, but again we found it useful. We see people and we literally can’t help them because of our post code band . . . but we certainly wouldn’t say ‘Oh no, we can’t help you.’ We actually sign post them to the people in that area. NBM

Age concern have a HABIT team, which is the Health And Benefits Initiative Team, so we would say ‘Unfortunately, we can’t come to you, but if you ring Age Concern one of their officers will come and see you.’ So, you know, we certainly wouldn’t just pooh-pooh anybody, we would certainly make sure they got the right information. NBM

Service-users themselves did not feel there were any problems with the way the events were staged. Indeed, when asked if they had any ideas on how events could be improved, they simply suggested that they should be held more frequently as they had enjoyed them so much. Some felt that holding the events more regularly would serve to replace services that had previously been in existence in the North Liverpool area:

I used to go to a lunch club in the church. £1.50, three courses. Just once a week I could go and have a meal. The numbers dropped and they closed it. The city council stopped it because it wasn’t balancing but I think they could have stuck it out. If that kind of thing could be done by New Beginnings that’d be wonderful. I really miss it. NBSU4

Others felt that New Beginnings events could be used to replicate services in the city centre:

Lewis’s do a tea dance once a month, all the old time music, you can waltz and foxtrot. I’d like a little more of that kind of thing round here. NBSU5
Another suggestion (made by a single attendee) was that the events should be more widely advertised. However, taking into account the funding available for each event and the large numbers attending, the advertising that had been carried out did appear to have been adequate. As well as the New Beginnings newsletter, flyers, posters, and Christmas cards had all been used to let people know about the events. Within the areas events were being held, all residents over fifty years had also been directly informed by post through using the local PCT’s mail-shot system. Word-of-mouth awareness-raising had also proved useful, with those working at the venues which hosted events, staff of other organisations, and members of the target group themselves, all generating publicity:

We do mail-shots when we are doing events when we invite them . . . we leaflet the area and there are posters up, we put them in betting shops and pubs . . . and it’s word of mouth too. Also, there’s a lot of the local neighbourhood committee kind of thing, there is a lot of involvement with the church. So the vicars do, they pass, they put up leaflets for us and that, and we have got a couple of really, you know, good reps . . . who are active in the church as well and they just sing our praises to everybody. NBSM3

When it comes to our sort of New Beginnings events, where our funding is limited, we just put flyers everywhere, make sure all the housing officers know they’re happening . . . also we take records and details of those attending so we can specifically let them know when they’re happening again . . . so the next event to come up, we will do a mail merge with our database and go ‘You attended the last three, if you thought the information was useful, and you need something further . . .’ NBM

Staff did acknowledge that men attended in fewer numbers than women (It’s more women than men. We do find it very difficult to get men through the door. NBM) but had made attempts to target men by placing flyers and posters in betting shops, barbers, pubs and other venues that males in the area frequented. They also invited men to suggest activities they would like to see put on in an attempt to make events as inclusive as possible. For some, the real challenge the service faced lay in reaching those members of the community that had so far been reluctant to attend:

Well yes, those that can come out and do line dancing, you know we have sorted them all out, they have got everything, they are having a second lease of life. It’s almost the hidden . . . I think now, most of the people that we encounter at events are the ones that are mobile, they are able to get out. It’s getting the very isolated. NBSM3
Although a wide range of different types of advertising had been utilised, staff did acknowledge the limitations of these methods:

_We do a lot to make ourselves available, you know, and we do a lot to promote ourselves. I think part of the problem with producing newsletters and putting them through people’s doors is people just throw them away, don’t bother reading them or might have a quick look at it and then discard it . . . we have got to try to keep producing stuff and keep changing posters and keep bringing things up so people don’t just walk past it. That is one of the things we have got to try and achieve._ NBSM1

When considering advertising for the service in general (and not just in relation to events), staff felt that ensuring the New Beginnings newsletter went out more regularly would be beneficial:

_There is not a great deal needed. I think what I would like is I would like our newsletter or our advertising to be a bit more regular. It’s a bit irregular at the moment. We have had a change in our structure and it was going to be every three months and then it went to every six months and then we had some issues with staffing problems and it didn’t go out for a period and then we had the summer one last year, and we were supposed to have a winter one but we never had a winter one._ NBSM1

It was also suggested that it would be beneficial for the service to be able to target only the over-fifties on a more regular basis, as has been done with the Action for Health events, rather than a mail-shot of the entire New Beginnings area. However, reaching people this way had been costly in the past. Other suggestions being investigated were to target potential service-users by working in conjunction with peoples’ GPs, possibly by sending a letter jointly from both practices and New Beginnings.

When discussing the challenges faced in their roles, staff members also mentioned the difficulties encountered in relation to how they had to identify themselves. Because of the close links New Beginnings had with the Arena Housing Association (the two organisations share the same council building and New Beginnings also use Arena’s IT networks and payroll system) staff currently have an Arena ID badge to wear whilst carrying out work in the community. Staff felt that this was unhelpful as it created an unnecessary barrier that hindered their efforts to gain people’s trust, particularly with Arena Tenants. Many people were reluctant to discuss personal issues and financial
problems simply because staff were associated with Arena. Staff believed that the introduction of a New Beginnings badge would be greatly helpful:

*If you go out and it’s an Arena tenant, they won’t, don’t want to discuss finances with me, maybe they have got something they haven’t told housing benefit people. I said all along we should have a New Beginnings ID badge . . . because you go out and you are trying to help people with various things and all they are telling you is about ‘Can I get Arena to fix my back door?’ NBSM3*

*Right now, New Beginnings is part of Arena Housing Association, and Arena Housing Association has a big stock of properties in this area, and that doesn’t do me any good to say I am part of Arena Housing Association. So my ID badge, you know, is Arena. It would be better to have a New Beginnings one. NBSM1*

*I think some people don’t believe they will get something for nothing, I think people are particularly suspicious of a project which will want to genuinely try and help them . . . perhaps our people are particularly suspicious of us being linked with a housing association . . . the only thing we really have is our little name badge from Arena. NBSM2*

Further comments on how the service could reach more people related to the possibility of employing more staff. It was, however, acknowledged that funding arrangements made this unlikely, and that staffing levels were able to match current referrals:

*I just wish there was more of us. If there was two of everybody, we could get to more people. But saying that, staffing levels now can match the referrals that we have got coming in, but we could take on much more. We could do outreach in doctors’ surgeries, but then if you have got say, forty clients ongoing, you couldn’t really take another forty on. NBSM3*

*With the staff we have got, really, we are managing. I think if we were trying to reach too many then our service would fall and we wouldn’t be able to provide the quality service. NBM*

Other suggestions on how the service could be improved in the long-term included establishing a drop-in venue for the Welfare Rights Officer so that she could see more clients in a shorter time period, without having to visit individual homes. The Property Services Officer felt that he would like to add more contractors to the tradesperson’s register in order to offer service-users a wider
selection of workers for household jobs. Staff also noted that the uncertainty surrounding the future of New Beginnings in the long-term, and believed that if the future of the service were secured, this would help both in boosting their morale as a team and in further establishing the service with the target group:

The other issue would be our level of funding, well, not the actual level of it, but the time, because we are in a situation now where our, well, we should be funded for another year but we don’t know yet. It’s a bit uncertain and, you know, so that sort of tends to demoralise people a little bit you know, so if those couple of things were addressed, if the project could turn round and say ‘Look, this is a five-year ongoing project, and, you know, your funding is in place for that’, or ‘It’s a permanent project, you know, lets do this and lets do that’ or, you know, ‘And we are going to produce this information that has got to go out regularly to everybody in the area.’ And if something is coming regular, you know that is what boosts you, that’s what gets people interested. NBSM1

Included amongst the other comments service-users had made about how the service could be improved were suggestions that the target group should be widened to include younger people who were also facing difficulties similar to those experienced by current service-users. Other comments also underlined the generally positive experience they had had, and revealed that service-users’ main worry about the future centred around the possibility of the service not continuing – it was felt that if it did not carry on then the local community would suffer ‘a real blow.’

4.3.6 Summary

From examining the data gathered from interviews and observations, the overall picture of the work New Beginnings has been delivering, both as part of the Action for Health programme and in its everyday role, is extremely positive. Both service-users and the programme’s Project Support Officer spoke highly of the way staff operated in a challenging environment as they endeavoured to impact on the lives of the over fifties in the North Liverpool area. Indeed, it is the comments made by service-users themselves that best illustrate not only the service’s effectiveness, but also the high level of support that exists for the service throughout its target group:

It’s like a rainy, cloudy day and they come and wipe it all away, sunshine. You couldn’t ask for better. They make you feel at ease . . . it’s a godsend. NBSU2
I’ve been absolutely made up. Everything they do serves a purpose. Financially, I went for years not thinking I was entitled to anything, helping you with the damp, the insurance, the practical things, the social bit, giving people something to do. NBSU5

Where would we go to, you know? Especially when you’re on your own. NBSU1

It’s made me feel better in myself, knowing that they’re there . . . I keep that phone number there. NBSU2

No matter what goes wrong in this house, all I’ve got to do is phone up New Beginnings. They’re the first ones to call. NBSU5

I only hope and pray that it stays because it’d be a catastrophe if it goes away . . . where would we turn? NBSU5

I say to my sister ‘They’re wonderful, they’re marvellous.’ I’d recommend them to anybody. NBSU6

I met a lady some weeks ago walking down one of these roads. My sister knows her and we got chatting. She said ‘I’m up to my eyes in this work at the moment but thank goodness for New Beginnings. The word must be spreading!’ NBSU6

Remarks made by relatives also illustrated the esteem in which the service was held:

She’s happy so I’m happy. I’m happy it’s there for her, I’m happy with the services on offer and I’m happy with everyone she’s seen so far. You couldn’t wish for better. NBR2

It’s made a big difference to her life; she’s a lot more secure . . . for her it’s an absolute lifeline. NBR2

There’s no way she could do it on her own. She’s eighty-seven and her health is not very good at all. But she’s able to stay in her house which is what she wants to do because she feels as if there’s a lifeline now. NBR2
Such comments were unsurprising given how staff were especially responsive to service-users’ needs. The service was designed to help people with a wide variety of problems - safety, transport, social, financial and property issues, as well as social isolation, were all cited by the target group as causes for concern. By addressing these problems for individuals, New Beginnings had built up the confidence of people and fostered a sense of independence. The events held as part of the Action for Health programme had built on this work and provided people with an opportunity to socialise and exercise whilst also receiving useful and practical information. Both the day-to-day service and events were seen as accessible, and another key factor in the popularity of New Beginnings was that advice and help was provided free-of-charge, by people they could trust, and with any further work being supervised and carried out to a guaranteed standard at a minimal / reasonable cost. Helping people with financial issues had impacted greatly on people’s lives, and tackling safety issues in the home had also been extremely well-received. Another strength was that staff were able to tailor their advice to the wide range of different people accessing the service. The target group was far from homogenous – there were large differences between the needs of those in their fifties and older clients in their eighties, as there were between home-owners, those renting from private landlords and housing associations, and those living in sheltered accommodation. That service-users themselves were ‘spreading the word’ about New Beginnings is also evidence of its popularity, as is the increasing number of calls that New Beginnings is receiving from people who live outside its catchment area. In such cases, people were given contact details of organisations, in a similar manner to much of the ‘signposting’ that made up an important part of staffs’ role in North Liverpool. All these factors have contributed to the positive feedback presented not only in this report, but also in evaluation work carried about by New Beginnings staff themselves.

4.4 Discussion
Bearing in mind the findings of previous studies (which have classed over 70% of North Liverpool residents as ‘sedentary’), one significant way in which New Beginnings has impacted on the wider community has been through the provision of activities that encourage participation in physical activity (Barr and Kirkcaldy, 2004). Dancing, for example, which was featured as part of each Action for Health event, has been shown to be able to reduce the risk of cardiovascular disease, high blood pressure, type 2 diabetes and cancer, and the various movements that are made during routines can provide benefits to both muscles and joints (Bupa, 2007). Research has shown that physical activity in general helps with the prevention of many diseases, for example, heart disease, stroke, diabetes, obesity and osteoporosis and physical activity has also been consistently identified as a key factor in effective prevention of falls in older people (Bassey, 2000; HEA, 1999). The Department of Health states that physically inactive people have about double the risk of Coronary Heart Disease (CHD) as
those who are physically active and it has also been found that about 80% of CHD deaths in Britain could be prevented by healthier lifestyles (DoH 2005; Barr and Kirkcaldy, 2004). By providing a choice of different exercise-based activities, New Beginnings helped the target group work towards meeting current recommendations from the Department of Health which state that people should aim to take part in thirty minutes of moderate intensity activity five times per week.

As well as providing physical benefits, attending the events held as part of the Action for Health programme had also impacted in other ways. For example, interviews revealed that many in the New Beginnings target group had experienced mental health benefits, such as an increase in feelings of wellbeing, confidence and a reduction in social isolation. This is again a positive finding, particularly when bearing in mind that recent studies have shown that over a third of people living in North Liverpool have reported ‘poor psychological wellbeing or psychological distress’ (Barr and Kirkcaldy, 2004). Clark (1993) makes the link between social interaction and reduced stress levels, whilst Eastabrooks (2003) notes that participation in regular physical activity is related to decreased levels of depression and anxiety.

The activities offered by New Beginnings had particular potential mental health benefits for older members of the community. The Department of Health reports that about 10-15% of those over sixty-five years will have depression and about 5% of over sixty-five year olds will have dementia at any one time (DoH 2004). Although it is important to recognise that old age and poor mental health are not inextricably linked, some mental capacity decline is associated with ageing. However, by tackling risk factors at the earliest stage possible, the likelihood of experiencing such conditions can be reduced. According to Leason (2005) there is now more recognition of the role of community engagement, social groups, clubs and education in addressing these risks. Other studies have also suggested that taking part in the types of activities offered by New Beginnings can be beneficial. For example, Fabrigoule et al (1995) found a lower incidence of dementia in individuals who participated in more social, leisure and work activities. Butler & Fillit (2004) outline a number of principles for curtailing cognitive decline, which include ‘exercising’ and ‘keeping active’, whilst Frattiglione et al (2000) show that extensive social networks can delay the onset of dementia, whereas individuals living alone with no friends or relatives had an increased risk of dementia. The social aspect described by many participants attending New Beginnings events (and other activities New Beginnings has linked service-users to) may therefore have had unforeseen benefits.

There were a number of other positive aspects to the work carried out by New Beginnings. The range of different activities on offer had encouraged people to not only take part in various courses, but to
participate in activities that they had never previously tried. Because attendance was free, unlike similar events held in other parts of Merseyside, events were an even more attractive option.

Another important function for the events had been to advertise the New Beginnings service itself. Those who had gone on to use the service described a variety of different ways in which they had been helped. Assisting people via the introduction of prevention measures and environmental changes meant that many had experienced improvements in the safety of their home. Bathing, for example - ‘one of the first basic activities of daily living in which disability develops’ – was one way in which safety was targeted (Murphy, Nyquist, Strasburg, Alexander, 2006). Falls in older people often result in hip fractures and up to 14,000 people die in the UK each year as a result of osteoporotic hip fractures (NSF for Older People, 2001). By installing grab-rails, walk-in showers and other bathroom equipment, service-users were not only able to access their washing facilities more easily, but also more safely, with the likelihood of clients experiencing unnecessary pain and suffering and increased dependency being reduced. The introduction of ‘peep holes’, chains on doors and other security measures, such as locks on windows, had resulted in service-users feeling more secure in their own homes - the importance of which was underlined when considering comments they had made regarding their unease with high levels of anti-social behaviour.

Research has suggested that the financial strain that many older people are under can have a harmful effect (Carp & Carp, 1981). The income maximisation performed by the Welfare Rights Officer, therefore, was also another important part of the service offered by New Beginnings, and demonstrated another way in which the service had been able to impact positively upon the lives of service-users. By improving people’s financial means, feelings of self-worth and independence increased amongst members of the target group. In addition, financial help through grants from organisations such as the British Legion had helped people make improvements in the home, reducing the likelihood of accidents. Staffs’ help with complex application forms should also not be underestimated; Mickel (2008) has noted the difficulties older people face in attempting to navigate the benefits system.

The limitations of this study are clear. Although attendees of events, along with those who had used the service in other capacities, are quoted widely, much of the data gathered was the result of interviews with those working for New Beginnings. This should therefore be borne in mind whilst interpreting the findings. However, the study does succeed in providing a picture of the way New Beginnings has operated in the North Liverpool area. The work carried out by New Beginnings was evidently well received by those at whom it was aimed and people enjoyed attending events that gave
them social contact whilst also providing information on how to make effective and positive changes to their lifestyles.

Social, economic, environmental and personal factors – the key components which, according to the social model of health, interact to enable people to live healthily - were all addressed by the service, which received few criticisms from those who used it. While social and physical barriers to remaining active, safe, and healthy in old age are very real, this evaluation of New Beginnings shows that they can be overcome with appropriate support from programmes such as those described - a notable achievement in any area which experiences a high level of deprivation, and one which explains why New Beginnings has become an admired organisation throughout Merseyside.
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APPENDICES
Appendix I  
Service-user information sheet for health assessment observations

Information Sheet

Evaluation of Action for Health’s Health Checks: Observations

You are being invited to take part in a research study. Before you decide whether or not to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please inform the researcher (the person who gave this sheet to you) if you would like more information.

- **What is the purpose of the study?**

‘Action for Health’, a local group comprised of a number of different Merseyside-based organisations, has recently set up a programme that involves providing men and women in the Anfield and Breckfield area with free health checks. To understand how these health checks have benefited people we are currently conducting a study that seeks to collect the opinions of all those who take part. The results of this study will provide invaluable information to those running the service and will be used to inform the planning and development of the health checks as they develop.

- **Why have I been selected for observation?**

We are observing health checks in action for a short period of time during late 2007. As you have come forward during this time period we wish to observe your health check in order to better understand the factors that make for a successful delivery of the service to men and women in the Anfield and Breckfield area.

- **What will happen if I agree to take part?**

You health check will simply be observed by the researcher and they will take brief notes relating to how staff members deliver your health check.

- **Is the study confidential?**

All information that is collected during the course of the research will be kept strictly confidential and stored in a locked cabinet at the University of Liverpool, and password protected computer files. Any information about your health check will have your name removed so that you cannot be recognised from it. Data will then only be accessible to the research team at the University of Liverpool and those commissioning the study.

**N.B.** We are obliged to inform you of limits to confidentiality. If a disclosure is made that suggests, either directly or indirectly, harm to yourselves, to others or criminal activity, it may be in the public interest that the researcher reports it. Please note, however, that the nature of this research project means that is extremely unlikely that any such disclosures (and subsequent reporting of them) will occur.

- **How long will data be stored?**

In accordance with University of Liverpool regulations, all data will be kept securely for a period of 10 years.
• What happens if I don’t wish to participate?

Simply inform the researcher that you do not wish your health check to be observed and they will leave. If you agree to be observed you are still free to withdraw from the study at any time. If during the course of the observation you decide that you would rather the researcher not be present, simply inform them of this. They will stop the observation immediately and any data recorded up until that point will not be used in the study.

• What will happen to the results of the research study?

The anonymised results from the research will be presented in a report in June 2008 and may also be submitted for publication in a professional journal.

• Who is funding / carrying out the study?

The study is being funded by the ‘Action for Health’ group and is being carried out by a research team from the Health and Community Care Research Unit (HaCCRU) at the University of Liverpool.

• Who has reviewed the study?

The study has been approved by the University of Liverpool’s Committee on Research Ethics.

Contact for further information:

If you require any further information or have any concerns about taking part in the study please contact:

Mr Andy Kirkcaldy, Health and Community Care Research Unit, Thompson Yates Building, University of Liverpool, L69 3GB.

Telephone direct line: 0151 794 5287  Email: kirkaj@liverpool.ac.uk

If you have any complaints arising from your participation in the study please contact:

Professor Liz Perkins, Director, Health and Community Care Research Unit, Thompson Yates Building, University of Liverpool, L69 3GB.

Telephone direct line: 0151 794 5909  Email: lizp@liverpool.ac.uk

Thank you for reading this.
Appendix II  

Interview schedule for health assessment service-users

Interview schedule

**Recruitment and advertising**

- How did the health assessments come to your attention / how were they advertised? Poster? Did someone tell you about them?
- When was this? Was there a sufficient notice period between being informed and the date of the health assessment? Do you have any suggestions for improving the ways people are recruited?
- What did you think about the time your health assessment was held? Was it convenient? Were you given the option of different times to attend?

**Structure of the health assessments**

- Did it cover everything you hoped for?
- What did you like about the health assessment? What didn’t you like? Were there any particular aspects of the initiative that appealed to you?
- Are there any improvements you feel could be made?
- What was most useful to you?

**Staffing of the health assessments**

- Did the staff running the health assessment explain the procedures adequately to you?
- What did you think of the staff running the health assessments?

**Location of the health assessments**

- What did you think of the venues/setting that the health assessment took place in? Was it adequate / appropriate? Location?

**Results of the health assessments**

- Did the assessment reveal anything about your health that you were surprised about? If so, what?

**Impact of the health assessments**

- Did you receive any advice at the health assessment? If so, what? What did you think of the advice? Do you think you’ll act on this advice?
- Would you recommend the health assessments to other people as a result of your experiences?

**Other health services**

- Do you think the health assessments are a good idea? How does it compare to visiting your GP or other health services?
- What other initiatives do you think should be put in place to help people talk/deal with health issues? What else do you think would be helpful?

**Other**
● Is there anything else you would like to highlight about the health assessments? What do you think they will bring to the local community? Would you like to see them taking place on a permanent and regular basis?
● Any comments on the health assessments in general? Any specific issues you feel are important, that are neglected, or should be considered more?
● Are there any other issues regarding your health that you would like to talk about?
Appendix III

The 'Action for Health' Health Checks Questionnaire

We would be grateful if you would complete this questionnaire and return it either to the person who gave it to you or via the pre-paid addressed envelope provided as soon as possible. No stamp is required.

If you have trouble filling this in, or have any questions about the study, you can telephone Mr Andrew Kirkcaldy on 0151 794 5287 or email him at kirkaj@liverpool.ac.uk

Please tick the box that best matches your answers

SECTION A: THE HEALTH CHECKS

1) Why did you decide to participate in the health checks? (Please tick all that apply)

- I was worried about my health [ ]
- I don’t often go to see my doctor [ ]
- I was already in the building and decided to participate [ ]
- I was encouraged by a family member or friend [ ]
- Other [ ]

Other Please state: ………………………………………………………………………………………………………

2) How did the health checks come to your attention? (Please tick all that apply)

- Poster [ ]
- Advertisement in newspaper [ ]
- Leaflet [ ]
- Informed through payslips [ ]
- I attended a session about the health checks [ ]
- Informed by a friend/relative/partner [ ]
- Other [ ]

Other Please state: ………………………………………………………………………………………………………

3) What did you think about the time your health check was held?
(Please tick one box only)

- I would have preferred an earlier time [ ]
- I would have preferred a later time [ ]
- The time it was held was convenient for me [ ]

4) What did you think about the length of time it took to deliver your health check?
(Please tick one box only)

- I would have preferred it to be longer [ ]
- I would have preferred it to be shorter [ ]
- I was happy with the length of time that it took [ ]
5) About the member of staff who gave you your health check:  
(Please tick one box only per question)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Were they friendly?</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
</tr>
<tr>
<td>ii) Did they make you feel comfortable?</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
</tr>
<tr>
<td>iii) Did they explain what they were doing adequately?</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
</tr>
<tr>
<td>iv) Were you happy with the manner in which they gave advice?</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
</tr>
</tbody>
</table>

6) About the venue that your health check was held in:  
(Please tick one box only per question)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Was the venue convenient for you?</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td></td>
</tr>
<tr>
<td>ii) Is it somewhere that you go regularly?</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td></td>
</tr>
<tr>
<td>iii) Was there adequate privacy?</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
</tr>
<tr>
<td>iv) Did you feel it worked as a setting in which to deliver health checks?</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
</tr>
<tr>
<td>v) Would you have preferred the health checks to have been held somewhere else?</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
</tr>
<tr>
<td>If ‘Yes’ please state where: ……………………………………………………………………</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7) What did you find out during your health checks? (Please tick one box only per area)

<table>
<thead>
<tr>
<th>Area</th>
<th>My results were better than expected</th>
<th>My results were worse than expected</th>
<th>My results were as expected</th>
<th>I don’t remember these results</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Blood pressure</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
<td>[ ]4</td>
</tr>
<tr>
<td>ii) Cholesterol</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
<td>[ ]4</td>
</tr>
<tr>
<td>iii) Blood sugar</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
<td>[ ]4</td>
</tr>
<tr>
<td>iv) Body Fat / Body composition</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
<td>[ ]4</td>
</tr>
<tr>
<td>v) Height and Weight</td>
<td>[ ]1</td>
<td>[ ]2</td>
<td>[ ]3</td>
<td>[ ]4</td>
</tr>
</tbody>
</table>
8) Have you made any changes to your lifestyle as a result of attending the health checks? 
(Please tick all that apply)

i) Smoking 
I have given up smoking [ ]
I have cut down the amount that I smoke [ ]

ii) Alcohol 
I have cut down on the amount I drink [ ]
I have reduced the amount I drink to no more than the recommended units per week (21 units per week for men and 14 units per week for women)

iii) Diet 
I have started to eat a healthier diet [ ]
I have increased the amount of water I drink [ ]

iv) Exercise 
I have started to exercise regularly [ ]
I have increased the amount I exercise [ ]

v) Other 
Please state: ..................................................................................................................

9) Have you contacted anyone as a result of the health checks? 
(Please tick all that apply)

GP / Practice Nurse [ ] 
Smoking cessation services [ ]
Counselling service [ ]
Alcohol services [ ]
Heart of Mersey [ ]
NHS Direct [ ]
Other [ ]
Please state..................................................................................................................

10) Did you find attending the health check more convenient than, say, visiting your GP? 
(Please tick one only)

Yes [ ]
No [ ]
Don’t Know [ ]

11) Did you prefer attending the health check to visiting your GP? 
(Please tick one box only)

Yes [ ]
No [ ]
Don’t Know [ ]

12) Would you recommend the health checks to other people? 
(Please tick one box only)

Yes [ ]
No [ ]
Don’t Know [ ]
I have recommended the health checks to other people [ ]

13) Would you attend a health check again in the future? 
(Please tick one box only)

Yes [ ]
No [ ]
Don’t Know [ ]
I have attended the health checks a second time [ ]
14) We are interested in hearing about your experience of the health checks. Is there anything else you would like to share with us that you think we would find useful or interesting? Feel free to add an additional sheet of paper if you wish.

SECTION B: ABOUT YOU

<table>
<thead>
<tr>
<th>i) Please state your age in years:</th>
<th>............................ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii) Please indicate your gender:</td>
<td>[ ]: Male</td>
</tr>
<tr>
<td>iii) Please indicate your ethnicity:</td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>[ ]: Any White background</td>
</tr>
<tr>
<td></td>
<td>(specify if you wish):</td>
</tr>
<tr>
<td></td>
<td>Black</td>
</tr>
<tr>
<td></td>
<td>[ ]: African</td>
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<tr>
<td></td>
<td>[ ]: Caribbean</td>
</tr>
<tr>
<td></td>
<td>[ ]: Any other Black background</td>
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<td></td>
<td>(specify if you wish):</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ]: Prefer not to say</td>
</tr>
<tr>
<td>iv) Please indicate your marital status:</td>
<td>[ ]: Single</td>
</tr>
<tr>
<td></td>
<td>[ ]: Divorced</td>
</tr>
<tr>
<td></td>
<td>[ ]: Other, please state:</td>
</tr>
<tr>
<td>v) Please indicate your employment status:</td>
<td>[ ]: Full-time employment</td>
</tr>
<tr>
<td></td>
<td>[ ]: Continuing education / training</td>
</tr>
<tr>
<td></td>
<td>[ ]: Retired</td>
</tr>
</tbody>
</table>
Dear Sir or Madam,

You have been given the attached questionnaire because you recently attended a health check in the North Liverpool area.

We are interested in hearing your opinions on this health check, and would be grateful if you could help our work by completing and returning this questionnaire to either the person who gave it to you or by post in the envelope provided. By doing this you will be providing us with information that can be used to inform and develop plans around the health checks in the future.

The questionnaire is completely confidential. If you wish to return it by post then there is no need to add a stamp to the envelope provided as postage charges have already been prepaid using our FREEPOST service.

If you have trouble filling out the questionnaire, or have any questions about the study you can telephone me on 0151 794 5287 or email me at kirkaj@liverpool.ac.uk

Thank you for your time,

Yours sincerely,

Mr Andrew Kirkcaldy,
Research Associate,
HaCCRU,
University of Liverpool.
Action for Health’s ‘Health Check’ Questionnaire

You are being invited to take part in a research study. Before you decide whether or not to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please contact a member of the research team (details overleaf) if there is anything that is not clear or if you would like more information.

● What is the purpose of the study?

‘Action for Health’, a local group comprised of a number of different Merseyside based organisations, have recently been providing men and women in the North Liverpool area with free health checks. To understand how these health checks have benefited people we are currently conducting a study that seeks to collect the opinion of all those who took part. The results of this study will provide invaluable information to those running the service and will be used to inform the planning and development of the health check programme as it develops.

● Why have I been chosen/asked?

We wish to gather data from people who have recently taken part in the health checks to better understand the factors that make for a successful delivery of the service in North Liverpool.

● Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part please fill in the attached questionnaire following the instructions carefully. Any decision to complete the questionnaire will not affect the standard of the service you receive from health services in the area.

● What will happen if you agree to take part?

You will simply complete and return the enclosed questionnaire as soon as possible, to either the person who gave it to you or in the FREEPOST envelope provided. After you return it the data will be looked at alongside the responses of others who took part in the health checks.

● Is the study confidential?

All information that is supplied by you via the questionnaire will be kept strictly confidential and stored in a locked cabinet at the University of Liverpool, and password protected computer files. Your name will not be recorded on the questionnaire so you cannot be recognised from it. Data will then only be accessible to the research team at the University of Liverpool and those commissioning the study.

● How long will data be stored?

In accordance with University of Liverpool regulations, all data will be kept securely for a period of 10 years.
● What happens if I don’t wish to participate?
If you decide not to take part in the study, simply do not complete or return the enclosed questionnaire.

● What are the benefits for me if I agree to take part?
You will not benefit personally by participating in the study and it is for you to decide whether or not to take part. However, the information will help us collect vital data concerning people’s health in the North Liverpool area, and will benefit members of the general public using the health checks in the future.

● What will happen to the results of the research study?
The anonymised results from the research will be presented in a report in June 2008 and may also be submitted for publication in a professional journal.

● Who is funding / carrying out the study?
The study is being funded by the ‘Action for Health’ group and is being carried out by a research team from the Health and Community Care Research Unit (HaCCRU) at the University of Liverpool.

● Who has reviewed the study?
The study has been approved by the University of Liverpool’s Committee on Research Ethics.

● Contact for further information:
If you require any further information or have any concerns whilst taking part in the study please contact:

Mr Andy Kirkcaldy, Health and Community Care Research Unit, Thompson Yates Building, University of Liverpool, L69 3GB.

Telephone direct line: 0151 794 5287  Email: kirkaj@liverpool.ac.uk

If you have any complaints arising from your participation in the study please contact:

Professor Liz Perkins, Director, Health and Community Care Research Unit, Thompson Yates Building, University of Liverpool, L69 3GB.

Telephone direct line: 0151 794 5909  Email: lizp@liverpool.ac.uk

Thank you for reading this.
You are being invited to take part in a research study. Before you decide whether or not to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

- **What is the purpose of the study?**
  ‘Action for Health’, a local group comprised of a number of different Merseyside based organisations, have recently been providing a number of services in the Anfield and Breckfield area, and ‘New Beginnings’ is one of the organisations that is currently involved in the programme. To understand how ‘New Beginnings’ is benefiting people in the area we are currently conducting a study that seeks to collect the opinion of all those who have used or are using the service. The results of this study will provide invaluable information to those running ‘New Beginnings’ and will be used to inform the planning and development of the service as it develops.

- **Why have I been chosen / asked?**
  We wish to conduct interviews with people who have recently used the services provided by ‘New Beginnings’ to better understand the factors that make for a successful delivery of the service.

- **What will happen if you agree to take part?**
  Should you indicate that you are willing to be interviewed (to a New Beginnings staff member) a member of a research team from the Health and Community Care Research Unit at the University of Liverpool will contact you to arrange a suitable time to conduct an interview. Interviews will be conducted either face-to-face at your home or over the telephone if you prefer. They will be audio-recorded (subject to your permission) and will last up to a maximum of 1 hour.

- **Is the study confidential?**
  All information that is collected during the course of the interview will be kept strictly confidential and stored in a locked cabinet at the University of Liverpool, and password protected computer files. Any information you provide will have your name removed so that you cannot be recognised from it. Data will then only be accessible to the research team at the University of Liverpool and those commissioning the study.

  **N.B.** We are obliged to inform you of limits to confidentiality. If a disclosure is made that suggests, either directly or indirectly, harm to yourselves, to others or criminal activity, it may be in the public interest that the researcher reports it. Please note, however, that the nature of this research project means that is extremely unlikely that any such disclosures (and subsequent reporting of them) will occur.

- **How long will data be stored?**
  In accordance with University of Liverpool regulations, all audio-recordings and transcripts will be kept securely for a period of 10 years.
● What happens if I don’t wish to participate?

Simply let a New Beginnings staff member know that you do not wish to participate in the research study. You will not be contacted by the research team.

● What will happen to the results of the research study?

The anonymised results from the research will be presented in a report in June 2008 and may also be submitted for publication in a professional journal.

● What are the benefits for me if I agree to take part?

You will not benefit personally by participating in the study and it is for you to decide whether or not to take part. However, the information will help us collect vital data relating to the service provided by ‘New Beginnings’ and will benefit members of the general public attending in the future.

● Who is funding / carrying out the study?

The study is being funded by the ‘Action for Health’ group and is being carried out by a research team from the Health and Community Care Research Unit (HaCCRU) at the University of Liverpool.

● Who has reviewed the study?

The study has been approved by the University of Liverpool’s Committee on Research Ethics.

● Contact for further information:

If you require any further information or have any concerns whilst taking part in the study please contact:

Mr Andy Kirkcaldy, Health and Community Care Research Unit, Thompson Yates Building, University of Liverpool, L69 3GB.

Telephone direct line: 0151 794 5287 Email: kirkaj@liverpool.ac.uk

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Thank you for reading this.