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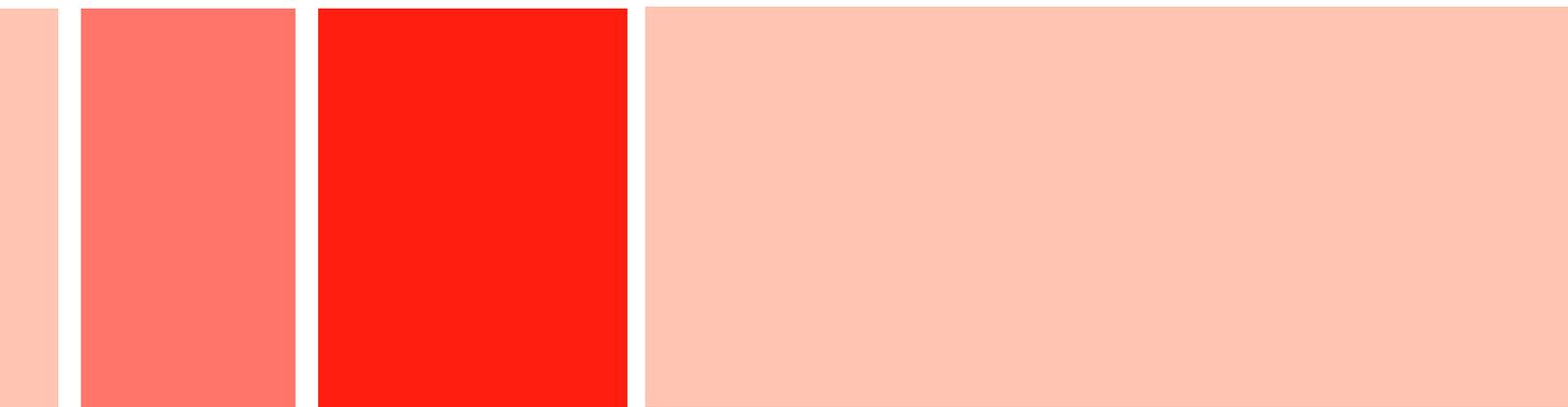


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Introduction of the 'Add to your Life' health and wellbeing check for over 50s: findings from the formative evaluation

Summary Report



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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Executive Summary

This report presents the findings from the formative evaluation of the 'Add to your Life' health and wellbeing check for over 50s pilot.

Introduction

Add to your Life is an online, personalised health and wellbeing self-assessment tool for people aged 50 and over (<https://addtoyourlife.wales.nhs.uk/>). The Check covers a range of health and wellbeing aspects and provides information and advice to help users to maintain or improve their health and wellbeing.

Public Health Wales is responsible for delivering Add to your Life. To date, delivery of the tool has taken place in two phases.

- An initial pilot phase, during which Add to your Life was implemented in 10 Communities First areas, took place from November 2013 to March 2014.
- Add to your Life and its associated support and activities were rolled out nationally in April 2014.

Whilst it is assumed that the majority of users would access the Check independently, two types of support have been resourced to help users with low levels of IT literacy to access and complete the check. These are:

- Face-to-face community support through Age Cymru volunteers and Communities First¹ networks across Wales, and
- Telephone support through NHS Direct Wales.

Methodology

A formative evaluation of a pilot involves a study of early implementation and includes an assessment of what appears to be working and where there are gaps or issues in programme design and delivery. Similarly, this study of Add

¹ Communities First is a non-prescriptive programme established by the Welsh Government to address issues specific to disadvantaged areas. One of the objectives of the Communities First programme is to improve local area health and wellbeing outcomes.

to your Life, conducted during the pilot stage was designed to provide an early assessment of how Add to your Life was being implemented and whether the design and delivery would lead to the intended outcomes.

A mixed method iterative research design was deployed. This comprised three phases of work (sequential and concurrent):

- Desk research and the further development of the Add to your Life logic model together with stakeholders, focusing on the outcomes that Add to your Life was designed to achieve.
- Qualitative research consisting of interviews and focus groups, with policy leads, delivery staff and users of the Check. Quantitative research that included a survey of users immediately after completing the Check and analysis of administrative web-data. Topics and themes covered during data collection were underpinned by the logic model and were focused on the most relevant and measurable outcomes.
- Feasibility study and development of a framework for an outcomes and economic evaluation.

Findings

In this report, Add to your Life is not assessed on rates of completion but by how users respond to the questions in the online tool and to the feedback advice and information.

Promotion and implementation of Add to your Life

During the pilot phase, for users who completed the Check without support, a marketing push, often by an employer was important. The intention was that delivery would be flexible and guided by local area considerations. For this reason, implementation of Add to your Life was not consistent across the pilot areas. Similarly promotional activities and materials varied significantly. Communities First delivery staff would have preferred a more consistent approach.

Support staff

The level of support provided by staff was more than had been originally intended. In practice, staff were involved in explaining questions and responses, discussion of the feedback and offering practical advice and emotional support. The extended support model was delivered in two ways: face-to-face support and group setting support. There were some perceived gaps in how information from Public Health Wales was cascaded down to support staff in local areas. Staff suggested a need for guidance, training and knowledge sharing opportunities, to aid a consistent approach to user engagement and delivery.

Effective user engagement

Delivery staff reported challenges in engaging men, people who are not in contact with services, and those aged over 70. People with low IT literacy held a suspicion of web-based tools, creating a barrier to completion or registration. Finally, increasing the number of registered users was considered vital for any follow-up communications as well as for future evaluation activities.

Add to your Life

Overall the design of Add to your Life was positively received. It was viewed as easy to navigate. Completing Add to your Life was considered useful by users who received staff support as it gave them the opportunity to discuss their health and lifestyle choices. In particular, the social aspect of completing Add to your Life in a group setting with support was appreciated. It was felt to be less useful by those who completed it without support.

A number of issues about the content and feedback of Add to your Life were raised by users and staff:

- **The Welsh language version** - this was thought to use overly formal language and therefore was considered less accessible than the English version by users whose first language is Welsh.

- **The content** - there was a tension in users perceiving the tool to be 'too general' or 'not personalised enough'. There is a clear need to incorporate sufficient content so that individual circumstances, such as physical disability, are included. Limited response options increase the risk of inaccurate answers thus affecting the feedback generated.
- **The feedback** - there was an expectation among users that they would receive feedback that was more personalised. Feedback content was considered too dense, too long, and not visually attractive. Users wanted greater use of motivational language and more specific and practical feedback on taking small steps to increase physical activity and improve their diet, in particular. A need to signpost to local, in addition to national organisations was suggested.

Helping to change behaviour

The feedback advice and information users received generally confirmed what they already knew about their health and wellbeing status. In some instances it re-affirmed an intention to change behaviour. It was too early in the life of this initiative to report in any comprehensive way about progress made towards the outcomes related to an 'increase in healthy behaviours'.

Suggestions to help achieve behaviour change included: goal setting, providing information about local services, and tracking progress and change by completing Add to your Life at regular intervals.

Conclusions

During the pilot stage, there was huge variability in how Add to your Life was implemented in the pilot Communities First areas delivering the Check. The type of promotion carried out locally varied also, as did the provision of support. A more consistent promotional approach during the national roll-out is envisaged. As it was thought to be suitable for all age groups, promotional activities could emphasise that Add to your Life is available for all age groups, if this was thought to be a priority.

The findings show that the level of support provided varied from what was originally envisaged, with staff providing support that extended beyond the original IT support remit. This meant that the intended online model with only IT support was modified. Guidelines and training on the level of support needs to be clarified and effectively communicated. Monitoring and assessment of the level of on-going support would provide greater understanding on user support needs and associated cost implications.

Overall, completing Add to your Life gave users some 'food for thought', helping users to reflect on their health and lifestyle behaviours. Clear explanations of how Add to your Life can help users would be useful for managing expectations.

The support of Communities First staff was important and added value for specific groups of users. Harnessing the perceived benefits of this support so that positive health behaviours are maintained and appropriate actions taken would likely require continued support and motivation.

Users were open to completing Add to your Life on a regular basis. To track behaviour intentions and change over time would require an increase in users registering to the site. Clear instructions and the benefits of registering could be set out in a way that encourages users to register. Registration is also important for any future evaluation activity.

Any future evaluation activity would need to consider implementation variability as well as the variations in the delivery model. How users respond to Add to Your Life could be influenced by the type and level of support provided. Decisions on which intervention model to evaluate and the relevant user groups to study would need to be made. As a starting point, a review of the intervention logic model is suggested. A paper of key issues to consider in the design of a robust outcomes evaluation has been submitted separately.