ALTOGETHER BETTER

BENEFICIARY CASE STORIES ANALYSIS

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SUMMARY

As part of the external evaluation of the Altogether Better Programme (AB), 100 beneficiary case stories were analysed to provide a Programme level picture of the difference made by AB projects on individuals, groups and workplaces. In summary, the main findings were:

Most individual beneficiaries wanted to improve their own and their family's health and wanted information and practical support to adopt a healthier lifestyle. Many beneficiaries also wanted the skills and support to pass on health messages in an informal way or to volunteer in their community.

Low confidence and self-esteem were the most common issues identified across the beneficiary case stories, regardless of health issues or personal circumstances. Social isolation was another important theme. Many beneficiaries' primary motivation for taking part in AB projects was to meet new people and improve their social networks.

A combination of training and support were offered by most projects with the aim of both developing new skills, and increase the confidence and social networks of beneficiaries. A varied range of training was offered and included accredited and short courses alongside MHFA and vocational courses.

In addition to training, projects have provided tailored support to beneficiaries ranging from one to one support to help make sustained changes to their own lifestyle to offering resources, advice and guidance to enable CHCs to set up an activity in their local community. Peer support has been an important part of the support package for CHCs.

The CHC role can generate a range of positive outcomes for beneficiaries, including those which are key components of maintaining a healthy lifestyle. Beneficiaries reported changes in their attitudes and behaviours; increased confidence and social networks; greater self-fulfilment and happiness as a result of their involvement with AB.

There was evidence of positive health outcomes for beneficiaries such as weight loss, reduced BMI, lower blood pressure, greater mobility, improvements to long term health conditions including mental ill health.

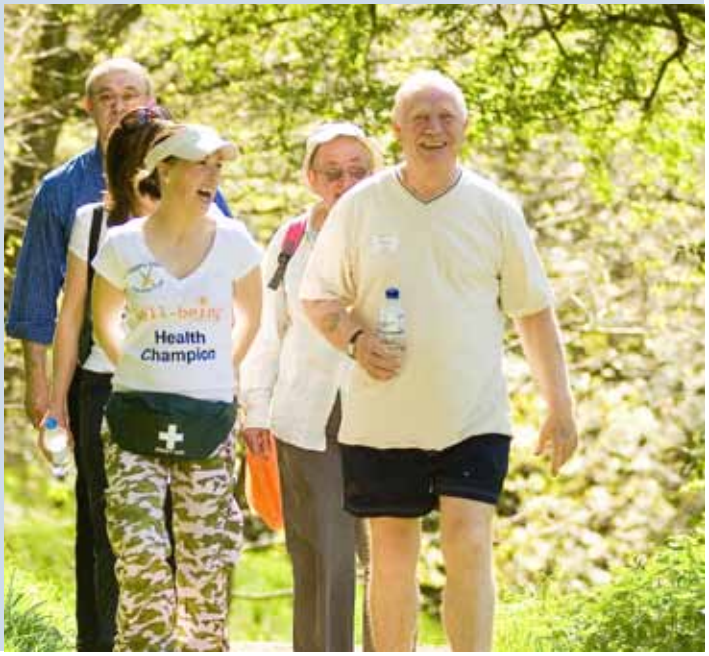
Beneficiaries have 'passed on' health messages to friends, family and the wider community and have generated lots of activity in this regard. Case stories provide limited evidence on outcomes for indirect beneficiaries as they are focused primarily on the journey of individual CHCs.

Some of the case stories related to workplaces. The needs of employers varied from a general commitment to health and wellbeing at work to concerns about sickness rates and stress related absence, wanting to support staff with mental health problems and staff in emotionally challenging jobs. Project approaches to addressing these issues usually started with a needs assessment followed by an action plan, which included a package of tailored training and support.

For some employers it was early days and the main outcome was their commitment to promoting health issues in the workplace. Most employers could identify positive outcomes as a result of their contact with an AB project such as increased awareness and understanding of health issues amongst staff, alongside health benefits for individual staff. Some employers reported reductions in stress related absence (with one employer reporting a costing saving of £30,000 as a result), boosted staff morale and a happier workforce.

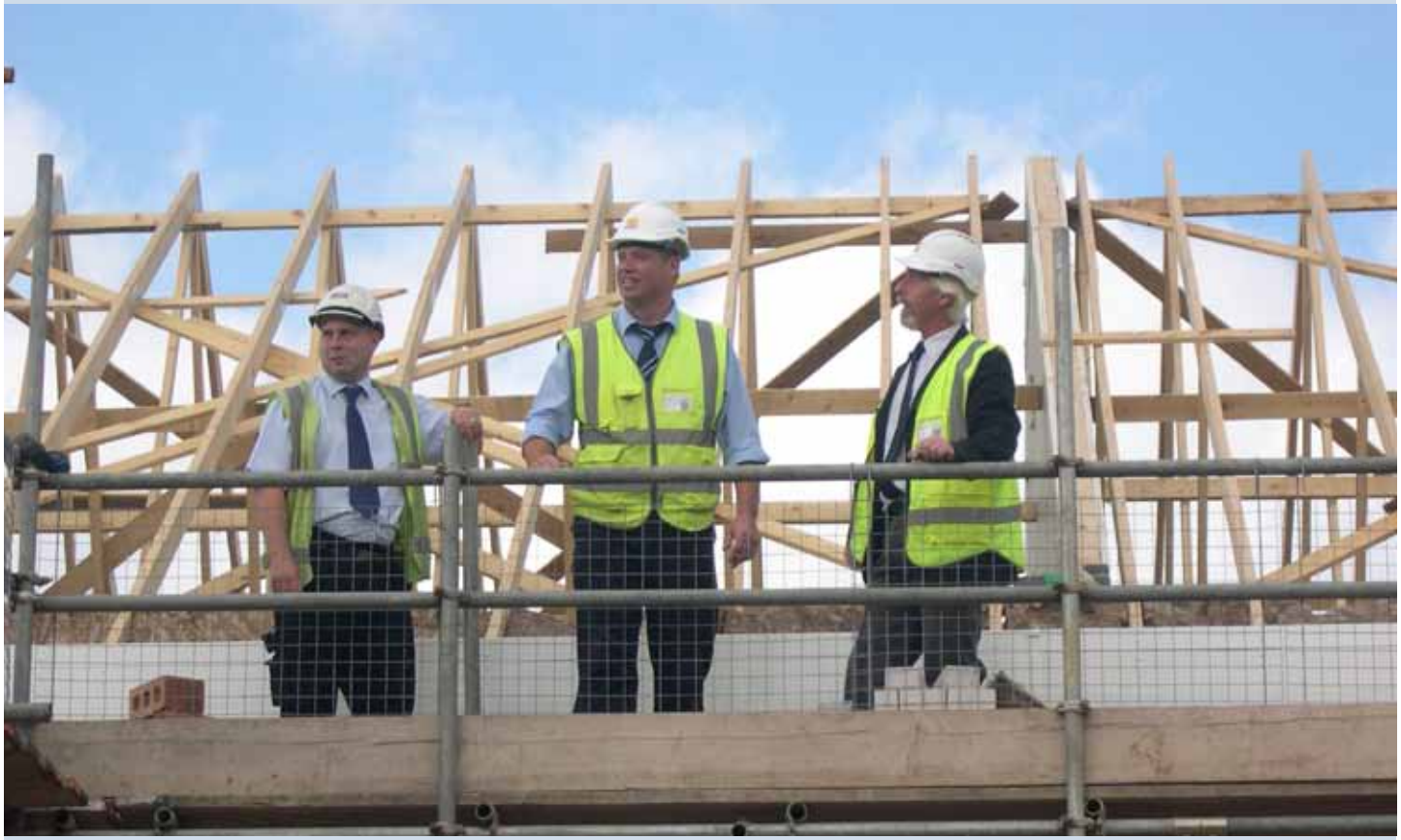
Learning points from the individual and group case stories:

- CHCs are the key to **promoting a project.** Word of mouth can be the best way of advertising courses and active CHCs are probably the best publicity tool you have!
- **A good start** to project engagement is important. Listen and find out what people want to know, what health improvements they want to make and what they are interested in doing. Focus on their strengths - the qualities, skills and expertise they already possess and can harness in their role as a CHC - this helps build confidence. Clearly define the CHC role from the beginning: what it is and what it is not.
- Many beneficiaries have real and perceived barriers to improving their health or being active in their community. **Overcoming barriers** is key to project success such as providing childcare alongside courses so that parents can attend; paying travel expenses; using a local or familiar venue; and facilitating access to free or subsidised courses or activities.
- When running **groups**, aim to create a safe and open space to share ideas and issues; allow the group to set the pace of learning and be willing to adapt content to the needs of the group; be aware of and make use of group dynamics and appreciate that people may want different things and may have different views and opinions.
- **Peer training and support** can be very powerful. Several beneficiaries commented that health messages from members of the community are more effective than those delivered by health professionals. Having someone known and trusted by others can encourage people to take part. CHCs who have previously undertaken voluntary and community work can offer informal support to those who haven't previously engaged.
- **Having fun and enjoyment** are instrumental in sustaining behaviour change. If people can exercise together, swap tips on healthy eating or share their problems this is a positive step towards maintaining healthy lifestyles. The value of the informal, social and friendship benefits of involvement in the AB projects should not underestimated. 'None of this has been dull; being healthy can be fun if you make it fun.'
- Combining **training and support** appears to be a more successful model for behaviour change and creating active CHCs than one off courses. When it comes to training, accreditation is an important motivator for many people and training courses can really help build confidence and social networks. Providing access to additional training can help keep CHCs interested as well as develop skills. Tailored and ongoing support is central to creating a positive experience for beneficiaries. Everyone's learning rate is different and some CHCs will need a lot of support in order to participate.
- **Building partnerships** with other organisations can maximise the reach and the offer provided by projects and can result in additional resources, expertise or facilities for beneficiaries. Try and involve partner agencies in publicising project activities, this will get the message out to the wider community and take the pressure off CHCs.
- Supporting people to make their own choices is essential for **behaviour change**. Use simple steps: tackle one issue or barrier at a time and suggest things that fit into peoples' lifestyles and routines. 'Quick wins' can aid motivation when tackling longer term health issues and practical and fun activities can be an effective way of getting across positive health messages. The CHC message - If I can do it so can you – is a powerful one.



Learning points from the workplace case stories

- It is important to **evaluate** courses and involvement with the project, it not only gives you scope for improvement but ideas for course content or future activities. Make use of monitoring, for example the regular **monitoring** of blood pressure and BMI can provide the motivation needed for people to make positive changes in their lifestyles.
- Providing mental health information and support can be even more important in the current economic climate and when organisations are undergoing difficult changes. However it is important to be realistic about the progress that can be made in the context of organisational change.
- Conducting needs assessments and developing action plans at the beginning of project contact enables support to be tailored to meet the needs of individual employers. When it comes to training and support, even small initiatives designed to value staff can have major pay offs.
- Building up a relationship with an employer is important so that they contact you for advice, support and guidance along the way and do not just take up training. That said, training can be a good hook on which to engage employers.
- Making use of monitoring, for example the regular monitoring of blood pressure and BMI can provide the motivation needed for employees to make positive changes in their lifestyles.
- It is possible to sell the healthy workplace concept to employers on the base of cost savings and on the importance of health in the workplace. Voluntary and public sector seem to be most receptive to promoting health and wellbeing at work, with some positive examples from private sector employers.
- Providing training and support for senior managers and Human Resources teams can help promote a positive culture which will benefit staff (particularly in respect of mental health awareness).
- Alongside the 'buy in' from employers and senior management, train the trainer courses and Workplace Health Champions can help build internal skills and sustain healthy workplaces.



1. Introduction

Each of the projects which comprise the Altogether Better Programme (AB) have produced case stories which give an account of the difference made by the projects on individuals, groups or workplaces. As part of the external evaluation of AB, 100 of these case stories have been thematically analysed to provide a Programme level picture of the needs of beneficiaries; how these have been tackled across projects and the resulting outcomes and impact. This report also sets out some of the lessons learnt from this type of work.

The AB Programme has impacted on direct and indirect beneficiaries. Direct beneficiaries are those individuals with whom AB projects have had direct contact and who have taken an active part in a project. Examples include individuals who have been recruited and trained as Community Health Champions (CHCs) or employers who have received advice. Indirect beneficiaries are people who have not had direct contact with a project although they may be expected to benefit in some way from its work. For example family and friends to whom CHCs have 'passed on' health messages or members of the community who have attended sessions run by a CHC.

The beneficiary case stories analysed for this report primarily focus on direct beneficiaries.

2. About the beneficiaries

69 of the case stories focused on individuals; 8 related to groups in the community and 23 to workplaces.

Among the individual beneficiaries there were 50 women and 19 men. Ages ranged from 18 years to over 65 years (the oldest beneficiary was 91 years old). Data on age was available for 56 of the individual beneficiaries with a breakdown in the table below:

Age range	Number of beneficiaries
18 – 24 years	4
25 – 34 years	13
35 – 44 years	16
45 – 54 years	10
55 – 64 years	7
65+	6

Ethnicity data was available for 53 of the individual beneficiaries. The majority were White British (41). 12 were of other ethnic origin: one was African Asian; six were Asian; one was Black African; one was Chinese and two were African Caribbean. One was White Russian.

The monitoring data from the group case stories was incomplete so it is not possible to quantify numbers of beneficiaries, their ages or ethnicities. The groups can be summarised as:

- 2 groups of 15 South Asian women aged 55 – 85 (presented as one case story)
- 1 group of 3 women aged 50 – 70
- 2 groups of women/mothers aged 20 25
- 1 group of retired men and women aged 55 – 65
- 1 group of 8 women and 2 men
- 1 group of 9 men and women
- 1 group of women

The workplace case stories covered a broad range of employers: eight private sector businesses (five Small and Medium Enterprises and three national/international companies); six public sector employers; seven voluntary and community organisations and one membership organisation providing support to businesses.

3. The beneficiaries' needs, problems or issues

- Most beneficiaries wanted to improve their own and their family's health and wanted information and practical support to adopt a healthier lifestyle.
- Many beneficiaries also wanted the skills and support to pass on health messages in an informal way or to volunteer in their community.
- Low confidence and self esteem were the most common issues identified across the beneficiary case stories, regardless of health issues or personal circumstances.
- Social isolation was another important theme. Many beneficiaries' primary motivation for taking part in AB projects was to meet new people and improve their social networks.

The needs of individual and group beneficiaries largely fell in three areas: building capacity; building confidence and building connections.

Building capacity

Practical support with learning about health issues and taking up a healthier lifestyle

For most beneficiaries, their starting point was to improve their own health and wellbeing and that of their family - either to adopt a healthier lifestyle in general or to focus on a specific health issue they were concerned about.

As well as health information, beneficiaries wanted practical support with addressing their diet, levels of exercise or mood. Many wanted to lose weight and get fitter and a significant number reported feeling low or stressed. Some beneficiaries had chronic health conditions such as heart disease, diabetes, arthritis or depression and wanted to understand how diet and exercise could impact positively on these. Smoking cessation and cutting down on alcohol consumption were key health issues.

She struggled to find foods that her daughter would eat and her family ate a lot of processed foods and takeaways.[1]

Wanted to increase levels of her physical activities and gain a better understanding of healthy eating and encourage her family to do the same.

Job involved a lot of time sitting down and working long hours. J's energy levels were very low and this resulted in her often making the wrong food choices, lots of takeaways and convenience foods just to get through the shift.

[1] *Quotes are taken from the full case stories and are either a direct quote from a beneficiary (in quotation marks) or a project worker. Each individual quote used in the report relates to a different beneficiary. For anonymity, any names used have been replaced with a capital letter.*

F has suffered from extensive heart disease in the past and has had operations to fit a stent in order to reduce the risk of further problems. As a previous lover of exercise,

F wanted assistance in re-motivating her to engage with physical activity.

Skills and support to help others improve their health and wellbeing

In addition to their own health, many beneficiaries wanted to do something to improve the health of their family, friends, colleagues or community i.e. to become a Community Health Champion (CHC). To this end, they needed help with gaining skills and confidence in supporting others.

Some simply wanted to be able to support the people around them make better choices and take up opportunities to improve their lifestyles. They wanted to 'pass on' health messages in an informal capacity whilst making changes to their own lifestyle.

The health champion involved in this case study wanted some support in getting himself and his family taking part in more regular activity and to encourage other taxi driving friends to become more active.

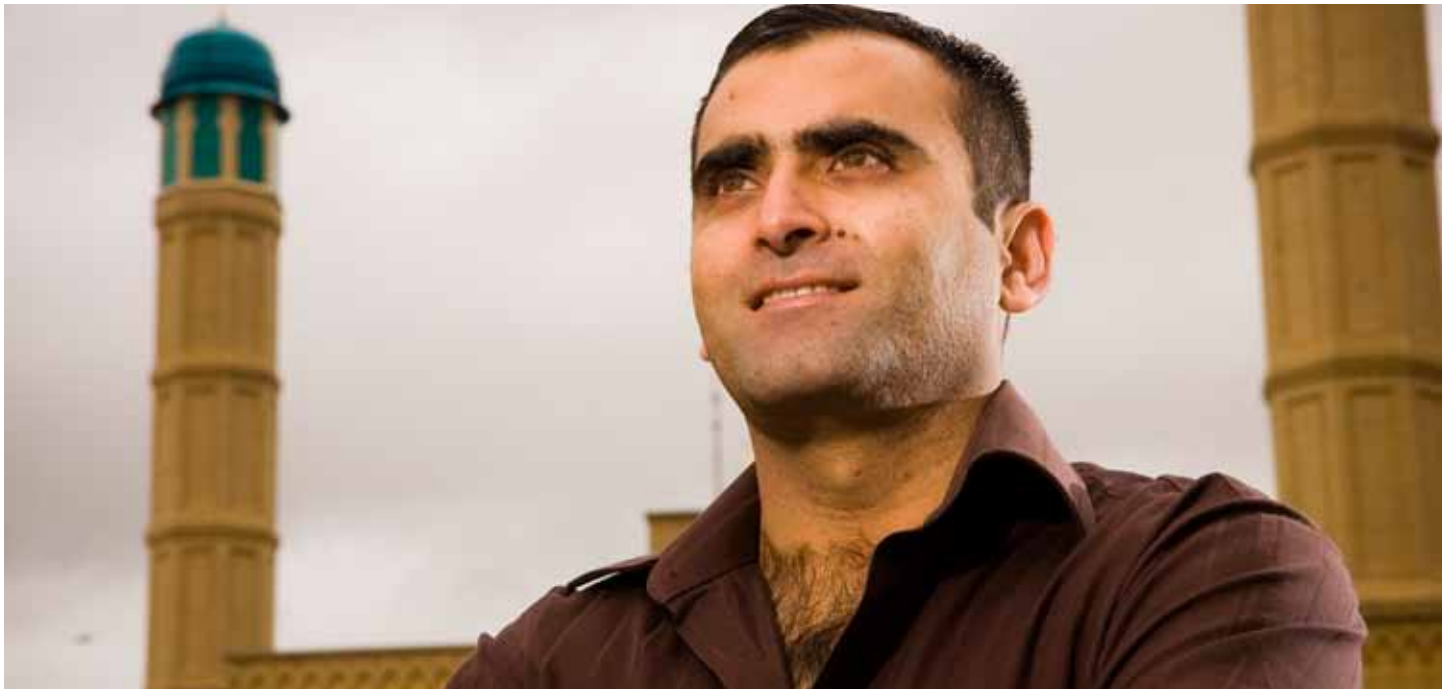
Other beneficiaries wanted to take things a step further and volunteer or 'give something back' to their community. Within this group of beneficiaries, some already had specific skills or activities in mind (such as walking, holistic therapies, writing, art, tai chi, yoga) others were just keen to try something new or get involved with an AB project.

C has just resigned from a highly stressful teaching job and was looking for opportunities when she came across an advert in the local newspaper for the project. 'I was looking for something different. I just wanted to find something to fill my time that would be more worthwhile than my job had been. I didn't really have any preconceived ideas so when I got there I signed myself up to nearly everything!'

'I was looking for something I could do for a couple of hours during the day, something that would fit in and adapt to my current commitments and lifestyle.'

'Following a period in prison and then drug and alcohol rehabilitation – I needed to do something about this; I needed to get out and be busy and volunteer.'

Some beneficiaries wanted to develop skills and experience which would help them gain employment in the short, medium or long term. For some, this was the first time they had considered looking for work, others wanted to return to work after a period of illness, unemployment, redundancy or time caring for children or other family members.



A was beginning to make changes with his life when he started the project but needed help with building skills and confidence and to find a new direction for his life. He wanted to take up training and volunteering opportunities to help him find employment.

L felt work was not an option due to small children but wanted to do something. She was involved in a project which helped her access training and wanted to find something else to do. L wanted to do something on a daily basis which would help when looking for employment in the future.

A smaller number of beneficiaries were already active in their community or working in the health or community field when they accessed the project. In these cases, beneficiaries wanted support with engaging different members of the community; accessing health improvement activities for the individuals or groups they worked with or improving their work related knowledge and skills.

Although the beneficiary is an active member of the community with strong links with the diabetes specialist nurse he was unable to get in contact with the most 'in need' groups, such as the South Asian community.

He was really keen to get the group he's supporting to be more active, his concern was that their activity levels were low and many preferred to do things that required minimal movement. He became involved in the project because he wanted help accessing opportunities for the group to try different things and get them more interactive and moving more.

The beneficiary needed help with their skills, knowledge and confidence in regards mental ill health. The beneficiary came to the course because she needed to build her knowledge and skills for her role at work. However, the nature of the course encourages participants to attend to the emotional health of all around them and so it was also useful to her in her personal life.

Building confidence

Low confidence and self esteem were the most common problems identified by beneficiaries, regardless of health issues or personal histories. Some reported a connection between low self esteem and poor health; others cited it as an issue in general. For a smaller group, lack of confidence related to being new to the area or the country.

The beneficiary required help in becoming more confident within herself. She said she wanted to raise her self esteem and wanted to lose the feeling of nervousness when in an unknown environment.

'I was lacking in confidence due to long term employment and was experiencing the self doubt that comes with that. I was not really sure what was expected of me on the course or why I had been accepted. I suppose I felt I didn't deserve to be going there as I felt I had little to offer but was happy to have been given the opportunity.'

S has low self esteem as throughout most of her life has been labelled as 'thick' by both parents and school. Was always told that she wouldn't amount to anything so up until now has never had the courage to strive for anything she thought may be 'above her'. S finds it extremely difficult to stand up for herself. Can be quite shy, she would never voluntarily express a point of view or opinion.

Building connections

Strongly connected to the issue of low confidence and self esteem were feelings of social isolation. Beneficiaries reported struggling to get out of the house; low confidence in new situations or with new people; and health issues (such as being overweight, depressed or having restricted mobility) or difficult personal circumstances (such as living alone or caring full time for their children) which compounded their sense of loneliness or isolation.

Consequently, improving social networks was often a primary motivation for taking part in an AB project. Several beneficiaries wanted to meet and connect with people in the same situation – such as older people and young parents. Some needed help with overcoming barriers to taking part in community activities. For example, they found it difficult to exercise because of lack of childcare or prohibitive travel and other costs. Language barriers were raised by some members of the community where English was not their first language.

Before this she didn't socialise much and kept herself to herself, the only people she had to talk to were her children, her confidence was low and she felt stressed. 'I didn't want to go out. I had many duvet days, to me going out meant I had to face the world and this was something I wasn't ready to do.'

After retiring, C initially enjoyed the time but then felt isolated and alone – wanted something which would get her out of the house.

P has always lived an active life; she used to enjoy walking which now she can't do as much due to poor mobility. She does try and keep as active as possible she fully understands the benefits of this and wants to encourage others to be as active in their retirement. Many of the residents do not have access to transport and are not able to leave the complex without assistance. P recognised the gap and contacted a local charity to ask if they knew of anyone who would be able to come and run a group. They contacted the project to see if we would be able to help out.

L wanted help to get into shape and to get away from her house, as she felt she was stuck at home all the time with no one to talk to. She wanted to develop her confidence in talking to people and meet new friends.

[2] *This finding is supported by the Thematic Evaluation of the Community Health Champion Role and Empowerment carried out by Leeds Metropolitan University on behalf of AB. See http://www.altogetherbetter.org.uk/evidence-and-resources*

4. How these needs have been tackled

- A combination of training and support were offered by most projects with the aim of both developing new skills, and increase the confidence and social networks of beneficiaries.
- A varied range of training was offered and included accredited and short courses alongside MHFA and vocational courses.
- In addition to training, projects have provided tailored support to beneficiaries ranging from one to one support to help make sustained changes to their own lifestyle to offering resources, advice and guidance to enable CHCs to set up an activity in their local community.
- Peer support has been an important part of the support package for CHCs.

Most AB projects offer training and support to beneficiaries and there is evidence to suggest that this combination (as opposed to training or support) can support positive outcomes for beneficiaries. [2]

Training

The training provided through AB projects has largely focused on understanding health issues and the skills and knowledge required to help others make changes in lifestyle and health improvements.

Some projects have offered **accredited qualifications**, such as those offered through the Royal Society for Public Health (Level 1 and 2) which focus on understanding health issues and health and community development approaches to health improvement. These types of courses require significant time commitment and attendance (typically a 14 week course) plus additional study. No academic qualifications are required; however for some beneficiaries taking part was a challenge as they had not participated in any formal learning since school (which had not always been a positive experience).

'I have learnt a lot from the CHC training. It was very useful and I will use it in my community work e.g. how to set up a group and what barriers are there in community development. I used what I have learnt to set up a Chinese cook and eat session and Chinese healthy living group.'

'I found the course difficult but now I really feel I've achieved something. I've not got good GCSEs but now I feel more confident and able to take on new challenges.'

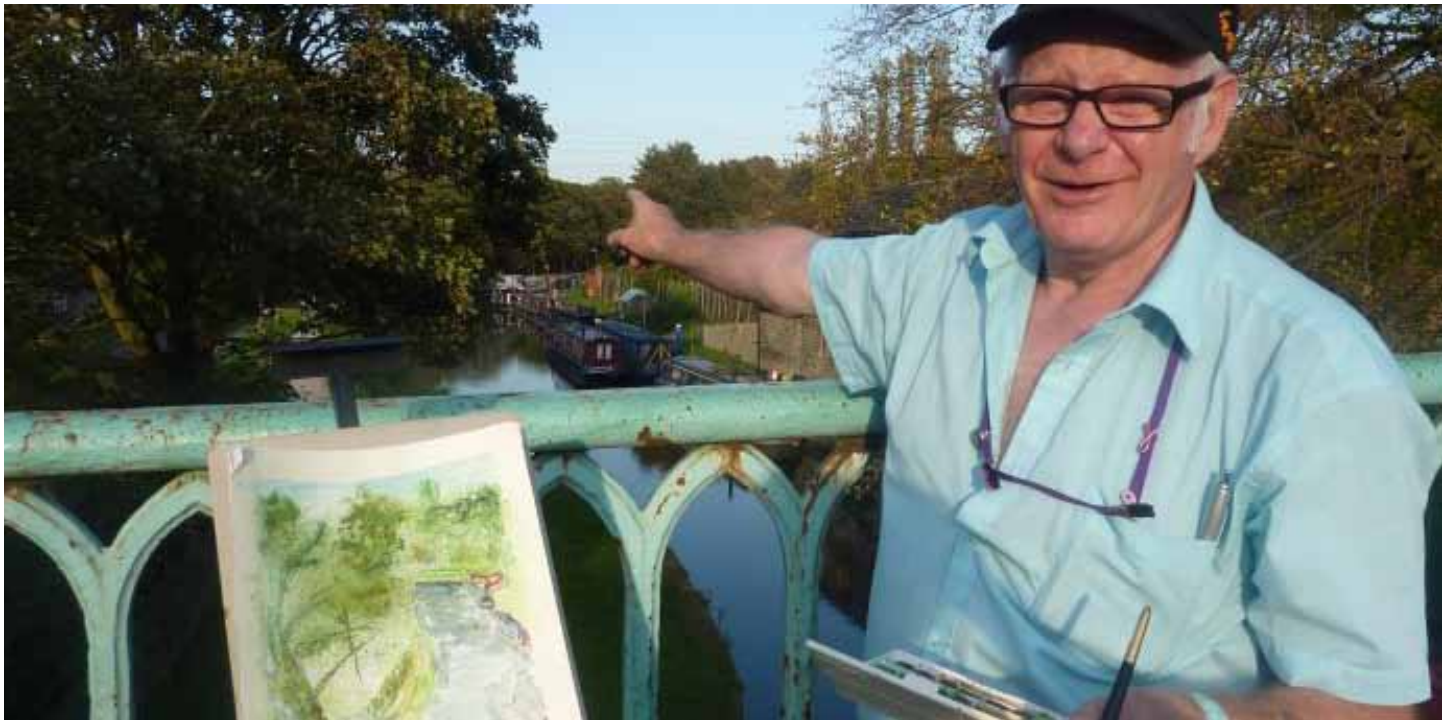
'I have been put down a lot in my life but everyone involved in the course not only the people in the group but the trainers were very accepting, helpful and also very understanding.'

In addition to, or instead of, accredited courses, several projects have developed their own, shorter courses. Typically 6 – 8 sessions, these **short courses** cover a range of health issues across the broad themes of healthy eating, physical activity and mental health. The emphasis here has been on information and practical tips, advice and activities – realistic ideas which you can fit into your daily life and can use to influence others. Common tools and activities have been the 'eat well' plate, understanding food labels, benefits of physical activity, food diaries and recipe ideas. Projects have also run bespoke courses, responding to the needs of beneficiaries. Examples include confidence building, stress busting and healthy parent or family groups. One AB project focuses on the delivery of **Mental Health First Aid** (MHFA) training and many of the other projects offer MHFA as part of their package of training.

Beneficiaries have had the opportunity to attend **vocational courses** which have been designed to train people in a particular activity such as walk leader, chair based exercises, counselling or gym instruction. Take up of these courses has been from beneficiaries wishing to deliver the activity within their local community.

We provided the opportunity for him to attend and complete walk leader training, after completion he was able to carry out weekend neighbourhood walks encouraging family and friends to join in. 'The training teaches you what to look out for in terms of interest, what to wear, how to walk safely and to be aware of whether any of your walkers have a medical issue, such as a heart condition'.

Involvement in training has provided more for beneficiaries than simply the acquisition of skills. Participation in courses (accompanied by support from project staff) has helped to **build confidence and reduce social isolation** (see section 5 below, on page 14).



Support

Most projects provide support to beneficiaries following training, which is tailored to the needs of individuals. For example, the type of support offered to those wanting to focus on improving their own health and wellbeing was very different from that offered to someone wishing to set up a health improvement initiative in their local community.

From project staff

For some beneficiaries, simply attending a one off session or course was a big step and following this they wanted to focus on improving their own or their family's health. In these cases the AB projects offered **support which has helped beneficiaries adopt a healthier lifestyle.** This was direct support in the form of, for example, paying for childcare or travel expenses to attend group; delivering exercise classes; or one to one support with healthy eating on a budget. Projects also linked with other organisations to provide indirect support through subsidised leisure centre membership; taster gym sessions; and access to health trainers or counsellors.

Project set up female friendly swims in the local baths and organised aerobics sessions in a local venue. The project also organised practical cook and taste workshops as well as healthy eating sessions. The support of the project has encouraged the beneficiaries to set up their own activities – encouraging other women to attended further exercise sessions and organising sessions in women's homes, taking it in turns to babysit or setting up pram pushing walks to help overcome the childcare barrier to activities.

Along with the health trainer we supported M by referring her to a counsellor and going shopping with her, suggesting health foods and creating weekly meal plans for the family, also giving her tips on budgeting. We also booked her onto a cook and eat course so she has the skills and knowledge to continue cooking healthy food in the home.

The MummyFit sessions work on a very informal basis. Women from across the area are able to attend with their children and participate in exercise classes outdoors in a beautiful setting. The sessions are run by a project worker who delivers an aerobic workout each week. Due to how informal the sessions are, the women are encouraged to be as comfortable as possible, so they are able to feed their children or change them if required.

For those beneficiaries interested in taking on a more explicit CHC role in their community, AB projects have provided a wide range of support. In many cases this has taken the form of **helping beneficiaries transform their specific interests, idea or passion for health issues into an activity which will benefit the community** by providing resources, one to one support or contacts. In some cases, where beneficiaries have been less clear about what they want to do, project staff have **helped them find volunteering opportunities** at the AB project or with partner agencies.

Examples of project support from across the case stories include: support with linking to other organisations, administration, publicity, moral support and a sounding board, problem solving, CRB checks, help accessing members of the community, travel expenses, childcare provision, loan of equipment and support with accessing funding.

Levels of involvement varied between CHCs and each case story reflects a different journey towards empowerment. For some it is small steps - shadowing project staff and then taking a supporting role in activities. For others, confidence has grown more quickly and beneficiaries have gone on to run their own activities with minimal support. Regardless of the journey, beneficiaries were wholeheartedly positive about the support they had received from project staff.

'Caring about me as a person, taking an interest in what I'm doing and how I'm getting on. They are at the end of the phone if I need support.'

J said she felt that I was supportive, didn't judge her - 'I was not like a boss' – in her own words. She said that I organised everything well so that she in turn could do her job well.

We used our contacts in the community as a way in for the beneficiary and helped him build his own relationships and organise sessions. I and the beneficiary constructed a 20 minute talk on diabetes with the approval of the diabetes specialist nurse.

W instigated a health awareness day in her place of work, the project was able to help with the practicalities of this by making contact with other health agencies such as the stop smoking team and health of men. With the project's support, W has been successful in securing an UnLTD grant, which will help W sustain and develop her ideas for health improvement activities.

The project worker trained F in the relaxation techniques. She also provided one to one support to F, in order for her to run her own relaxation sessions. 'It absolutely suits me because I can set the dates, times and location around my timetable and I get an immense amount of support with it. I haven't had to organise the room, print out the leaflets etc. All I do is turn up and do an hour/hour and a half session. The project worker has been 100% supportive, if there has been any issue she has been first class in dealing with a problem. She has been absolutely fantastic in facilitating me to do the relaxation sessions and keeping me informed.'

Other CHCs

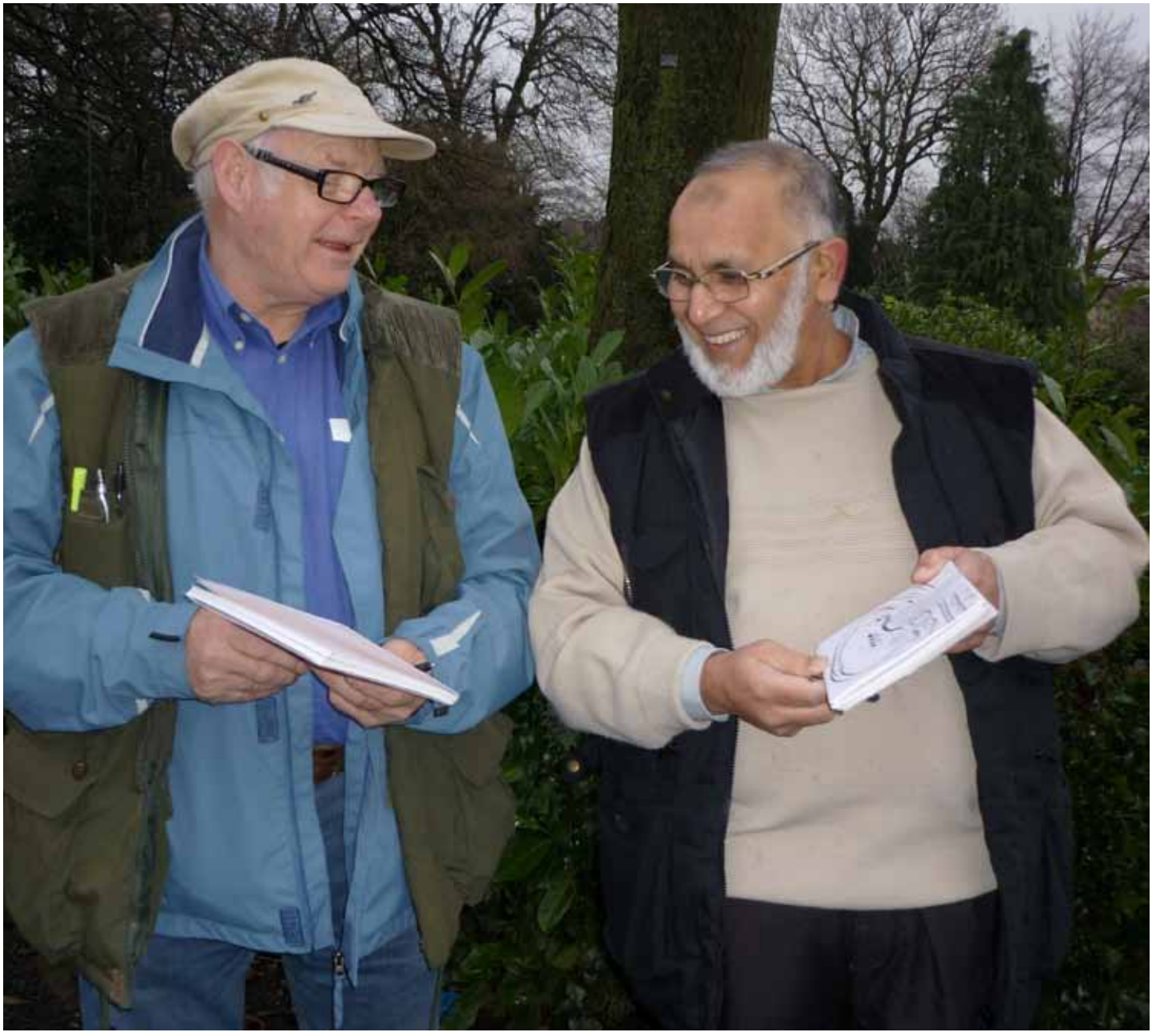
Alongside the support of project staff, beneficiaries highlighted the importance of **peer support** from other beneficiaries. Training courses and groups have provided an opportunity to get support from others in a similar situation and share experiences and issues.

Over the weeks K became more positive and enjoyed taking part in each and every session. She opened up to the group and took part in group discussions sharing her personal circumstances on how health issues had contributed to her feeling that she had no control over her life, that she felt alone and lacked confidence in actually leaving the house on her own.

They have also been **a source of fun and enjoyment** as well as **somewhere to make and maintain friendships.**

Across the case stories there are many examples of beneficiaries who have made new friends during these sessions which will sustain beyond the life of the AB project. The potential benefits of these friendships are twofold: to reduce social isolation and to provide peer support to keep up lifestyle changes. The value placed on these groups and support networks is demonstrated through examples of beneficiaries working together to sustain groups and activities once AB funding had come to an end.

For those CHCs who are active in the community, peer support also played an important role in sharing challenges, issues, successes and achievements. Several projects host CHCs networks – a formal way for CHCs to come together. Many CHCs have formed their own informal networks and friendships.



5. Outcomes and impact

- The CHC role can generate a range of positive outcomes for beneficiaries, including those which are key components of maintaining a healthy lifestyle.
- Beneficiaries reported changes in their attitudes and behaviours; increased confidence and social networks; greater self fulfilment and happiness as a result of their involvement with AB.
- There was evidence of positive health outcomes for beneficiaries such as weight loss, reduced BMI, lower blood pressure, greater mobility, improvements to long term health conditions including mental ill health.
- Beneficiaries have 'passed on' health messages to friends, family and the wider community and have generated lots of activity in this regard. Case stories provide limited evidence on outcomes for indirect beneficiaries as they are focused primarily on the journey of individual CHCs.

This section sets out the main outcomes reported by beneficiaries. It is worth noting that in the individual case stories many beneficiaries reported multiple and connected outcomes as a result of their involvement with AB.

For beneficiaries

Attitude and behaviour change

Most beneficiaries reported increased knowledge and awareness of health issues as a result of their involvement with an AB project. For the majority, this was greater understanding of their own health issues as well as a more general awareness of the principles of healthy eating, physical activity and good mental health. It is clear that the training provided by AB projects has given people more than simply information; it has also provided tools, techniques and ideas for putting health messages into practice.

There was also evidence of a change in attitudes for some beneficiaries, most notably in the area of mental health. Here it was clear that training such as MHFA had really helped to dispel myths and reduce some of the stigma associated with mental health problems.

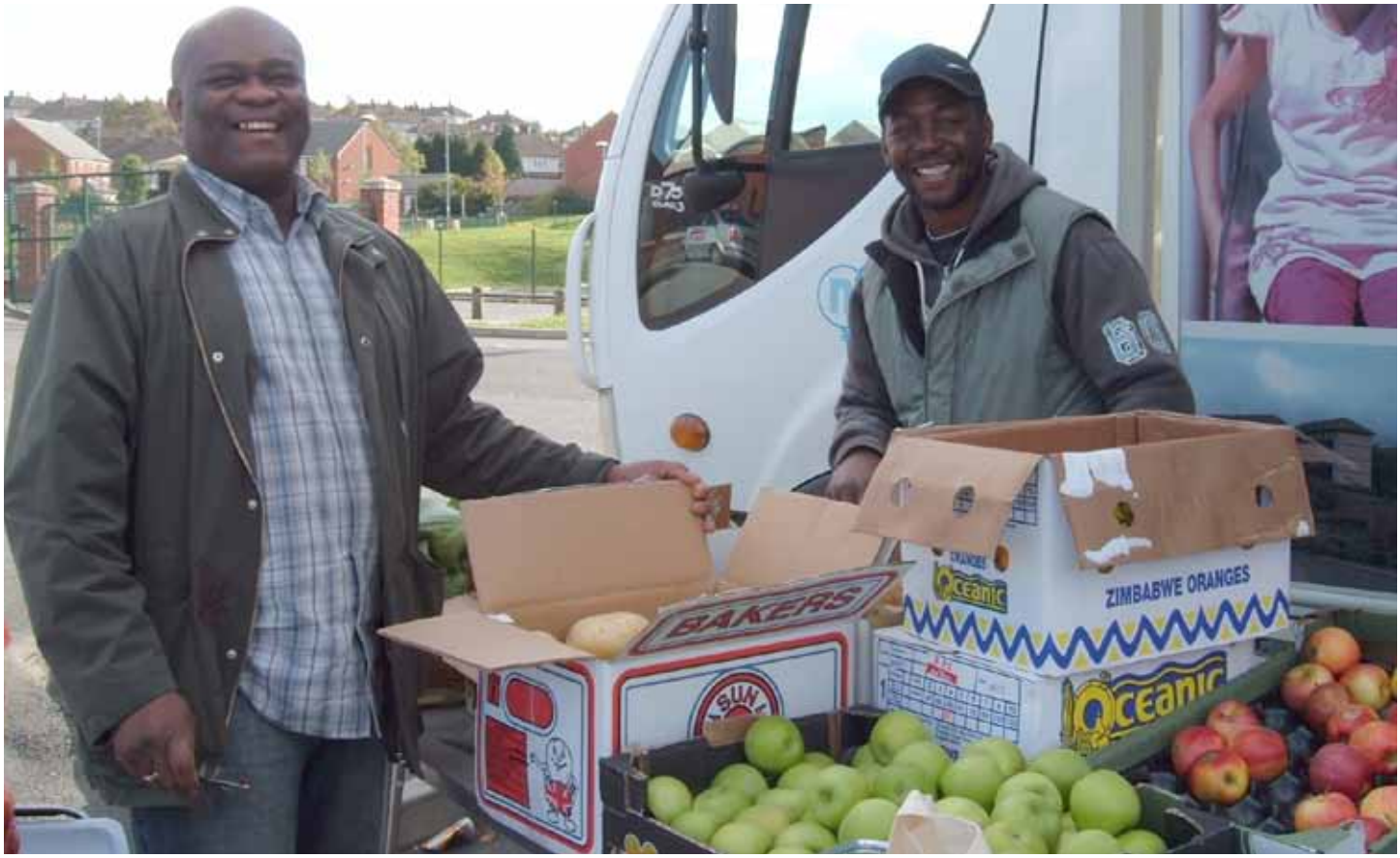
'I had a member of staff who was going through a very messy break up of a marriage so much so she attempted suicide, she was off sick for a long time with stress and was constantly ringing the office for sometimes hours at a time 3 or 4 times a day. This was putting the staff on edge and stressing them out as we felt we were all living with this. At one time I actually said to her, 'pull yourself together and get on with your life.' I then attended this course and as I sat there learning about mental health I felt myself blushing at being so ill informed about this.'

'I think the course has made me relate better to my partner, who is prone to depression. He was bullied at work a few years ago and prescribed Prozac. This affected his character and judgement and he eventually lost his job. He got another job but has only been working part-time. Recently he asked me if he could use his savings to clear our mortgage and stop work altogether. I'm not sure how sympathetic I would have been prior to the MHFA course and he might not have asked. I used to feel a bit embarrassed about my partners depression outside the home but the MHFA course has given me more confidence and now I don't feel that we are particularly unusual.'

The projects have helped bring different members of the community together and in some cases, this has led to a shift in attitudes on issues other than health. Beneficiaries reported a change in the way they viewed immigrants and people from other ethnic groups.

'My opinion has changed also on foreign immigrants being in this country. I am more aware of them and their needs and want to make a difference when I can.'

She has said that she used to be very judgemental and racist but has now really changed her views.



Across all the case stories, beneficiaries were taking steps to improve their health. Whether this was thinking more about what they ate, being motivated to increase levels of physical activity or making time for themselves; many were making changes to their behaviours.

'I am in no way a health freak but I am making better choices!'

'I was really stressed before and now I think I have more time to do more things for myself. I take a bit more exercise and I think I eat more carefully. I did know about these things but it just reminded you and gets you thinking.'

'It has rekindled my interest in exercise and fitness and I feel motivated again to take up activities that will benefit my health in the long term and encourage my family to do the same.'

'I now eat a lot more healthily and feel I have a balanced diet. I am now doing more exercise than I have ever done. My family have also drastically altered their diets and now also eat a more balanced diet in accordance with the information I was provided with on the course.'

A massive change was how much she spent on food. Usually it was about £750 a month on food, for the weekly shop including buying pans to cook fresh food it came to £108 (equivalent to under £450 a month), a massive saving. She now has the confidence to cook meals with fresh ingredients for the whole family.

Increased confidence

Low confidence was a key issue identified by beneficiaries prior to their engagement with an AB project. It is also the issue on which the AB projects appear to have had most impact - increased confidence was the most commonly reported outcome amongst beneficiaries in the case stories.

Increases in confidence were linked to the acquisition of knowledge and skills; meeting people and getting involved in the community. Beneficiaries also made the link between confidence and health benefits – such as feeling able to go out and take part in exercise classes, or try new health recipes.

'I was timid now that's gone out of the window! I feel as if I can conquer the world!'

'One of the biggest things has been the return of my confidence. I'm naturally optimistic anyway but being unemployed added a negative dimension. I have now worked on a variety of sessions and enjoy the involvement of the work and the interaction with the people attending the sessions.'

For some, growth in confidence involved very small steps such as turning up at the course, setting a goal to walk with their head up, or coming along to a new session without their friend. For others, their new found confidence has led to bigger changes such as leaving an abusive partner, finding employment or starting a college course. In

these cases, beneficiaries described their involvement with the project as life changing.

'Being a health champion has really helped me turn my life around. It has built my confidence. I feel valued and trusted by the staff at the project. I also have real direction in my life.'

'I am a totally different person now compared to how I used to be. I am much calmer and much more confident. The project has given me skills that I never thought I would get. I can now stand in front of a group of people and talk.'

Increased social networks

Many beneficiaries reported feeling less isolated as a result of their involvement with AB. They had met new people and taken part in new groups and activities. There was lots of evidence that these networks would sustain beyond the life of the AB projects. Beneficiaries have formed friendships and connections with people in similar situations or with similar interests.

'It allows you to make new friends and meet new people. Over time it's like building a little community. You stay friends outside of the walks and if you bump into each other in the street you can have a chat.'

'I realised I was a little unhealthy and low after the birth of my child. I have met new friends, doing more exercise, walking with the buggy, getting out of the house more. I feel better about myself, more confident and happier.'

'I took part in the stress busting course and met plenty of new people that encouraged me to go out and socialise more.'

Beneficiaries commonly reported that they would now be more willing to try new things and meet new people in the future as a result of their positive experience with an AB project.

'I am more willing to try things and go places now and have had contact with other members of the community, which I may not have met otherwise.'

'I've gone from I can't do that to I'll give it a try.'

Self fulfilment and happiness

Active CHCs reported high levels of self fulfilment and personal satisfaction from their role in the community. Beneficiaries talked about feeling useful and proud about their achievements. As a result, several beneficiaries said they felt happier since their involvement with AB.

'I am always telling people I know to become a Health Champion because it is something I really enjoy and get a lot out of.'

'It's given me fulfilment and it's made me feel useful. I think it has made me feel more self confident.'

Mavis learnt to swim with the project. 'I can't believe I can do it! D is such a warm and understanding person, when I swam she was just as excited for me!'

'Making other people happy makes me happy.'

'I have always been very health conscious but believe the project has brought some happiness into my life.'

Health outcomes

Changes to attitude and behaviours combined with increased confidence, happiness and social networks are all important stepping stones on the way to positive, sustained health outcomes. Beyond this, a number of beneficiaries reported changes in their physical and mental health.

Some beneficiaries, who had made changes to their diet and levels of physical activity as a result of AB reported **weight loss, reduced BMI and lower blood pressure.** Others cited **improvements in long term health conditions and greater mobility and movement** than before their involvement with project activities.

The beneficiary initially lost 2.7Kg after taking part in the project. He also lost inches from his waist and lowered his blood pressure to a safe level.

'I stopped drinking bottles of Lucozade and full sugar coke when I found out about the amount of sugar in them, in 6 weeks I had lost 4lbs from only doing that.'

'I feel so different about myself. People in the street can't believe it is me as I have lost 5 stone and have gained so much confidence. Although I help a lot of people they help me and sometimes it's like looking in the mirror and reminds me how I used to be and makes me realise how much I have improved in myself.'

She no longer walks with a stick and has lost over 3 stone by becoming more active.

'As a result of the 5 week course my levels of sciatica have reduced due to the gentle exercises we did on the course. My diet has also improved due to the nutritional advice J provides us with whilst on the course. Since attending the course I have had regular weight loss of 1lb which I am thoroughly pleased with.'

Beneficiaries also reported improvements to their mental health. As well as general improvements to their state of mind, some beneficiaries reflected on how their involvement with AB had led to a diagnosis or greater self-awareness of their condition. Others talked about the benefits of combining treatment and medication with what they had learnt through the training courses and the project's support.

'Things were dark and it was not a nice place to be. I just saw four walls; I could not see any light, any purpose. My support worker introduced me to AB. I have grown, I am less isolated and I have inspired others without realising I was doing it. I am happier and I laugh more.'

The beneficiary used the course as an added structure to the treatment from the GP and medication. She felt it was a 'revelation' as no other service was offered until she came to the course and was able to combine new skills and ideas along with medical treatment which she said was making her recovery a little easier.

'I have also been able to reflect that I have been on a personal mental health struggle for over 35 years now. I had heard of manic depression but never felt that I was manic. Twice now I have had what was termed by a mental health consultant as a breakdown, the difference is that this second time I was able to identify what may be happening. I am now receiving clinical psychology treatments, mood stabilisers and feeling the most stable and regulated I have ever felt.'

In addition to positive health outcomes relating to healthy eating, physical activity and mental health, involvement with AB projects has led some beneficiaries to make improvements to other aspects of their health by stopping smoking, drinking or taking illegal drugs.

'My whole life has changed since I've been involved with the Health Champion project. I don't do drugs and alcohol and my diet has changed drastically since I started. I am now involved in exercise. I regularly go out on health walks and play a lot of sport.'

'I would say the biggest change has been that I have since stopped smoking after many years with the habit. It was much easier than I had believed and the greater understanding and interest in health was a major part of that change.'

Skills, qualifications and employment

Many beneficiaries spoke about gaining or enhancing skills as a result of their involvement with AB. This included developing skills in order to turn a hobby or an interest into a volunteering opportunity (such as walk leader, or Tai Chi instructor); and skills for passing on health messages (such as developing presentations or other promotional materials, public speaking). Some beneficiaries, whose first language was not English, reported improved language skills. Several CHCs have gone on to further or higher education after gaining confidence and motivation through AB training courses. For example beneficiaries have been inspired to do health related courses or pursue qualifications in order to improve their job prospects.

A positive and unexpected outcome is the number of CHCs who have attained employment following their involvement with AB. Beneficiaries reported that attending training and gaining volunteering experience, and the associated skills acquisition and increase in confidence, was instrumental in their decision to apply for jobs.

'This project not only increased my knowledge and communication skills but also helped me in getting a job. Following my father's death the work has helped me strive forward, this is my motivation. My dad would have wanted me to do something with my life to help others.'

David gained confidence around working with people and enhanced his IT skills. This helped him gain part-time employment having been unemployed for more than a decade.

'I am so much more confident and have found employment in a mental health hospital. Without the Health Champion training I would not have been half as good as I am in the role I do.'

For others

Shared their knowledge and skills with others

There was plenty of evidence of beneficiaries 'passing on' what they had learnt through an AB project to friends, family, colleagues and their wider community. Some of this has been informal, such as helping a friend to lose weight or take up exercise by doing it together. Many beneficiaries have become active CHCs in their community and have used their increased confidence and skill development to encourage and support other people to change their lifestyles.

CHCs have undertaken one to one support and/or have run groups in their local area. The AB projects have had a wide reach and the activities of CHCs have been many and varied. The following examples reflect the diverse ways CHCs have shared their knowledge and skills with others.

- Instigating dancing and other physical activities at their day care centre
- Leading walking groups for the local community
- Providing one to one support for people wishing to lose weight or get fit
- Running Tai Chi sessions at the local community centre
- Delivering talks on specific health issues such as diabetes and arthritis
- Ensuring healthy snacks and drinks are provided at family or older people's groups
- Setting up a women only exercise class

The case stories also provided a number of examples of how individuals had used the understanding, knowledge and skills they had learnt on the MHFA course to support others at work or home.

'The MHFA course helped me to recognise that his symptoms might be related to his Post Traumatic Stress Disorder. I was more confident to talk to him about the issues and I was able to encourage him to seek professional help. Before coming on the training I would have felt out of my depth and not wanted to get into it.'

'The MHFA course was really useful. We come across a lot of people with mental health problems working in environmental health and it taught us new techniques. After the course I dealt with a lady with schizophrenia. I was able to recognise the issues and got in touch with community support workers so she got the help she needed. The course gave me a broader understanding and I was able to deal with things more sympathetically.'

Outcomes for family, friends and others

Some beneficiaries reported helping others achieve health outcomes or at least steps along the way to achieving these. Unsurprisingly, beneficiaries felt best able to report on outcomes for those closest to them and who they saw on a regular basis, namely friends and family.

'Through the role I've encouraged friends and family to take up aerobics sessions made possible by the project co-ordinator, delivered within local venues making it easier for people to attend; this group has also taken part in neighbourhood walks and we've established a swimming group who regularly attend the local swimming pool; prior to this none of these women did any form of exercise.'

'I'm now walking more and getting my son and some friends to join me, we've been doing the gym sessions organised by the project and they've been beneficial (my son and I had been attending one previously but found it too expensive to continue). My wife has also been making some changes to what we eat and she's lost some weight also. I'm feeling much fitter than I previously was and it's a real buzz getting other people to be active.'

'I certainly feel as though they are taking more notice of me now and paying more attention to what I say, for example banning smoking from the family home. It was done so easily I didn't have to go into long explanations whereas before they would have said 'what do you know?!' The family seem to respect what I say now and what I have done it's not such a battle.'

When discussing the benefits for those they had worked with in the community, some CHCs cited feedback from group participants or individuals they had helped. Others spoke about witnessing increased levels of confidence, reduced social isolation and increased levels of physical activity amongst members of the community as a result of their input. As expected, evidence of the impact on the wider community was limited given that the case stories focused primarily on the journey of the individual CHC.

'People don't have to be able to do art. They can just treat it as a social event. The main thing is just to get them out and about, to stop them feeling isolated. Then they can diversify by joining other groups.'

'I feel more relaxed and have learned a new skill for the long winter months when I can't get into my garden. It's provided me with lots of inspiration. It helps my arthritis and improves my writing.'

Before the CHC's involvement the group's main activity was bingo and since having access to other, more physical, activities the focus has changed and the group is now more receptive to try other things which previously they were very reluctant to do.

N had noticed an improvement in the co-ordination of movement for herself and other members of the group. There is a willingness now to take part in the exercises and be part of the community.

6. The workplace case stories

- The needs of employers varied from a general commitment to health and wellbeing at work to concerns about sickness rates and stress related absence, wanting to support staff with mental health problems and staff in emotionally challenging jobs.
- Project approaches to addressing these issues usually started with a needs assessment followed by an action plan, which included a package of tailored training and support.
- For some employers it was early days and the main outcome was their commitment to promoting health issues in the workplace. Most employers could identify positive outcomes as a result of their contact with an AB project such as increased awareness and understanding of health issues amongst staff, alongside health benefits for individual staff. Some employers reported reductions in stress related absence, boosted staff morale and a happier workforce.

Some of the case stories related to workplaces, rather than the individual and group case stories analysed above, though some of the themes are similar.

The employers' needs, problems or issues

Employers had got involved in the AB projects in order to consider ways of improving the workplace and support the health and wellbeing of staff. Many raised concerns about the impact of the current economic climate on the personal and professional lives of their employees. Several workplaces had undergone changes such as redundancies and restructuring. Over and above this, the needs of employers fell under four broad themes:

General commitment to health and wellbeing

Some employers had already recognised the importance of good health as part of their wider workplace policies and were seeking advice and support on where best to place their efforts. In these case stories, Human Resources or Corporate Management Teams were frequently the drivers of change. In one example, an organisation had set up a health and wellbeing group to look at health issues.

'The company has grown quite a lot over the past few years and has been pre-occupied with growth – there's a feeling that now is the time to be more proactive about this kind of thing.'

Concerns about sickness rates and stress related absence

Many employers wanted to reduce levels of staff absences, particularly related to stress. Most were

motivated to do this for two reasons; one to have a happier, healthier workforce and two to make cost savings by having fewer staff members on long term sick. Whilst some organisations had policies in place to deal with staff absences, several said they were unsure how best to approach this issue with individual members of staff.

'Alongside the harder edged changes we were making, we wanted to ensure that staff knew that support was available.'

Staff with mental health problems

Employers in several case stories made reference to individual employees with long term mental health conditions. Businesses wanted advice and guidance on how to support these members of staff.

'We wanted to help managers to talk to people. Our HR support is done by phone so managers have to do welfare calls and visits on their own. They were raising concerns about their confidence and skills to do this – there was a tendency to be a bit nervous.'

Mental health issues related to particular organisations and jobs

The case stories contained examples of work environments or job roles which were potentially stressful or emotionally challenging. These included a Pupil Referral Unit, a domestic violence charity and organisations supporting vulnerable adults. One case story was an example of poor management which had led to very low staff morale and high levels of stress. In these examples, employers wanted to provide better support to staff to improve their own health and wellbeing and also so that they could better support clients and customers.

'The young people themselves are often experiencing major difficulties and staff can find it hard not to take it home with them.'

How these needs have been tackled

Projects began with a needs assessment of the workplace to identify key issues. This then informed an action plan, usually focusing on a number of activities or areas for improvement. Most project work then combined training and support.

In relation to **training**, most formal training has been through MHFA and Mental Health Training for Line Managers. One large employer paid for 50 employees to attend MHFA training, whereas most organisations have trained smaller numbers of employees who have cascaded information to others. In some cases HR or other staff have attended the MHFA train the trainers' course and have begun to deliver the training in-house. Feedback on training was overwhelmingly positive, highlighting how accessible, enjoyable and informative the courses had been.

'MHFA was fantastic. There was a good group of people on it and the chap running the course was really good. He put everyone at ease, there was nothing taboo, it was made comfortable for everyone to speak even though some subjects were difficult.'

The needs assessment and action planning process enabled project staff to offer tailored **support** to businesses. Events and workshops have been popular with employers and have created an opportunity to provide information and practical guidance in a short period of time. Common activities have been stress awareness workshops, health and wellbeing events and input into managers and team meetings. Projects have also supported a range of health and wellbeing initiatives within workplaces such as 'Fruity Fridays'; exercise classes and relaxation sessions. One project provided small grants to local organisations in order for them to fund health and wellbeing activities.

'We had a day out to Cleethorpes on a beautiful sunny day. On the way down we used a workbook for people to self assess how they were feeling. It got people talking about how they were feeling – people didn't realise how stressed they were – it broke down the isolation.'

Some of these activities have been led and run by AB project workers but there has also been an emphasis on sustainable approaches which will last beyond the lifetime of AB. Projects have provided information and produced toolkits which has helped inform policies and procedures and have worked alongside employers to help them implement good practice in this area, such as buddy schemes for those returning to work.

'They (project staff) are always there when I have day to day queries. They have always been responsive and really, really helpful. The toolkit more recently developed is also really good and will leave behind a great legacy.'

'We continue the health checks on a regular basis for staff who are aiming to lose weight or reduce blood pressure and have been provided with numerous resources and information to help achieve this.'

Projects have encouraged employers to create Workplace Champions – staff with responsibility for supporting a healthy workplace. These members of staff have begun to generate their own activity and encourage others to value health and wellbeing at work.

'We now have workplace champions in each area, which I chair, they research what support and advice there is available in each area relating to workplace health. Also we have quarterly meetings where all the reps attend and we share ideas and best practice in tackling workplace health issues.'

Outcome and Impact

For some employers it was early days and the main outcome was their commitment to promoting health issues in the workplace. For the rest, most could point to some benefit to individual staff; to those who had been involved with the project and in some cases to the workplace as a whole. The following key outcomes were reported.

Raised awareness and understanding of health issues

Those staff who had attended training sessions or who had been involved in project activities reported a greater understanding of health issues (often mental health) as a result. There was also evidence that, in some cases, this had led to a shift in attitudes.

'I think there has been quite a big difference in attitudes. You can see management now: it (mental health) has not got as much of a stigma. They see it more as an illness rather than as something to avoid.'

Increased confidence in recognising and responding to someone with mental health issues

The MHFA course and the course for Line Managers had clearly enabled staff to feel more confident in dealing with colleagues or customers with mental health issues. There were examples where staff had put this into practice.

'After one course I was actually faced with an issue where someone contracted to work in the school had a mental health crisis. It really helped me know what to do and feel more confident.'

Reduction in the number of stress related staff absences

Several employers reported reductions in the number of sickness absence overall and more particularly stress related absence. In some instances they were able to cite cost savings. For example, one company had saved £30,000 in the six months following contact with an AB project.

Boosted staff morale and a happier workforce

During the needs assessment process some businesses had raised concerns about the findings of staff satisfaction surveys and overall levels of staff morale. Some employers perceived that their workplaces were now happier place to work and this was supported by increased levels of satisfaction in staff surveys.

'We had 100% satisfaction in our last staff survey.'

'People also felt valued that the organisation recognised the pressure they were under and wanted to something for them.'

Health benefits

There were examples from across the workplace case stories of improved health outcomes for individual members of staff such as treatment and support for mental health issues; weight loss and reductions in BMI and reduced blood pressure. Others felt that they were encouraging their service users or customers to look after their own health and wellbeing. This was either through 'setting a good example' or referring them to support services.

'You need good health when you're working with 0 – 5s who have boundless energy. Hopefully we are setting them a good example too.'

'There have been an increased number of referrals from our team to the counselling service as staff now feel more confident in identifying mental health issues and taking appropriate action.'

7. Key learning

Learning points from the individual and group stories

A number of learning points were identified from the individual and group case stories:

- CHCs are the key to **promoting a project**. Word of mouth can be the best way of advertising courses and active CHCs are probably the best publicity tool you have!
- **A good start** to project engagement is important. Listen and find out what people want to know, what health improvements they want to make and what they are interested in doing. Focus on their strengths - the qualities, skills and expertise they already possess and can harness in their role as a CHC - this helps build confidence. Clearly define the CHC role from the beginning: what it is and what it is not.
- Many beneficiaries have real and perceived barriers to improving their health or being active in their community. **Overcoming barriers** is key to project success such as providing childcare alongside courses so that parents can attend; paying travel expenses; using a local or familiar venue; and facilitating access to free or subsidised courses or activities.
- When running **groups**, aim to create a safe and open space to share ideas and issues; allow the group to set the pace of learning and be willing to adapt content to the needs of the group; be aware of and make use of group dynamics and appreciate that people may want different things and may have different views and opinions.
- **Peer training and support** can be very powerful. Several beneficiaries commented that health messages from members of the community are more effective than those delivered by health professionals. Having someone known and trusted by others can encourage people to take part. CHCs who have previously undertaken voluntary and community work can offer informal support to those who haven't previously engaged.
- **Having fun and enjoyment** are instrumental in sustaining behaviour change. If people can exercise together, swap tips on healthy eating or share their problems this is a positive step towards maintaining healthy lifestyles. The value of the informal, social and friendship benefits of involvement in the AB projects should not underestimated. 'None of this has been dull; being healthy can be fun if you make it fun.'
- Combining **training and support** appears to be a more successful model for behaviour change and creating active CHCs than one off courses. When it comes to training, accreditation is an important motivator for many people and training courses can really help build confidence and social networks. Providing access to additional training can help keep CHCs interested as well as develop skills. Tailored and ongoing support is central to creating a positive experience for beneficiaries. Everyone's learning rate is different and some CHCs will need a lot of support in order to participate.
- **Building partnerships** with other organisations can maximise the reach and the offer provided by projects and can result in additional resources, expertise or facilities for beneficiaries. Try and involve partner agencies in publicising project activities, this will get the message out to the wider community and take the pressure off CHCs.
- Supporting people to make their own choices is essential for **behaviour change**. Use simple steps: tackle one issue or barrier at a time and suggest things that fit into peoples' lifestyles and routines. 'Quick wins' can aid motivation when tackling longer term health issues and practical and fun activities can be an effective way of getting across positive health messages. The CHC message - If I can do it so can you – is a powerful one.
- It is important to **evaluate** courses and involvement with the project, it not only gives you scope for improvement but ideas for course content or future activities. Make use of **monitoring**, for example the regular monitoring of blood pressure and BMI can provide the motivation needed for people to make positive changes in their lifestyles.

Learning points from the workplace case stories

A number of learning points were identified from the workplace case stories:

- Providing mental health information and support can be even more important in the current economic climate and when organisations are undergoing difficult changes. However it is important to be realistic about the progress that can be made in the context of organisational change.
- Conducting needs assessments and developing action plans at the beginning of project contact enables support to be tailored to meet the needs of individual employers. When it comes to training and support, even small initiatives designed to value staff can have major pay offs.
- Building up a relationship with an employer is important so that they contact you for advice, support and guidance along the way and do not just take up training. That said, training can be a good hook on which to engage employers.
- Making use of monitoring, for example the regular monitoring of blood pressure and BMI can provide the motivation needed for employees to make positive changes in their lifestyles.
- It is possible to sell the healthy workplace concept to employers on the base of cost savings and on the importance of health in the workplace. Voluntary and public sector seem to be most receptive to promoting health and wellbeing at work, with some positive examples from private sector employers.
- Providing training and support for senior managers and Human Resources teams can help promote a positive culture which will benefit staff (particularly in respect of mental health awareness).
- Alongside the 'buy in' from employers and senior management, train the trainer courses and Workplace Health Champions can help build internal skills and sustain healthy workplaces.

8. Conclusion

The beneficiary case stories have been a useful tool for evaluating the impact of the AB Programme. They have captured the journey of individuals, groups and workplaces and what the AB projects did that made a difference.

Evidence from the case stories demonstrates changes to attitude and behaviours; increased confidence, happiness and social networks; and more supportive workplaces (all important stepping stones on the way to positive, sustained health outcomes) along with reported changes in the physical and mental health of beneficiaries.

It is clear that the approach used by AB provides some useful lessons for those wishing to undertake community health initiatives in the future.

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