



***National Institute for
Health and Clinical Excellence***

Taking action at local level: a resource for improving health and wellbeing in mid-life

Part 2: Training materials

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National Institute for Health and Clinical Excellence
MidCity Place
71 High Holborn
London
WC1V 6NA

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From 1 April 2005, the functions of the Health Development Agency transferred to the National Institute for Clinical Excellence. The new organisation is the National Institute for Health and Clinical Excellence (known as NICE). It is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

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Introduction

The purpose of Part 2 of *Taking action at local level* is to provide guidance for facilitators of mid-life workshops for practitioners. It provides an outline of a training workshop; information on health inequalities and mid-life transitions; suggestions for group work; and details of resources.

It is expected that course participants will already be familiar with the contents of *Part 1: Developing local strategies*, which sets the context and makes the case for the need to develop mid-life interventions. *Part 2: Training materials* describes the structure and content of a facilitated workshop to enable participants to explore their own understanding of mid-life, and to experience using a process model that will enable them to develop mid-life interventions appropriate to their own settings and working practices.

This section contains material to inform facilitators, providing examples and resources to deliver the workshop, and to draw out from participants the key issues that need to be considered in developing interventions. There are two main aims. First, by the end of the workshop participants will be sufficiently familiar with mid-life planning and the process of developing an intervention to be able to use the resources

provided to integrate this approach into their own practice. Second, they will be able to develop partnerships to promote the importance of working with people in mid-life to improve health and wellbeing.

The appendices contain handouts and other materials which may be photocopied or adapted for training use.

Workshop framework

The workshop outline is detailed below. The following sections work through this outline sequentially, providing the structure, activities and knowledge that underpin delivery of this programme for the facilitator. It should be remembered that the facilitator's role is not to be an expert in mid-life planning – but to provide a structure that will enable participants to build and develop their own knowledge and understanding. The workshop is designed to be interactive, but also to recognise that there is no one correct way of undertaking a mid-life intervention. There are, however, a number of core principles that have to be taken into account in developing a programme, and the workshop guides participants through these.

Table 1 Outline of workshop programme			
Session	Activity	Time	Page
1	Starting the workshop – introduction and welcome, establishing knowledge, skills, expectations and ground rules	30–45 minutes	2
2	Health inequalities and mid-life	1 hour	3
3	Transition issues	1 hour	6
4	Developing an intervention	2 hours 15 minutes	9
5	Networking and support	15 minutes	13
6	Resources	15 minutes	14

1 Starting the workshop

Establish baseline knowledge and skills

At the beginning of the workshop it is important to find out directly from the participants their levels of knowledge and skills in relation to mid-life work.

Group exercise

To help practitioners to develop an awareness of what they bring to mid-life work:

- Divide the group into pairs
- Ask each pair to interview each other using three questions:
 - have they been involved in mid-life initiatives?
 - what was their level of involvement?
 - what skills do they have that would be useful for developing mid-life initiatives?
- Report back
- List types, levels of involvement and skills available in the group
- Consider this list as a resource for the workshop.

Ground rules and democracy

It is important to agree some basic guidelines for working together as a group. This can be done by asking the members of the group what they feel to be important in working together. This can also be done by dividing the group into pairs and asking them to share what is important for effective working.

These factors might be:

- Confidentiality
- Listening to each other
- Respecting each member's opinions and experiences
- Keeping to time.

Write the list of essential rules (ground rules) agreed by the group on flipchart paper and put it in a visible place on a wall/display board.

Participants' expectations of workshop

- Ask members of the group what they expect to gain from the day's training.
- Map shared aims and differences.

2 Health inequalities and mid-life

This session aims to provide an understanding of how people in mid-life in disadvantaged communities will experience health inequalities, and why mid-life initiatives need to be developed within a framework that addresses inequalities.

Why should work on mid-life address health inequalities?

The initial results of the *English Longitudinal Study of Ageing (ELSA)* show how social inequalities affect ageing (Marmot *et al.*, 2003). There are differences in income and, consequently, wealth. People without housing or pension wealth also have the lowest levels of financial assets. People's likelihood of staying in the workforce appears to be related not just to age and ability to function, but also to whether pension arrangements are adequate. In addition, people who begin retirement in their 50s are often more likely to experience poverty in older age (Hirsch, 2003).

The government's plan *Tackling health inequalities* (DH, 2003) identifies targeting people aged 50+ as an effective strategy for increasing life expectancy and for narrowing the gap in life expectancy between unskilled and professional groups.

Concept of health inequalities and disadvantage

In this country, people who are disadvantaged are disproportionately affected by poor health. Experience of ill health is often related to level of income, occupation and level of education. Those with lower social status have more ill health and experience greater levels of long-term

conditions. Ill health affects those on low incomes more rapidly. 'The disability gap between social classes is equivalent to the gap between age groups 10 or more years apart' (Marmot *et al.*, 2003).

In the past decade the inequality gap has continued to grow. Income has remained unevenly distributed between low- and high-income groups, resulting in continued differences in the levels of health between these groups.

People in areas of deprivation, whose health will be more likely to be affected by increased morbidity, may have fewer opportunities to address mid-life issues. People who experience disadvantage have less access to resources and assets than the majority of the population. This can be seen in terms of access to housing, types of jobs, levels of income, access to information, education and training, and access to services. This will affect how they deal with mid-life changes.

Types of disadvantage that affect people in mid-life

People experience specific types of disadvantage that will affect how they deal with the changes taking place in mid-life. Some examples are: a person's pension prospects; their position in the workforce; their role as a full-time carer; their experience of redundancy; and living in a rural location.

Pensions and small and medium-sized enterprises

The provision of pensions for employees in small and medium-sized enterprises (SMEs) is often uneven and poorly resourced. A recent (2003) survey of SMEs by the Pensions

Institute found that many companies are discouraging their employees from joining pension schemes because of cost (Harrison *et al.*, 2004). Finance directors expressed scepticism about the value of pensions in terms of recruitment and retention of staff. Many pension providers are withdrawing from small companies because of the lack of employer support. This is making it more difficult for employees who do want to contribute to a pension scheme. For those who do, many of the schemes have poor annuity prospects.

Unemployment/redundancy

People in mid-life who are made redundant are likely to find it difficult to re-enter the labour force. 'A person made redundant after age 50 is eight times less likely to return to work than a person made redundant at a younger age' (Grattan, 2003).

Research by Sheffield Hallam University (Beatty and Fothergill, 1999) on *The detached male workforce* concluded that 750,000 people over 50 would like to be working, if they thought that there was a relevant opportunity to do so; and nine out of 10 people over 50 who started job-hunting on redundancy gave up within 12 months because of the response they experienced.

In several regions, over 50% of people claiming incapacity benefit are aged over 50, an indication of how a person's position in the labour market and health are related (www.statistics.gov.uk).

Rural issues

Living in a rural area can also contribute to a person's disadvantage, especially in terms of employment prospects, level of education and access to a non-state pension.

In rural areas, people aged over 50, adults with disabilities and lone parents have a higher chance of being without work than other adults (New Policy Institute, 2002). Eight per cent of households in remote rural districts and 6% in accessible rural districts have been workless for 3 or more years. Employees in rural districts without educational qualifications are much less likely than those with qualifications to receive any job-related training. A million people of working age in rural districts have no educational qualifications. More than half the working-age adults in rural districts are not contributing to a non-state pension (New Policy Institute, 2002).

Carers

The 2001 census (ONS, 2001) asked a new question about whether people provided unpaid care for a family member or friends each week. People aged between 50 and 60 are the age group with the largest proportion of people providing care. More than one in five people aged 50–59 are providing some unpaid care. About one in four (25%) of women in this age group are providing some care compared with 18% of men (www.statistics.gov.uk).

Changing employment and new technology

Jobs requiring no qualifications are projected to fall by 27% in the UK by 2010 (www.statistics.gov.uk). People in low-paid, unskilled or semi-skilled jobs have to deal with changing technology in employment. Without previous learning experience, they often find it difficult to gain access to new training. Employers are not always aware of the training needs of their mid-life workers. In 2001, 23% of those in work aged 50–59 received training, compared with 30% of people aged 20–49 (Meadows, 2004).

Group exercise

To identify how specific types of disadvantage affect people in mid-life:

- Divide into groups of three or four
- Allocate one or two specific types of disadvantage to each group
- Ask the groups to identify what effects the disadvantage will have on health, income and employment in mid-life
- Report to the main group
- Write results on flipcharts – display.

Useful websites

2001 census

www.statistics.gov.uk

Age Concern

www.ace.org.uk

Better Government for Older People

www.bgop.org.uk

Department for Work and Pensions

www.dwp.gov.uk

Department of Health

www.dh.gov.uk

NCVO rural forum

www.ncvo.org

Regional labour market surveys

www.statistics.gov.uk

Third Age Employment Network

www.taen.org.uk

Learning outcomes

- Increase awareness of which communities face disadvantage in mid-life.
- Develop understanding of how different types of disadvantage affect health inequalities in mid-life.

3 Transition issues

This session aims to explore the different transitions that people in mid-life are likely to go through. What is distinctive about this age group is that they often experience one or more changes at the same time. Developing an understanding of the impact of these multiple transitions on health inequalities is important.

Mid-life as a period of change

Although people experience some form of change throughout their lives, the mid-life period is a time when people experience multiple transitions. Barnes *et al.* (2002), in a series of interviews with people aged 50–65 years in the UK, found that there were four main themes emerging:

- Problems and coping strategies in adjusting to retirement
- Importance of family and friendship networks in later life
- Impact of unexpected events such as redundancy, ill health and bereavement
- Policies needed to help people make the most of their retirement.

To design interventions for people in mid-life, an understanding of some of the processes of change is helpful. How people cope with these transitions can be influenced by past experiences, personal preferences, and their own degree of involvement in the change. In addition, the extent to which change is a result of personal choice or has been imposed has a strong influence on how an individual deals with the process of transition. People may feel that they gain by the process of transition, especially if they initiated or felt in control of the change process. If the change is imposed or is considered a 'loss' then there is more resistance to the transition (Murray Parks, 1992). There are two main tasks that an individual has to undertake to move successfully

through a transition: taking control by understanding the process; and acquiring the necessary knowledge and taking action (Adams *et al.*, 1976). Interventions will need to support people in mid-life going through some of these stages.

Expectations of people in mid-life

Black and minority ethnic communities

Many mid-life adults in black and minority ethnic communities migrated to the UK 30 or 40 years ago. Their type of occupation, and length and level of employment and unemployment, will have an increasing impact on people as they grow older. These factors will determine income, pension and benefit entitlement (Cooper *et al.*, 2000).

In common with others who have spent their working lives in low-paid occupations, men and women from black and minority ethnic groups may have mixed feelings about stopping work if their pension provision is not adequate to maintain their standard of living. If they are starting to experience ill health, they may also feel insecure about the future.

For many people who have had to stop work due to redundancy, there is still a feeling that they would like to be able to use their skills, perhaps in a different environment.

For some from black and minority ethnic communities, retirement may be an opportunity to return to the country that they migrated from. This might trigger feelings about where they feel home to be. They may also be experiencing changes in their relationships with children and grandchildren.

Women

Women in mid-life may expect to be able to take up new opportunities for themselves so that they can return to work, take up new education and training opportunities, or take time to travel. Whether they are able to do this may depend on how their caring roles change.

They may move from focusing on their children to starting to look after their own parents. There may be bigger family changes, with children leaving home, or children staying on at home as adults. Women may become grandmothers, which can bring both positive and negative feelings about caring for children. Women may also experience changes in their relationships with a spouse/partner if one or both stop paid employment.

Men

Men in full-time employment may have expectations about what they will do when they retire. They may look forward to taking up other interests and activities, including part-time or voluntary work. For men who have to take redundancy and whose exit from the labour force is not a voluntary decision, their feelings may be more mixed about their increased spare time. They may also have to face inadequate pension provision and a lower standard of living.

Men may have expectations of being able to share activities more with a spouse or partner. They may also have feelings about changes taking place in the family. Children may be entering the workplace at the same time as they are leaving it; or their children may be unable to find work.

What transitions affect people in mid-life?

Employment

Many people who are employed in mid-life feel that workplaces do not address their needs. The introduction of new ways of working may lead to loss of employment or early retirement.

Income

- Reduced income levels through limited pension entitlement may lead to changes in lifestyle.
- People with lower levels of education often find it more difficult to find work to supplement a low pension (Hirsch, 2003).

Group exercise

To explore how multiple transitions affect people in mid-life and the implications for service provision. This group exercise is designed for use at the beginning of the session after a short introduction.

- Divide into groups and allocate two major forms of change that people in mid-life may experience
- Ask participants to identify:
 - what might someone in mid-life feel when faced with these changes?
 - what type of services and support might be needed?
- Report back to group
- Identify key issues for service providers.

In receiving the reports back from the groups, the facilitator needs to refer to the material below to ensure all the issues are picked up and covered. The facilitator may want to prompt groups as they are doing this exercise if they have missed any significant areas in their discussions.

Family

- Family circumstances may change in the mid-life period.
- Children may leave home, which will take away an existing emotional framework for people in mid-life.
- Children may remain at home as adults, leading to changed expectations of family relationships.
- New grandchildren may bring expectations by children that grandparents will take on increased caring roles.
- Older parents may start to need extra support and caring.

Bereavement

Mid-life can be a time of bereavement, with the loss of parents, spouses, partners or friends.

Education and training

- People in mid-life may have to obtain education and training to remain in the labour market.
- The experience of learning as an adult often requires support, especially if it is the first time in an educational institution.

Health

People may start to experience problems with their health in mid-life, which can lead to people becoming more receptive to information about health promotion and prevention.

Some of these changes may bring opportunities to start new work or other activities. Other changes may lead to a more restricted life, with loss of access to networks and support.

Resources

Prime is a practical guide to health and local services published by the Department of Health, which will be given out by GPs to people aged 40+. It is published in magazine format with two editions – one for men and one for women. It focuses on conditions that account for most ill health in the UK, and also provided information on local services.

Learning outcomes

- Appreciation of transitions taking place mid-life.
- Influence of transitions on health inequalities.
- Service implications for dealing with people in mid-life.

4 Developing an intervention

The aim of this session is to provide participants with the time and opportunity to plan a mid-life initiative. This will be informed by their increased understanding of concepts of inequality and disadvantage in relation to mid-life and the multiple transitions this group may be going through.

The development of initiatives can be triggered by the use of scenarios drawn from the experience of pilot projects and other sources.

Intervention methodology

Appendix 3: Case illustrations can be used to support participants in this session. This resource should be made available to participants at the beginning of the workshop. As a way of structuring this session, the stages of the intervention methodology outlined in this resource can be displayed on a flipchart.

Three scenarios

District A has high levels of deprivation and of unemployment, illiteracy and basic skills needs. It has a culturally and racially diverse population that consists of significant numbers of black and minority ethnic communities whose first language is not English. The number of diabetes cases increased by 23% between 2000/01.

The Primary Care Trust (PCT) is concerned about take-up of services among black and minority ethnic communities. The PCT provides health screening for those over 75 years, but there is currently no provision for the mid-life group.

District B has increasing levels of ill health and economic disadvantage. It is an inner-city district in a large city. There is a feeling of alienation among older, particularly white, people as a consequence of recent social and demographic changes. This is considered to be leading to increased levels of ill health. Twenty-four per cent of the population reported some long-term illness, health problem or disability that limits their daily activities or the work that they can do (ONS, 2001).

There is a large hospital trust in the district. The local authority has developed a series of initiatives with local voluntary organisations to provide support for carers.

Rural district C is sparsely populated. More than half the population are aged over 45. The NHS and local authority are the main employers. Agriculture employs over 3% of the working population.

The 2001 census showed that 10% of the adult population in the district provides some form of care, with 3% providing more than 50 hours per week. About one in five people aged 50–59 provide some form of unpaid care each week.

In each case:

How would you approach the development of an initiative that aimed to improve the health and wellbeing of people in mid-life in the district, and to increase access to health facilities. Which groups would you prioritise? Which agencies would you work with?

Stages of intervention methodology

Stages of the intervention methodology are:

- Identifying target population
- Identifying assumptions and risks
- Local drivers
- Setting objectives
- Engaging with groups and individuals
- Needs assessment
- Settings
- Undertaking the intervention
- Resources
- Evaluation and monitoring.

Types of intervention

There are many types of intervention that can be implemented to meet the needs of people in mid-life. More information about the background to these interventions can be found in *Part 1: Developing local strategies*.

Supporting resources

The following resources have been synthesised from the detailed case illustrations presented in Appendix 3, and are provided in Appendix 2 in the form of handouts.

Mapping stakeholders for community-based mid-life initiatives

Local NHS

- GPs/practice staff
- NHS occupational health service
- Health promotion specialists
- Patients' forums

Business

- Small/medium-sized enterprises
- Chamber of Commerce/Business Link
- Private sector occupational health service
- Trade unions

Table 2 Models for mid-life interventions

Model	Type of intervention	Primary care	Workplace	Community
Peer support	Development and use of community champions to promote mid-life issues Interventions, targeting specific disadvantaged communities, which encourage group activities/support	Carers' group run by local health centre	Group activities (physical activity) for workers in SMEs	Training for community peer support
Knowledge development	Development and provision of specific mid-life information to specific community groups	Post-menopausal women through primary care	Health information for men in the workplace	Development of Internet/IT-based information and supporting training for people in the community
Mid-life planning	Provision of targeted planning for groups in mid-life Mid-life planning courses also provide peer support	NHS mid-life planning courses for primary care staff	Workplace mid-life planning	Mid-life planning for community groups

Local authority

- Social services departments
- Community public information network
- Education services

Voluntary/community sector

- Age Concern
- Help the Aged
- Local disability living centre
- Local carers' group
- Older people's forum

Campaigning groups

- Community health networks

Specific local communities

- Black and minority ethnic communities

Checklist for engaging with local communities

- Identify community champions who will help promote the project in local neighbourhoods.
- Build partnerships with existing community organisations and groups.
- Be clear about the benefits of participation for the community and for partner organisations.
- Offer incentives to people to participate – may involve using 'carrots' such as free health checks; physical activity programmes; financial advice.
- Run programmes for participants in groups, eg where they can gain companionship and peer support.
- Recruit volunteers from the local community.
- Make information available in appropriate languages.

Objectives should be:

- **Focused on target groups** and designed to bring about and achieve beneficial change
- **Clear and understandable** to all stakeholders – and made known to all where appropriate
- **Time-defined** – accompanied by a definite time limit for their achievement, eg that people will be better informed about health issues by the end of a certain period
- **Measurable** – by some qualitative or quantitative measure
- **Owned** – it is important that people have a clear responsibility for the objective, for monitoring and reporting on its progress.

Checklist for settings

- Interventions have to relate to the nature of the setting and the specific expectations of stakeholders within that setting.
- Interventions must be appropriate for the particular setting, and time should be taken to understand the setting before specific interventions are planned.
- Identifying a champion or 'gatekeeper' in the setting, ideally a strategic manager who can make things happen, helps to move the project on.
- Engage with all groups within the setting, eg in the workplace – both managers and workforce.
- Present the initiative so that it provides benefits to all groups, eg fits with the company's strategic goals.
- Be flexible about how the initiative will be delivered.
- After agreement about implementation, be ready to deliver the project quickly and effectively, and at a time and place convenient for key groups in the setting, ensuring that expectations are met

Feedback from groups

Reflection on process

The aim of this group work is to give participants the opportunity for some detailed planning of a mid-life initiative. Each group should appoint a recorder and chair. Ask each group to record the main points agreed and any other issues that they feel are significant. This can then be shared between groups.

Group exercise

- What were the most difficult parts of the process?
- What felt easiest?
- What do you feel you have gained from this process?

Taking work forward

What do you feel you need to do to continue the development of a mid-life initiative – at organisation, local and regional levels?

Participants can continue in their existing planning groups.

The table below can be used as a handout. There is a larger version in Appendix 2: Handouts.

Table 3 Taking work forward

	Level		
	Organisation	Local	Regional
Awareness raising needed			
Potential champions of mid-life work			
Potential partners			
Resources available			
Support needed			

Learning outcomes

- Appreciation of the stages involved in developing a mid-life intervention.
- Understanding of how to plan key parts of a mid-life intervention.

5 Networking and support

Local networks

The development of specific initiatives to meet the needs of people in mid-life is still in an early stage of development. Consequently, it is important for people who are working on these issues to exchange information and experiences regularly. This may mean setting up local networks to support practitioners. Some regional and sub-regional ageing forums are beginning to address mid-life issues.

One of the easiest ways of setting up a network is to operate as a 'virtual network'. This allows a group to link via an e-mail list. They can then share information and update network members.

Training workshop participants could set up their own network to provide ongoing support.

Learning outcomes

- Understanding of how to use local and regional ageing forums to raise mid-life issues.
- Appreciate ways of sharing information and experiences among practitioners working on mid-life issues.

Group exercise

The aim of this exercise is for the whole group to explore how to identify existing networks and how to set up a network of workshop participants if required.

- Ask the group to identify local and regional ageing forums and networks.
- Discuss whether it is necessary to set up a new network.
- If the group decides to set up a new network, ask them to list the key elements of a successful network on a flipchart.
- Identify one or two members of the group willing to act as focal points for the network.
- Agree willingness to share contact details.

6 Resources

See *Part 1: Developing local strategies* (page 22) for resources available from the Health Development Agency.

Age Concern (www.ace.org.uk) is a campaigning organisation for older people. It produces information, resources and reports. A fact sheet (Age Concern, 2005: www.ace.org.uk/AgeConcern/media/FS31Feb05.pdf) provides information for older workers on employment, looking for work, caring responsibilities, voluntary activities, pensions and other relevant information.

AgeWell Sandwell (2003) *Looking forward resource* provides information on the health and social needs of older workers working in SMEs in Sandwell.

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Beth Johnson Foundation (2005a) *Planning for the future. A guide and training pack for organisations.*

Beth Johnson Foundation (2005b) *Planning for the future. Advisor's reference guide.*

McDougall (2002) *Trainer's guide – supporting people in mid-life and beyond, promoting healthy active ageing.* Available from Janet McDougall, Health Promotion Specialist, Specialist Health Promotion Service, Victoria House, Park Street, Hull HU2 8TD, Tel: 01482 617716, e-mail: janet.mcdougall@whpct.nhs.uk
This guide offers a comprehensive resource aimed at practitioners, trainers and educators who deliver advice, information and support to people aged 50 and over in three major settings – workplace, the community and primary care.

Third Age Employment Network (www.taen.org.uk) is 'committed to better opportunities for mature people to learn, work and earn'. The Network has a membership of 240 organisations and groups across the country, and represents the leading UK expertise in helping mature people to overcome barriers of discrimination and realise their aims and ambitions. It is a campaigning organisation, working with the media, employers and government to change attitudes and public policies.

Feedback on the workshop

The workshop is designed as an interactive process, and participants will generally have some relevant experience and prior knowledge. Feedback is important, both for looking at ways to improve the workshop structure, and for identifying additional resources that can be made available electronically.

Model evaluation forms for use immediately after the training workshop, and then three months after the workshop, are given in Appendix 4: Evaluation resources.

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Appendix 1: Draft letter of invitation

Dear Participant,

Mid-life training

Thank you for your completed application form for the one-day mid-life training session to be held at *VENUE* on *DATE* at *TIMES*.

The objectives of the training session are to:

- Develop an understanding of why mid-life work is important
- Increase awareness of how disadvantage and inequalities affect mid-life
- Identify skills and approaches necessary to develop mid-life initiatives
- Provide an opportunity to develop a mid-life project
- Identify forms of support available – resources and networks.

A timetable for the workshop is attached.

As preparation for the training workshop, a copy of *Taking action at local level: a resource for improving health and wellbeing in mid-life* (Part 1) is enclosed. It will be helpful if you can look through this before the training. It provides useful information and advice for practitioners starting to develop mid-life initiatives.

I look forward to working with you.

Yours sincerely

Appendix 2: Handouts

These handouts can be used in Session 4, Developing an intervention (page 9).

- Mapping stakeholders for community-based mid-life initiatives
- Checklist for engaging with local communities:
- Objectives
- Checklist for settings
- Taking work forward

Mapping stakeholders for community-based mid-life initiatives

Local NHS

- GPs/practice staff
- NHS occupational health service
- Health promotion specialists
- Patients' forums

Business

- Small/medium-sized enterprises
- Chamber of Commerce/Business Link
- Private sector occupational health service
- Trade unions

Local authority

- Social services departments
- Community public information network
- Education services

Voluntary/community sector

- Age Concern
- Help the Aged
- Local disability living centre
- Local carers' group
- Older people's forum

Campaigning groups

- Community health networks

Specific local communities

- Black and minority ethnic communities

Checklist for engaging with local communities

- Identify community champions who will help promote the project in local neighbourhoods.
- Build partnerships with existing community organisations and groups.
- Be clear about the benefits of participation for the community and for partner organisations.
- Offer incentives to people to participate – may involve using ‘carrots’ such as free health checks; physical activity programmes; financial advice.
- Run programmes for participants in groups, eg where they can gain companionship and peer support.
- Recruit volunteers from the local community.
- Make information available in appropriate languages.

Objectives should be:

- **Focused on target groups** and designed to bring about and achieve beneficial change.
- **Clear and understandable** to all stakeholders – and made known to all where appropriate.
- **Time-defined** – accompanied by a definite time limit for their achievement, eg that people will be better informed about health issues by the end of a certain period.
- **Measurable** – by some qualitative or quantitative measure.
- **Owned** – it is important that people have a clear responsibility for the objective, for monitoring and reporting on its progress.

Checklist for settings

- Interventions have to relate to the nature of the setting and the specific expectations of stakeholders within that setting.
- Interventions must be appropriate for the particular setting, and time should be taken to understand the setting before specific interventions are planned.
- Identifying a champion or 'gatekeeper' in the setting, ideally a strategic manager who can make things happen, helps to move the project on.
- Engage with all groups within the setting, eg in the workplace – both managers and workforce.
- Present the initiative so that it provides benefits to all groups, eg fits with the company's strategic goals.
- Be flexible about how the initiative will be delivered.
- After agreement about implementation, be ready to deliver the project quickly and effectively, and at a time and place convenient for key groups in the setting, ensuring that expectations are met.

Taking work forward

	Level		
	Organisation	Local	Regional
Awareness raising needed			
Potential champions of mid-life work			
Potential partners			
Resources available			
Support needed			

Appendix 3: Case illustrations

The following case illustrations are based on the learning from a pilot programme carried out by the Health Development Agency over the period 2001–03, with the aim of developing and evaluating approaches to providing health advice and services for people in the 50–65 age group (www.hda-online.org.uk/documents/preretirement_pilots_pack.pdf).

Using an intervention methodology framework, they are structured into 10 sections:

(A) Identifying target population

(B) Identifying assumptions and risks

(C) Local drivers

(D) Setting objectives

(E) Engaging with groups and individuals

(F) Needs assessment

(G) Settings

(H) Undertaking the intervention

(I) Resources

(J) Monitoring and evaluation.

This appendix can be used as a stand-alone resource for project development.

(A) Identifying target population

Identifying the target population of a project is vital. The following illustration shows a simple list of those involved, recognising their individual contributions.

Case illustration: Stakeholder analysis, Rowley Regis and Tipton PCT

The project team conducted a workshop to identify potential partners and the target communities for what was then known as the Sandwell Pilot Project. The process involved workers within the project team and people associated with the project steering committee.

This stakeholder analysis identified target groups who were direct beneficiaries of the project, as well as the stakeholders directly and indirectly involved in delivering benefits to the target groups. The stakeholder analysis also identified champions or intermediaries who could help gain access to target communities.

This exercise identified the following stakeholders who were common to two local health promotion initiatives – one targeting persons in mid-life in the workplace, and one for persons in mid-life in the community:

- GPs/practice staff
- Chamber of Commerce and Business Link
- SMEs
- NHS and private sector occupational health service
- black and minority ethnic communities
- health promotion specialist
- local trade unions
- Age Concern
- local authority
- local disability living centre
- Community Health Network
- Community Public Information Network.

A community development approach enabled networking with community development workers and the local Chamber of Commerce to identify the needs of employers and employees. The project produced an information resource based on local needs, and a health information video.

(B) Identifying assumptions and risks

By discussing the assumptions and risks underlying a project, it is possible to appreciate more clearly what underpins the project and consider the extent to which it is based on solid foundations.

Case illustration: Assumptions and risks, East Devon PCT

The Fit for Retirement project aimed to establish an occupational health and lifestyle advice service for people aged 50–65 residing or working in East Devon: this included learning-disabled clients, farmers, agricultural workers and their families, people working in small businesses, long-term unemployed and those not in employment.

The project undertook mid-life drop-in advice sessions and health checks in various community venues, and developed information booklets and leaflets targeting the psychosocial factors around mid-life.

The assumptions and risks associated with the project were:

Assumption: That engagement with local people is possible in time allocated to the project.

Risk: Short-term, stand-alone projects, particularly those employing fixed-term contract staff, can have difficulty in recruiting staff with appropriate qualifications at the beginning of the project and retaining staff towards the end.

Assumption: Projects linked to existing initiatives, or which have a network of intermediaries or champions who can already access the target population, are more successful.

Risk: Lack of longer-term funding or funding streams and resources in projects at the onset – sometimes there is a need to continue past the imposed deadline.

Assumption: The project will incorporate into a wider mainstream project of action with clear strategic aims.

Risk: A delay in employing workers leads to added pressure in meeting project targets.

Assumption: Positive action around retirement benefits people.

Risk: In East Devon the term 'retirement' was identified as a potential barrier in the agricultural community and possibly many other communities, as the majority of older people continued to work past normal retirement age.

Unforeseen risks

Unforeseen risks can change a project significantly. It is useful to identify risks and act on them as quickly as possible. For example, the project in East Devon had difficulty in engaging with local farmers at the time, due to an outbreak of foot-and-mouth disease in the area, and had to be creative in approaching the community in different ways.

(C) Local drivers

A statement of the project's vision, mission and values concerns the longer-term direction which is a focus for objectives, and can be a useful way to clarify the driving motives behind the project.

Case illustration: Vision, mission and values, North Nottinghamshire Pilot

Vision

The North Nottinghamshire project seeks the improvement of health and wider life opportunities for people in mid-life. We will be a key local partner contributing towards tackling health inequalities in this age group by promoting independence and wellbeing.

Mission

The project expands workplace health opportunities in mid-life by offering tailor-made courses based on workers' expressed needs. In a peer group setting, people are encouraged to take stock of their current situation and plan for their future regarding finances, healthy living, time management, and social and mental wellbeing.

Values

We value effective and fair ways to engage with people to empower them in making informed choices. A particular commitment is to the low-waged and the unemployed in mid-life who wish to return to work.

(D) Setting objectives

Determining desired outcomes and devising objectives to achieve those outcomes is crucially important. Objectives should take account of national and local policy drivers and what is important to partners and other stakeholders.

Objectives should be:

Focused on target groups and designed to bring about and achieve beneficial change

Clear and understandable to all stakeholders – and made known to all where appropriate

Time-defined – accompanied by a definite time limit for their achievement, eg that people will be better informed about health issues by the end of a certain period

Measurable – by some qualitative or quantitative measure

Owned – it is important that people have a clear responsibility for the objective, for monitoring and reporting on its progress

Case illustration: Setting objectives, Rowley Regis and Tipton PCT

The project team and partners produced project objectives and desired outcomes that would underpin the project. The framework, together with a needs assessment, identifies the most appropriate interventions for people in mid-life. In the real case, each objective was time-defined. The objectives were as follows.

Long-term outcome

Improved health and social wellbeing opportunities, planning and structures for workers and their employers within SMEs in Sandwell.

Objectives to achieve long-term outcome

Objective 1: Employers and workers have appropriate information about health needs.

Objective 2: Employers and employees are more aware of the value of older workers and understand the positive aspects of mid-life.

Objective 3: Develop effective planning and structures around mid-life issues.

Objective 4: Employers and employees become involved in community activities to promote health and wellbeing.

Activities to achieve outcomes

To achieve objective 1:

- Produce needs assessment/survey of local community recognising cultural diversity
- Develop process to identify health management needs of individual companies.

To achieve objective 2:

- Develop a mid-life information pack accessible to communities in a number of settings, including those from black and minority ethnic communities
- Develop appropriate training courses for people in mid-life.

To achieve objective 3:

- Involve existing community-based programmes and 50+ lay group
- Consolidate partnership arrangement with Chamber of Commerce
- Extend partnership working.

To achieve objective 4:

- Provide opportunities for employers to engage in targeted activities
- Facilitate health promotion interventions in participating companies, eg physical activity
- Provide health screening/wellness programmes in the workplace.

(E) Engaging with groups and individuals

Engagement with groups and individuals in communities requires careful consideration of the approach taken and of expectations about the results.

Case illustration: Engaging with communities, Beth Johnson Foundation – North Staffordshire

The project used community development approaches to target communities suffering significant health and social disadvantage.

A systematic approach to mid-life planning that engaged with people who are unlikely to have access to traditional mid-life planning programmes such as pre-retirement courses was developed.

The intention was to design an intervention that supported people to gain the information and insight necessary to look at their current circumstances and consider actions that could have positive benefits in the future.

Learning points

- Identifying community champions helps to promote the project in their own neighbourhoods.
- Benefits come from building partnerships with existing community organisations and groups.
- Benefits of participation – by both the community and partners – need to be clearly stated.
- Offering incentives to people for participation involves ‘carrots’ such as free health checks, physical activity programmes or financial advice.
- Working in settings helps gain people’s trust and confidence, for example by offering health advice in an informal setting.
- Benefits come from running programmes for participants in groups – for example where they can gain companionship and peer support.
- Volunteer recruitment came from the local community.
- Information should be available in appropriate languages.

(F) Needs assessment

In the UK, the government sets standards in social and health matters, and local projects relate to those standards when setting their objectives and defining desired outcomes. Needs assessment is especially important when, for example, you wish to:

- Establish a baseline for measuring change in a community
- Allocate resources to develop products or services designed to tackle the most urgent needs of people.

Case illustration: Needs assessment, Hull and East Riding PCTs, Specialist Health Promotion Service

The Specialist Health Promotion Service conducted a survey of people living in the area. Two cohort groups were targeted: those already retired; and those in employment approaching retirement. The aim was to explore the needs of people approaching retirement through consultation with people who are nearing that point and taking account of reported experiences of life in retirement. The information and feedback were analysed and developed to support healthy ageing.

Employed participants in the survey were recruited through large local public and private sector employers. Retired participants were targeted through voluntary sector groups and residential care. The need to undertake further work with a group of those unemployed but below retirement age was highlighted.

Only 3% of those surveyed had attended a pre-retirement course; 10% reported that they had obtained information, although often this was solely related to finance and did not address the wider issues that they viewed as important. The following issues were highlighted as the main areas of concern with the mid-life groups surveyed – within all aspects of the themes is the concept of adaptation and accessing efficient and timely information on each topic area.

- | | | | |
|-------------|-----------------|----------------------|------------|
| • Health | • Activity | • Mental wellbeing | • Loss |
| • Isolation | • Relationships | • Social contact | • Leisure |
| • Hobbies | • Volunteering | • Time and structure | • Finances |

The themes identified were perceived as important factors in relation to mid-life planning and preparation to support health and wellbeing in later life. A focus group of participants in the project assisted the multi-agency project team in developing an information resource pack and training programme to address these needs. The training resource was used in a variety of settings, for example in the community, primary care and the workplace. It has been designed so that professional and non-specialist mentors can deliver it.

Following the first round of piloting the resource pack, modifications were made from evaluation feedback. Sections on isolation and social contact were merged, and a new section on employment opportunities was included. Many people expressed their intention to seek paid employment after retirement, or to negotiate flexible work options with their current employer.

Key learning showed that resources needed to be available through a wide range of channels including libraries, employers and community-based staff. Information could be delivered in a number of ways, including direct access by individuals; one-to-one interventions and/or group discussion. By training key people and providing support materials, information could be cascaded to reach a larger audience.

(G) Settings

Health projects for people in mid-life have been tested in a variety of settings, including primary care, workplaces (large and small), disadvantaged communities, and rural and inner-city communities. The Ashfield PCT pilot targeted larger employers, particularly those who employed low-paid workers.

Case illustration: The workplace setting, Ashfield PCT, North Nottinghamshire

Human resources, management and trade unions were involved in developing a systematic mid-life information and training initiative that addressed concerns about the implications of demographic change in the workforce.

Workers were involved in pre-course sessions to identify issues of most concern to them. The approach led to the development of a two-day course.

The learning was that interventions have to relate to the nature of the setting and the specific expectations of stakeholders within that setting.

- Interventions must be appropriate for particular settings, and time should be taken to understand the setting before specific interventions are planned.
- There is a need to identify and convince a champion or 'gatekeeper' in the workforce who ideally should be a strategic manager who can make things happen.
- Engagement with all parties in the workforce, including managers, is crucial.
- There is a need clearly to demonstrate benefits to all parties – for example the intervention may fit strategically into a company's human resources strategy.
- A company may not wish to receive all the intervention at once, for a number of reasons. The project must be prepared to be flexible in its approach and fit in with the company's plans.
- Employers tend to make decisions on the implementation of interventions quickly, and a project team must be prepared to deliver on its promises quickly.
- The project team must be prepared to deliver the programme at a time and place convenient to the employer – for example fitting in with shift patterns and the nature of the workplace setting.

(H) Undertaking the intervention

Interventions for people in mid-life require careful planning and implementation, with regular monitoring to ensure the attainment of desired outcomes.

Case illustrations: Undertaking interventions, Osteoporosis Dorset and North Southwark – Southwark Active

A range of traditional and non-traditional interventions were developed by the pilots, which all involved some form of mid-life health check. The pilots chose a diverse range of interventions including:

- Development and provision of specific mid-life information to the community
- Provision of targeted training to groups in mid-life
- Development of Internet/IT-based information with accompanying IT training for people in mid-life
- Development and use of a network of community champions to promote mid-life issues
- Interventions targeting specific disadvantaged communities, including black and minority ethnic communities
- Interventions using a particular setting to access the community, for example post-menopausal women through primary care; and working-age men through the workplace
- Specific health-promotion interventions, including physical exercise programmes.

Osteoporosis Dorset

The initiative offered an evidence-based health check for women in mid-life to promote lifestyle changes that will improve health with particular reference to osteoporotic fractures, cardiovascular and cerebrovascular disease and diabetes. The women invited for health checks were targeted through their GPs.

Women identified as high risk were referred to their GPs. Those with moderate risk were invited to attend workshops where they were given personalised lifestyle advice and education in a small group environment. Individuals identified as low risk were given written lifestyle advice. All participants were invited to a health fair, where they were provided with additional health promotion support and information. The impact of the initiative was assessed by questionnaire at the 3–6 month stage, which showed that this method of delivery was successful in attracting its target audience, provided a beneficial service, and was a useful way of attracting people to additional health promotion services.

Southwark Active

The initiative developed a website focused on health issues relating to the age group; made contact with a variety of local organisations and community groups to publicise the site; and provided individual computer training. The aim of the project was to improve access to health information in the mid-life groups, and to provide a first step towards improving their IT skills. The project showed that the Internet provided an exciting opportunity for new approaches to health promotion and enhancement of the quality of life, although barriers to Internet access, such as financial barriers, need to be addressed early in the programme.

Key learning: a number of models of delivery with multiple methods and approaches can affect positive outcomes in this age group, but a strategic whole-systems approach is required to effect long-term change. Short-term interventions with no succession strategy can leave individuals feeling unsupported and that their hopes and aspirations can no longer be met. Interventions must address the primary needs of this age group, which were identified as health and wellbeing, finance, loss/isolation, relationships, social, time and structure. A range of local community settings can be used to reach people who would not normally access mainstream services.

(I) Resources

Projects require the careful planning of resources in order to keep the focus on strategic priorities.

Case illustration: Managing resources, Agewell – Hackney

The Agewell project provided health checks, information and advice to the mid-life community in Hackney. It was a project hosted by Age Concern Hackney, consisting of a project coordinator and an assistant.

Have clear management responsibilities

Resources were managed by a project coordinator with reference to a project steering committee of partners.

Have realistic expectations

It was important that the expectations of the project, particularly with clients, were not raised above the ability to deliver.

Relate resources to outcomes

It was equally important that resources were directed efficiently to the key outcomes of the project.

Employ partnership working to expand resources

Projects may be able to build partnerships with other agencies to extend their scope and ability to deliver. Partners need to be clear about each other's expectations and to see clearly how each can benefit.

Keep people informed

People should be kept informed of what the project is doing in terms of resource allocations.

Involve people in decisions

They should also be involved in decisions as to whether resources need to be reallocated during the project's lifetime to more appropriate areas of need.

Mainstream

Short-term, stand-alone projects usually have difficulties in recruiting staff in the early stages and in retaining staff towards the end. These problems can be mitigated if the project is part of a wider mainstream project with a clear strategic aim.

Have a succession strategy

If it is envisaged that a project may continue past a particular imposed deadline, then a succession strategy and funding options must be considered as early as possible. A wider network of committed partners will be useful in identifying funding streams.

Identify and deploy key skills

The role of, and skills needed by, the project coordinator were key in developing highly interactive short-term projects and bringing them to fruition. Projects require experienced, well organised coordinators with a wide range of skills to enable them to deliver on milestones – someone who can work largely independently while utilising the knowledge and experience of partners and management committees to develop the project. As well as having good literacy and numeracy skills, well developed interpersonal skills are crucial in developing relationships with clients and partners.

(J) Monitoring and evaluation

Regular monitoring of activities and performance requires attention to progress in meeting objectives and producing desired outcomes for stakeholders. Regular checks on progress using performance data that show progress against objectives are part of the cyclical process of monitoring and evaluation.

Case illustration: Evaluation framework, Hull and East Riding PCTs, Specialist Health Promotion Services

The evaluation framework was developed in response to, and in consultation with, the project leaders of the pre-retirement pilot programme and the key stakeholders on the steering group.

The aim was to undertake an evaluation that was sensitive to the project and produced reliable information regarding the effectiveness and efficacy of the project.

The choice of methods and approaches depended on the following considerations:

- Purpose to which the information will be put
- Structure, processes and outputs of the initiative being evaluated
- Other information being collected, eg audit
- Cultural nature of the initiative
- Underlying principles of the initiative.

Owing to the time-limited nature of the initiative and the need for clear outputs, the evaluation adhered closely to the objectives of the initiative.

<i>Project objective</i>	<i>Measures and methods of data collection</i>
To develop a pre-retirement resource pack covering all 12 identified themes	Relevance, appropriateness, reliability of information Quality/audit criteria
To adopt a partnership approach in developing the pack	Range of partners involved Interviews
To pilot the resource pack among the target population	Feedback on quality and usefulness of the resource pack Questionnaire/group feedback if necessary
To produce 2,500 copies of the resource pack	Activity data: number produced
To publicise the project/pack through initial publicity event(s)	Number of events and types of people attending Evaluation form
To publicise availability of the pack through distributing information leaflets	Activity data: number of locations receiving leaflets
To supply the resource pack to places where it will be of use to the target audience	Number supplied, appropriate range of organisations receiving the pack Activity data: questionnaire
To promote use of the pack in specific locations	Uptake and utilisation in specified locations Questionnaire
To develop a training programme that enables resource persons to introduce the target audience to the pack	Training programme reflects aims and content of the pack Evaluation form
To pilot the training programme with one group of subjects	Number of subjects trained Evaluation form
To obtain feedback on quality and usefulness of the resource pack	Quality dimensions: attractiveness; durability; readability; ease of finding information; content that is accurate, up-to-date, useful and sufficient Questionnaire to pre-retirement and post-retirement users Questionnaire to resource person in each organisation
To disseminate progress on the project through a conference at end of first year	Number of people attending compared with invitation list Activity data: evaluation questionnaire
To evaluate the programme as a whole	Final data collected Group interviews; analysis of data; evaluation report one month after completion of project
Actively to seek funding opportunities to update the pack and provide ongoing availability	Support further proposals with evaluation framework
Actively to seek funding opportunities to transfer the pack into other formats and languages To work with two GP practices to pilot approaches to health screening individuals in the 50–65 age group. The evaluation will include analysing data and undertaking a cost-effectiveness analysis of the health screening projects	

Appendix 4: Evaluation resources

During the pilot programme a range of evaluation questionnaires and other resources were developed to help assess the impact of projects on different audiences. Examples of these are given here for people to adapt to their own circumstances and to illustrate the type of questions that need to be asked. They include:

- Post-training workshop (for practitioners) evaluation
 - questionnaire
- Three-month follow-up evaluation (for practitioners)
 - questionnaire via e-mail or telephone
- Evaluation of a mid-life planning course
- Follow-up day evaluation of a planning course.

Post-training workshop evaluation

Your view of the training workshop is valuable. The information will be used to develop future workshops.

About you

1. Which of the following best describes your current job/situation?

- 1(a) Strategy ☐ Operational ☐
 1(b) PCT ☐ NHS trust ☐
 Local authority ☐
 Voluntary/community sector ☐
 Other _____

The venue

2. Please rate the following aspects of the venue on a scale of 1 (poor) to 5 (excellent) by circling the appropriate number.

	Poor			Excellent	
Convenient to get to	1	2	3	4	5
Food	1	2	3	4	5
Comfort of the room	1	2	3	4	5
Ability to see presentations	1	2	3	4	5
Ability to hear facilitator	1	2	3	4	5

About the workshop

3. How would you rate the time allocated for the workshop overall?

- Too long ☐
 Too short ☐
 About right ☐

4. How would you rate the time allocated for discussion?

- Too long ☐
 Too short ☐
 About right ☐

5. Please rate how well the various topics of the course met your needs on a scale of 1 (poor) to 5 (excellent) by circling the appropriate number.

	Poor			Excellent	
Introduction, baseline skills, expectations, ground rules	1	2	3	4	5

	Poor			Excellent	
Health inequalities and mid-life transitions	1	2	3	4	5
Concept of mid-life and transitions	1	2	3	4	5
Developing an intervention	1	2	3	4	5
Networking and support	1	2	3	4	5
Resources	1	2	3	4	5

6. Please list three things you intend to introduce following the training workshop to develop a mid-life initiative?

- (i) _____
 (ii) _____
 (iii) _____

	Poor			Excellent	
7. Overall, how would you rate the workshop?	1	2	3	4	5

8. To what extent has the course met your expectations?

- Not at all ☐ A little ☐
 Fairly well ☐ Very well ☐

9. How well has the course prepared you for developing mid-life work?

- Not at all ☐ A little ☐
 Fairly well ☐ Very well ☐

10. How has the course affected your attitudes towards developing mid-life initiatives?

- It has not affected me ☐ I feel less positive ☐
 I feel more positive ☐

11. Are there any topics you think should be included in future training workshops?

12. Are there any topics which were not included that should be included in future training workshops?

Please make any further comments overleaf.

Three-month follow-up evaluation via e-mail or telephone

Your view of the course is valuable. The information will be used to further develop future courses.

1. What were the three things you intended to introduce following the training workshop in order to develop mid-life initiatives?

(i) _____

(ii) _____

(iii) _____

2. Have you been successful in doing this?

(i) Yes ☐ No ☐ I have made a start ☐

Comments _____

(ii) Yes ☐ No ☐ I have made a start ☐

Comments _____

(iii) Yes ☐ No ☐ I have made a start ☐

Comments _____

3. Are there any other things in relation to mid-life initiatives that you have changed since doing the course?

Please make any further comments below/overleaf.

Thank you

Post-course evaluation for mid-life planning courses

Your view of the course is valuable. The information will be used to further develop future courses.

About you

1. Which of the following best describes your current job/situation?

Administrative/clerical ☐ Laboratory ☐ Cleaning ☐
Catering ☐ Nursing/ancillary ☐
Security ☐ Portering ☐
Other

2. How long before you are due to retire?

Already retired ☐ Less than one year ☐
One to two years ☐ More than two years ☐

3. Do you think your spouse/partner would have benefited by accompanying you on the course?

Yes ☐ No ☐
Didn't know it was possible ☐ Don't have a partner ☐

The venue

4. Please rate the following aspects of the venue on a scale of 1 (poor) to 5 (excellent) by circling the appropriate number.

	Poor				Excellent
Convenient to get to	1	2	3	4	5
Food	1	2	3	4	5
Comfort of the room	1	2	3	4	5
Ability to see presentations	1	2	3	4	5
Ability to hear speaker	1	2	3	4	5

About the course

5. How would you rate the time allocated for the course overall?

Too long ☐ Too short ☐ About right ☐

6. How would you rate the time allocated for speakers?

Too long ☐ Too short ☐ About right ☐

7. How would you rate the time allocated for discussion?

Too long ☐ Too short ☐ About right ☐

8. Please rate how well the various topics of the course met your needs on a scale of 1 (poor) to 5 (excellent) by circling the appropriate number.

	Poor				Excellent
Understanding retirement and coping with change	1	2	3	4	5
Finance – budgeting, savings, investments, wills	1	2	3	4	5
Maintaining health in retirement	1	2	3	4	5
Understanding relationships in retirement	1	2	3	4	5
How to access information and advice (library etc.)	1	2	3	4	5
Developing hobbies & interests	1	2	3	4	5
Accessing benefits and state pension	1	2	3	4	5
Applying for NHS superannuation	1	2	3	4	5
Voluntary work	1	2	3	4	5
Other (please specify)					

9. Please list overleaf three things that you intend to change in order to achieve a healthier, happier retirement.

	Poor				Excellent
10. Overall, how would you rate the course?	1	2	3	4	5

11. To what extent has the course met your expectations?

Not at all ☐ A little ☐ Fairly well ☐ Very well ☐

12. How well has the course prepared you for your retirement?

Not at all ☐ A little ☐ Fairly well ☐ Very well ☐

13. How has the course affected your attitude towards retirement?

It has not affected me ☐ I feel less positive ☐
I feel more positive ☐

14. Are there any topics you think should be missed out in future courses? _____

15. Are there any topics which were not included that should be included in future courses? _____

Please make any further comments overleaf.

Follow-up day evaluation

Your view of the course is valuable. The information will be used to further develop future courses.

1. How useful has this follow up day been for you? (please circle)

	Not at all useful			Very useful	
	1	2	3	4	5

2. Is there anything that you would have missed out? _____

3. Is there anything that you would have liked included? _____

4. What were the three things you intended to change following the two-day course in order to achieve a healthier happier retirement?

(i) _____

(ii) _____

(iii) _____

5. Have you been successful in doing this?

(i) Yes ☐ No ☐ I have made a start ☐

Comments _____

(ii) Yes ☐ No ☐ I have made a start ☐

Comments _____

(iii) Yes ☐ No ☐ I have made a start ☐

Comments _____

6. Are there any other things that you have changed since doing the course?

7. Three months after the two-day programme, are you still influenced by what you learned about retirement concerning:

(a) Financial matters and wills?

Not at all ☐ A little ☐ A great deal ☐

(b) Healthy living?

Not at all ☐ A little ☐ A great deal ☐

(c) Use of time?

Not at all ☐ A little ☐ A great deal ☐

Please make any further comments overleaf.