An Evaluation of Help Direct Gateways across Lancashire (Part 1)

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Executive Summary

Background

Recent policy initiatives stress the need for services to help people maintain their independence by offering them greater choice and control over the way in which their needs are met; creating more flexible provision; maximising independence; making better use of technology; and placing an emphasis on prevention and early intervention.

The establishment of Help Direct Gateways (Help Direct) by Lancashire County Council Lancashire is thus an investment in a preventive strategy to help people gain the right information or advice, individual guidance or practical support before a problem becomes a crisis. Potentially Help Direct has a significant role to play in improving the wellbeing of people living in Lancashire, where health status is generally worse than, or similar to, the England average. Help Direct will assist in tackling health inequalities by gender, level of deprivation and ethnicity.

Help Direct's five main functions are:

- Delivering wellbeing information and advice in each district;
- Updating and improving a directory of wellbeing information;
- Coordinating access to a wide range of practical support services and developing those services;
- Providing outreach support and volunteers to identify and engage hard to reach members of the community through case finding and working with local communities;
- Supporting a network of agencies to offer a 'first contact' and follow up referral point and self assessment.

Aims of the evaluation:

The aims of the evaluation were to understand from groups of potential users of Help Direct:

- What the differing groups (by ethnicity, age and gender) mean by the term 'wellbeing';
- Where people go for help with wellbeing related concerns and the barriers they find in using existing services;
- Whether people would use Help Direct;
- What types of help and support might prevent people from reaching a point where they were at substantial or critical risk of losing their independence;
- How people see their own futures as service users.

Method

The research team worked alongside colleagues from LCC at all stages of the project. In order to make the best use of available resources four approaches to collecting information about the perceptions of Help Direct were used:

- Five focus groups to inform marketing strategies
- Telephone interviews (n=162)
- Six focus groups with target groups to supplement questionnaire data; and:
- One focus group with GPs and health commissioners.

Wellbeing

The research identified a number of matters that relate to wellbeing:

- Wellbeing means maintaining a valued lifestyle and feeling safe, valued and respected;
- Opportunities for participation in social and community life on equal terms, and for some faith, are important elements of wellbeing;
- Accounts of the ways in which wellbeing is compromised, reflect diversity and difference;
- People value forms of support, information and/or guidance that provide an opportunity to rebuild old networks or to develop new ones;
- For some interdependence may be a more useful notion in promoting wellbeing than independence;
- Having a valued role in the community or family is especially important for some groups.

Understanding Help Direct

- Most participants agreed that the idea of Help Direct is, in principle, a good one. However some suggested that how it works in practice is most important;
- Those with a greater experience of using health and social care services and/or those from minority or marginalised groups raised concerns about issues related to knowledge and trust and the capacity of the service to understand and engage with their concerns, highlighting a risk that contact may be negative and serve to undermine their, possibly fragile, confidence;
- Family and friends play a significant role in the delivery of practical support and therefore Help Direct must consider how to market and provide information targeted at this group;
- People's expectations about support are located in their personal, social, environmental and cultural circumstances which emphasises the need for cultural competence and locally relevant cultural specificity;
- Therefore many people who need information, advice and/or practical help currently choose not to access formal sources of support.

Implementing and promoting Help Direct

- Most respondents agreed that the success of Help Direct will depend on how it is implemented. Staffing (in terms of age and ethnicity), language and location were all identified as important considerations.

- People do not seek help lightly and may expect to have an answer to their difficulty and to feel better as a result of contacting Help Direct. Some relate more positively to the notion of cradling and support than to that of direction;

- Help Direct must be realistic about what it can do well. It must be careful not to mismanage or inappropriately raise people's expectations about what might be available locally and what can and cannot be delivered;

- Partnership working looks likely to be a priority issue in addressing concerns around trust, knowledge and engagement. Real concerns exist about the introduction of a new service duplicating or replacing existing valued and trusted services;

- Help Direct may be most successful if it operates on the basis of a very detailed micro-knowledge of local communities, engages in grass roots promotion activity and provides relevant information, advice, guidance and support to specific communities;

- Cultural competence in service delivery is essential in all areas and each district will need to consider what culturally specific service elements might be necessary.

Logo

- Although people had quite different ideas about the logo, most agreed that it should be bright, eye catching and bold. The most popular logo of the ones produced by LCC was:

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- Age Concern Lancashire
- INTAG
- REACT (Catholic Caring Services)
- Headway
- Awaaz
- West Lancashire Carers Centre

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Abbreviations

DLA	Disability Living Allowance
ISCRI	International School for Communities, Rights and Inclusion
LCC	Lancashire County Council
UCLan	University of Central Lancashire
PMF	Preston Muslim Forum

1. Introduction

1.1 Background

Services that improve people's general wellbeing and promote prevention of crises are at the heart of a shift in Government policy towards helping people stay healthy, stay independent and make a contribution to the communities they live in. It is important that people feel able to make choices, take decisions and do more for themselves. The challenge is to devise a means of providing people not only with the information and advice they need to make their own choices about how to maintain their independence, but also to make sure that the right practical help is available to support them when they need it.

Help Direct is a new county-wide service which will be available to all adults in Lancashire, but the primary focus will be on identifying and supporting those most in need. Help Direct aims to help people get that bit of extra support they need to stay independent, to keep healthy, to stay in touch with and see friends, to keep their home and garden in good order, to take part in leisure activities or have opportunities to get involved in their local community.

1.2 Aims of this project

The key tasks will be to understand from groups of potential users of Help Direct:

- Where people go for help and the barriers to use of existing services;
- Whether people would use Help Direct;
- For those at substantial or critical risk what would have prevented them from reaching this point;
- How people see their own futures as service users and their needs

1.3 This report

This report presents all the findings from Phase 1 of the evaluation of Help Direct in Lancashire. It provides an overview of the background, method and findings to this element of the study as follows:

- Section 2 provides the policy context and background to the development of Help Direct Gateways in Lancashire.
- Sections 3 reports on the study's methods.
- Section 4 reports and analyses the study's main findings.
- Section 5 discusses these findings and considers the implications of the results for policy and practice.
- Section 6 offers recommendations for areas of work requiring attention.

Some additional information can be found in the Appendices. For more detailed information on the methodology, Questionnaire, respondents and case studies please contact Alastair Roy, ISCRI, UCLan. E-mail anroy@uclan.ac.uk

1.4 A note about terminology

Black and minority ethnic

The authors are aware that various terms are used to refer to the diverse communities in the UK. We prefer the term 'Black and minority ethnic.' This reflects that our concern is not only with those for whom 'Black' is a political term, denoting those who identify on the basis of skin colour or who may face discrimination because of their colour or their culture. 'Black and minority ethnic' also acknowledges the diversity that exists within these communities and includes a wider range of those who may not consider their identity to be 'Black' but who nevertheless constitute a distinct ethnic group.

South Asian

This report will use the definition adopted by the 2001 National Census, in which the term South Asian comprises those of Indian, Pakistani or Bangladeshi descent.

Community

This report uses the term community to refer to specific associations or groups of people who self-identify around certain characteristics, interests or identities.

2. Context

2.1 Policy context

Independence, well-being and choice[i] set out proposals for the future direction of social care for all adults across all age groups in England. The vision for social care that was outlined, relevant to this project, stressed that services should enable people to maintain their independence by giving them greater choice and control over the way in which their needs are met; should include all sections of the community, should make better use of technology to support people and that there should be an emphasis on preventing problems and ensuring that social care and the NHS work on a shared agenda to help people maintain their independence. The need for improvement in early intervention strategies was highlighted by CSCI in its annual report on the state of social care in England in 2004/05[ii], concluding that much provision at that time was rather traditional and not weighted towards promoting choice, control and flexibility.

The White Paper *Our Health, Our care, Our say*[iii] outlined key elements of a reformed adult social care system in England. It made clear that this system should "be able to respond to the demographic challenges presented by an ageing society and rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives"[iv] (HM Government, 2007, p.1). The importance of prevention, early intervention and services that promote wellbeing and maximise independence are seen as critical to supporting active ageing by the Department of Work and Pensions (2007) in its publication *Opportunity Age*[v]. This emphasises the need for culture changes so that older people are viewed as, and enabled to be, active consumers of public services exercising control and choice, not passive recipients. *Putting People First* (HM Government, 2007) outlines the elements of a personalised adult social care system which sets out to maximise independence, choice and control. The provision of a 'first stop shop' to provide a universal information, advice and advocacy service for people needing services and their carers, irrespective of their eligibility for public funding, is outlined as an element of system wide transformation. It draws attention to the evidence from the LinkAge plus pilots highlighted by *Opportunity Age* of the benefits for older people, in particular, of this type of provision.

In Lancashire, this focus on prevention, maintaining independence and wellbeing was set out in a framework developed by Lancashire County Council[vi] in partnership with a wide range of organisations to help Local Strategic Partnerships agree priorities and implement action plans. This framework built on an analysis of locally identified needs, services and priorities which identified three main themes:

- Transport or support to help people in getting to and from places
- Practical assistance such as gardening, shopping, cleaning, dealing with correspondence and minor repairs.
- Advice and information.

The service mapping exercise had shown that information and advice services are well placed to respond to lower-level needs across Lancashire but that there was considerable scope for improving the coordination of existing information provision. In particular, it stressed that people seeking information and advice should be able to get all the information they need from a single agency, as well as ensuring that information is widely available in frequently used locations, particularly GP surgeries, supermarkets and leisure centres.

2.2 Help Direct Gateways in Lancashire

The development of Help Direct Gateways in Lancashire is thus an investment in a preventive strategy, to help people gain either the right information or advice or practical help before a problem becomes a crisis. They potentially have a significant role to play in increasing the wellbeing of people living in Lancashire whose health is generally worse than, or similar to, the England average and in tackling health inequalities by gender, level of deprivation and ethnicity[vii].

The development of Help Direct Gateways has been based on a partnership approach and the aim has been to provide a network of support through a partnership of agencies. This includes statutory services, which currently work to improve wellbeing throughout Lancashire. It is important to draw upon the services already available and to work collaboratively in order to provide the best service possible and a more holistic person centred approach. Part of the role of the Help Direct Gateway is to act as a coordinating point for referrals which come from this network of local agencies. This network and referral system is called First Contact. The challenge is to devise a means of providing people, not only with the information and advice they need to make their own choices about how to maintain their independence, but also to make sure that the right practical help is available to support them when they need it.

There are five key parts to the Help Direct provision:

- Delivering wellbeing information and advice in each district;
- Updating and improving a directory of wellbeing information;
- Coordinating access to a wide range of practical support services and developing those services;
- Providing outreach support and volunteers to identify and engage hard to reach members of the community through case finding and working with local communities;
- Supporting a network of agencies to provide a ‘first contact’ and follow up referral point and self assessment.

3. Method

This section outlines the methods used for this study.

3.1 General overview

The research team worked alongside colleagues from LCC at all stages of the project in order to make the best use of available resources. The main methods used were focus groups and interviews. These were structured to enable and encourage participants to express their concerns and views in a safe and welcoming environment. The team recognises that discussing issues about wellbeing, either in groups or one to one, can be stressful and emotive for some people. Consequently all efforts were made and opportunities taken to treat participants with integrity and respect. The UCLan research team has extensive experience of delivering similar projects and has pioneered and developed a model of community engagement. An overview of the process is provided in Appendix 2.

3.2 Data sources and lines of enquiry

Four methods were used for collecting information about the perception of Help Direct. This section outlines the methods, participants and lines of enquiry:

A. Focus groups to inform marketing strategies
B. Telephone interviews (n=162)
C. Focus groups with target groups to supplement questionnaire data, and
D. A focus group with GPs and health commissioners

A. Focus groups to inform marketing strategies

Five focus groups were undertaken to inform the 'marketing' of Help Direct. Focus groups were recruited by the research team working alongside and in collaboration with community organisations. A list of organisations was selected purposively to reflect diversity and agreed by LCC and the research team. Organisations were provided with a comprehensive brief and paid £330 to help organise the event with support from the research team. In each case research staff worked alongside colleagues from the organisation in facilitating discussion. Contemporaneous notes were taken at the event and the main themes agreed with participants at the end of the discussion.

Those attending focus groups were offered an explanation of Help Direct's main functions and referral routes and asked to address the following lines of enquiry:

Lines of enquiry

- Meanings of wellbeing from within the group;
- Understanding, and responses, to the concept of Help Direct including readiness to use the service and any concerns that participants identified immediately;
- Marketing including possible messages that would encourage people to find out more about Help Direct and the type of image that should be adopted, in particular responses to specific logos developed by LCC.

- Factors that might influence (positively and negatively) preparedness to use or to access more information about Health Direct.

Table 1: Overview of marketing focus group participants

Organisation	Location/ - geographical coverage of the group	Description of participants
Awaaz	Accrington	Fifteen South Asian women attended this focus group which was conducted in Urdu and English. Six of the women identified themselves as carers.
West Lancashire Carers Centre	West Lancashire	Ten carers attended this group - six women and four men.
Galloways	County wide	Fourteen people with a visual impairment attended this focus group - seven women and seven men. There was a broad spectrum of visual challenges and ages included in the group.
Preston Muslim Forum	Preston	Eight South Asian women attended this group which was conducted in Punjabi and English.
REACT	Preston and West Lancashire	Five young adults with a learning disability attended this focus group discussion – four men and one woman. The REACT coordinator also attended.

B. Telephone interviews

The core of the research strategy for Phase 1 involved conducting 162 semi-structured telephone interviews. The initial research plan was to recruit potential users of Help Direct drawn from differing backgrounds and client groups. Recruitment diversity was managed in collaboration with LCC. The research team's original objective had been to manage recruitment through community organisations in each of the 12 LCC areas. Groups would be selected to represent priority population groups relevant to Help Direct and also local priority concerns (e.g. those identified within *Getting That Little Bit of Extra Help Needed to Stay Independent*) using a sampling matrix.

However, after consultation with LCC a different recruitment method was employed. This involved LCC and partner organisations (e.g. the Fire Service, Library Service etc.) referring consecutive contacts into the project between August and October 2008. The names, addresses and phone numbers of those Individuals who consented were referred onto the research team (n=332). Subsequently all individuals were contacted by letter and an information sheet was provided that included all relevant details about the implications of participating. At least four days later, a member of the research team contacted individuals by telephone, to handle informed consent processes and to arrange a date and time for an

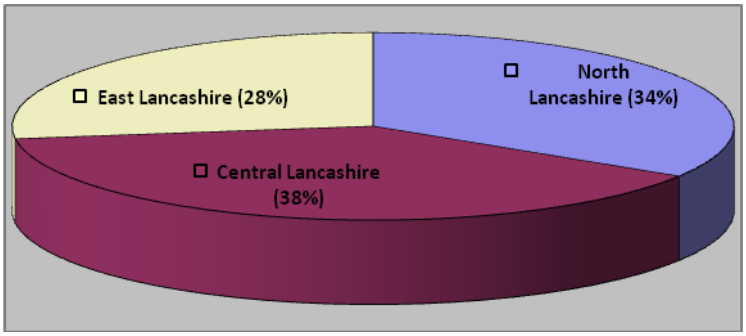
interview with those who gave consent. The number of completed interviews was n=162 giving a response rate of almost 50%.

The interviews used a semi-structured questionnaire, designed to allow interviewers to take contemporaneous notes.

Sample for telephone interviews

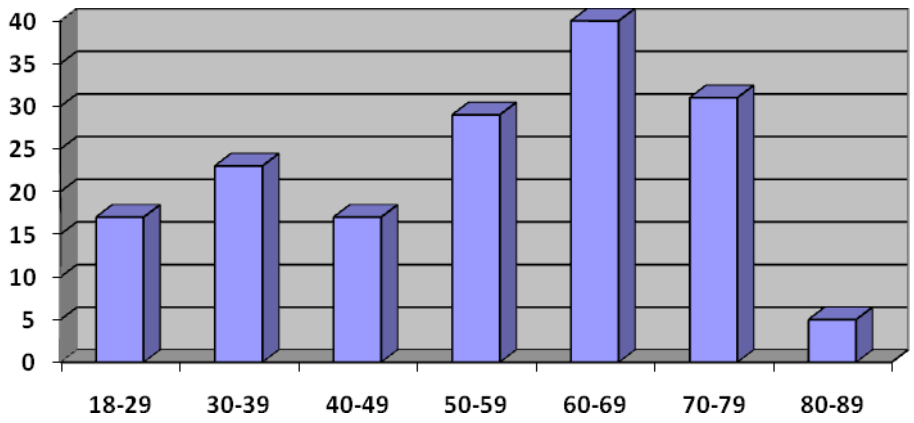
The final sample included participants from North, Central and East Lancashire in roughly the same proportions as illustrated in Figure 1. The majority of respondents in North Lancashire came from Lancaster (representing 32% of the final sample); in Central Lancashire from Preston and Chorley representing 14% and 14% respectively of the final sample) and in East Lancashire from Burnley (representing 21% of the final sample). Participants from small towns and rural areas made up the balance (15% of the final sample).

Figure 1: Telephone interviewees by area of residence



Female interviewees were in the majority with a ratio of 2.6:1 with no one identifying themselves as transgendered. The age range of the sample was from 18 to 89 as illustrated in Figure 2.

Figure 2: Age range of the sample



The majority of the sample described their ethnicity as British (97.7%) with the remainder being either Pakistani or Chinese. Nearly all the sample was born in Britain (98.8%) with the remainder of the sample having lived here for at least a year and describing themselves as British citizens. No first languages other than English were identified. Of those who provided information in relation to religion, 85% ascribed to Christianity; 2% to Islam; 0.6% to Buddhism and 2% to another unspecified religion. Nearly all the sample described themselves as straight or heterosexual (96.9%).

Nearly 8% of the sample was in receipt of Disability Living Allowance (DLA) and a further 4.9% was receiving Attendance Allowance (either instead of, or in addition to, DLA). Of this subsample, the disability recorded was mainly physical disability (75.8%) or related to a mental health problem (15.1%) or to a learning disability (3%).

Lines of enquiry

The questionnaire covered the following:

- Identification and examples of personal wellbeing using a list of relevant issues. The questionnaire began by asking people whether they had ever needed any practical support, individual guidance or information and advice about any of the following:
    - Home and garden
    - Health and fitness
    - Opportunities for learning and leisure or meaningful activity
    - Community involvement
    - Understanding information
    - Managing finances
    - Having a say in things that matter
    - Getting out and about

  Subsequently participants were asked to provide some more details about those issues that they had identified as priority and these are included in the report as case examples. A further 58 case examples are in the data archive at UCLan.

- Participants' views about Help Direct, including their readiness to use them, the factors that would encourage use, preferences for providing information about Help Direct, preferred location for access, the distance people would be prepared to travel to access a Help Direct and perceived utility of Help Direct.

- A description of Help Direct, in their own words, to identify how people understood the idea and which aspects they particularly valued.

C. Focus groups with target groups to supplement questionnaire data

In recognition of the likelihood that some populations (e.g. South Asian populations and individuals with mental health problems) may be under-represented in the questionnaire sample, six focus groups with specific groups were undertaken. This also offered the opportunity to target organised groups that could provide a more detailed picture of specific concerns (for example of the issues and perspectives for groups of older people) than would be elicited through the one-to-one telephone interviews. Thus these focus groups offered the

opportunity to reflect the views and opinions of more diverse communities and to test in greater depth some of the understandings developed in the telephone interviews.

As with the marketing focus groups, participants were recruited by the research team working alongside community organisations. A list of organisations was agreed by LCC and the research team. Organisations were provided with a comprehensive brief and the research team worked alongside the organisations in planning and delivering the focus groups. One of the focus groups was conducted in Punjabi and Urdu with materials translated in advance and an overview of the participants in these focus groups is provided in Table 2 (see next page).

D. Focus groups with GPs and Health Commissioners

This element of the work built on, rather than replicating, activity already undertaken by the First Contact Team at LCC. Since June 2007 LCC's First Contact Group has been examining the concerns of many agencies that offer support to individuals through particular services. Often a person will need more support than one organisation is able to provide. This research sought to build understanding of the way joined up working between agencies could be improved to capitalise upon these engagements.

The LCC group includes representation from Lancashire County Council, Lancashire Constabulary, Lancashire Fire and Rescue, Lancashire Library Service and Cumbria and Lancashire Public Health Network. The initial meetings of the First Contact Group focused on establishing why so many people who could have been prevented from reaching a crisis actually reached that point, despite the fact that they may have seen members of more than one organisation before the crisis occured.

LCC identified health professionals as a relevant group which had not been engaged in earlier work and a focus group was recruited with GPs and health commissioners from North and West Lancashire.

Lines of enquiry

- How often do you come across someone with a low level need that you are unable to address or meet?
- What are some of the typical examples?
- Do you currently make referrals for low level needs? If yes, how and who/where to? (what motivates this?). If no, what gets in the way of this?
- Would you be happy to refer people into a Help Direct Gateway? If No or maybe – what would you want to know about Help Direct to give you confidence to refer your patients in?
- What would be the best way for Help Direct to engage with you to make referrals for low level needs?

Table 2: Overview of targeted focus group participants

Organisation	Location	Number of participants (women: men)	Description of participants
Age Concern	Skelmersdale, West Lancashire	14 (2.5:1)	Aged 50-90 all identified as British and born in the UK with 85.7% ascribing to Christianity and 1 person in receipt of DLA for a physical disability.
Headway	East Lancashire towns of Burnley, Pendle, Hyndburn and one person from the Ribble Valley	8 (1:1)	Aged 40-70 all identified as British and born in the UK and ascribing to Christianity. 2 people in receipt of DLA with 50% describing themselves as disabled (2 with a physical disability, 1 with a learning disability and 1 with a mental health problem).
Nguza Saba	Preston	4 (1:1)	Aged 30-60, mainly Caribbean (75%) and one person of mixed White and Caribbean heritage. 50% were born in the UK and had British citizenship. None were in receipt of DLA or described themselves as having a disability.
Preston Muslim Forum	Preston	8 (1:3)	The majority were aged 40-60 and one person aged 18-29. All described themselves as being of Indian ethnic origin, 75% being non-UK born and all having British citizenship. All ascribed to Islam. 25% were in receipt of DLA and 12.5% Attendance Allowance. Two described themselves as disabled, one with a physical disability and one with a mental health problem.
INTAG	Preston	10 (2.3:1)	Aged 18-80. The majority described their ethnicity as British (90%) with 1 person identifying as Caribbean. The majority were UK born (90%) and the 1 person not born in the UK had lived here for more than 11 years. All were British citizens. 80% subscribed to Christianity. No one was in receipt of DLA or Attendance Allowance or described themselves as disabled.
Together	Lancaster and Preston	4 (3:1)	Aged 18-49. All described their ethnicity as white British. All were born in the UK and were British citizens. Two described their religion as Christianity, one as none and one did not answer this question. Three were in receipt of DLA and one in receipt of Attendance Allowance. All had mental health issues.

3.3 Data analysis

Qualitative data, relevant literature and other documents were collated thematically. The themes that arose most consistently were used to analyse the information obtained about the delivery (or potential delivery) of Help Direct across Lancashire. The analysis is therefore firmly grounded in the data received from participants during this study.

The use of a thematic analysis made the following possible:

(i) reporting on a wide range of experiences and perceptions about these issues;
(ii) identification of areas of consensus and divergence on specific issues; and
(iii) recommendations on the way Help Direct might be altered and/or developed to address the needs of different individuals, groups and communities.

3.4 Ethical issues

The research plans and methods for this project were reviewed and approved by the Faculty of Health Ethics Committee at the University of Central Lancashire. All potential participants were provided with written information about the focus of the study in order to help them make an informed decision about whether or not they agreed to participate. Clear information was provided about data protection and confidentiality to ensure that participants were aware that participation was entirely voluntary. Verbal consent was sought for telephone questionnaires with written consent taken for those attending focus groups.

3.5 Difficulties

The timescale for Phase 1 proved challenging. In order to achieve agreed targets, the work with community organisations for the recruitment to the marketing focus groups had to begin in August. This proved to be a difficult time as many people in these organisations were on holiday. The recruitment for the supplementary focus groups took place in the holy month of Ramadan and this caused difficulties for three organisations taking part in the work, one of which had to withdraw. Further, the sample for another of the focus groups was smaller than expected due to the data collection period clashing with Black History Month and with other events.

The timing of the evaluation was also a challenge and a number of participants expressed a degree of cynicism about the point of the evaluation and its potential to influence the nature of Help Direct given that the tenders for Help Direct had been awarded in July 2008.

3.6 Methodological issues

Phase 1

The first phase of the study sets out to test responses of different and diverse participants to the concept of Help Direct, to explore the key aspects of design and promotion and the outcomes that Help Direct might deliver. It is also designed to provide baseline data against which the views of users of Help Direct can be compared in phase 2 of the evaluation.

Difficulties regarding recruitment of participants for telephone interviews meant the final sample may have reflected those who might be better disposed to using Help Direct. The diversity, particularly in the telephone sample, is very limited. It will be important to consider this in Phase 2 and the implications for recruitment methods.

Whilst the focus groups added to the overall diversity of the sample in some cases it was difficult to make meaningful comparisons between the groups.

Whilst the original concern around recruitment to the telephone sample had been to achieve a sample large enough to draw meaningful statistical comparisons, the final sample of n=162 did not reach this threshold. However the analysis suggests that the strength of the data from the questionnaire was in their depth rather than their breadth. To a large extent the themes identified in this report emerged from individual narratives described in the interview process, which raised issues relevant to wellbeing and the delivery of Help Direct and which could be compared to other people's experiences.

Phase 2

A provisional set of issues which should be tested in phase 2 might include:

- The diversity of those accessing Help Direct in different districts of Lancashire;
- The range of issues people access Help Direct in relation to and the most common issues;
- The match between expectations - in terms of conception of information - and what people experienced; and
- How different groups rate the quality of the service?

4. FINDINGS

Findings of the four areas of the study

The detailed findings from each of the four areas described below are available from the University of Central Lancashire on request. In this report they are presented together to limit repetition.

Key Findings

4.1 Wellbeing

Conceptions of mental wellbeing

Many participants offered an holistic conception of wellbeing linked with other aspects of their life. Concepts of harmony, community life, equality of respect and peace of mind were important particularly to the South Asian groups (who referred to the notion of *'sakoon').* Common themes were the opportunity – or lack of it - to take part in social and cultural life in communities on an equal footing, faith based activity and feeling safe and valued. Some participants raised points about how wellbeing is conceptualised by others and how this might have a bearing on their readiness to seek help (e.g. visually impaired people who conceptualised wellbeing as being about the whole person but found people often related to them in terms of a single characteristic).

Table 3: Wellbeing aspects and their priority from telephone interviewees

Wellbeing Domain	The number who identified this as an issue. (Percentage of overall sample)	The number who identified this as a priority issue. (Percentage of overall sample)
1. Your home and garden	**n = 74 (45%)**	**n = 52 (32%)**
2. Your health and fitness	**n = 80 (49%)**	**n = 48 (30%)**
3. Opportunities for learning and leisure or meaningful activity	**n = 60 (37%)**	**n = 29 (18%)**
4. Involvement in your community	**n = 48 (30%)**	**n = 19 (12%)**
5. Understanding information.	**n = 49 (30%)**	**n = 24 (15%)**
6. Managing your finances	**n = 53 (32%)**	**n = 24 (15%)**
7. Having your say in things that matter to you	**n = 33 (20%)**	**n = 10 (6%)**
8. Getting out and about	**n = 46 (28%)**	**n = 26 (16%)**
9. Other (please give details) • *Bereavement support*	**n = 12 (8%)**	**n = 5 (3%)**
10. None	**n = 27 (17%)**	

The most commonly occurring theme identified from the telephone survey was the importance of the home and garden to wellbeing and thus the need for practical support. For some this was related to a loss of mobility in old age which had meant that heavier tasks in the home and garden had gradually overtaken them. For others it was due to disability or loss of mobility as a result of surgery or illness. However, people of different ages also identified needs around information and advice (e.g. with disabled living) and individual guidance (e.g. with mobility aids).

Health and fitness was also a major concern, especially for adults over sixty years of age. Participants identified a range of different needs including practical support, individual guidance and information and advice. A significant number emphasised the importance of learning and leisure activities, the opportunity to be involved in, and shape, the community in which they live and the availability of information in a form they can understand.

A particular concern for some sections of the community was managing personal finance and especially the problems associated with low incomes or fixed pensions which had serious knock-on effects on overall wellbeing. The result of increasing debt was that families could not pay bills, afford to go out and see friends and family, afford a holiday or to eat properly. Advice on benefits and social security entitlements (including understanding and completing forms) was seen as critical to maintaining wellbeing, as was assistance and advocacy to support people into education, volunteering opportunities and employment.

Transport in particular was mentioned a number of times as expensive, especially the need for regular and reliable subsidised public transport. For example, in Liverpool pensioners can use their bus passes on trains and ferries as well as buses, but in Skelmersdale pensioners can only use them on buses. In some areas there is no bus service at particular periods of weekends which effectively means people are cut off from one another and often feel isolated.

Support for carers was highlighted by some participants alongside the perceived ageism in statutory services providing support.

One particular issue raised independently by a number of women was the lack of bereavement counseling and support.

4.2 Understanding 'Help Direct'

Concept

Whilst some thought the name does not make clear what it is about, most thought in principle Help Direct sounded like a good idea. For many respondents the idea of Help Direct was quite new, but a majority (over three quarters of the telephone survey) indicated that they would use the service if necessary although most were not likely to do so immediately. However some were suspicious about whether it will prove to be any more available or successful than current structures of support.

Learning about Help Direct

Although all the various ways of receiving information about Help Direct had some support, the most favoured approaches from those responding to the telephone survey were: by post (24%), internet or e-mail (20%), via the GP (14%) or by a home visit (13%). A preference for internet based communication was not generally age related.

Table 4: Preferred means of communication about Help Direct

Means of providing information	Number (%)
By post	32 (24)
Internet or e-mail	27 (20)
From the GP	19 (14)
A home visit	18 (13)
Telephone	14 (10)
Community representative/ friend/ family	9 (7)
Visit Help Direct in person	6 (4)
Newspaper	5 (4)
Talking newspaper	3 (2)
Radio	1 (0.7)
Social networks	1 (0.7)

When provided with a list of four ways of contacting Help Direct, interviewees preferred the telephone (70%), the internet (56%) and home visit (55%). Many of the focus group members felt they would make contact by telephone. Some suggested that having staff from different age groups and cultural and minority ethnic backgrounds, including people who speak relevant languages, would help to reduce perceptual and language barriers (especially for telephone callers) to the use of Help Direct.

Table 5: Preferred methods for contacting Help Direct

Ways of accessing Help Direct	Number (%)
Internet	**90 (56%)**
E-mail	**63 (39%)**
Telephone	**113 (70%)**
Home visit from an Outreach Worker	**89 (55%)**

Location

The location of Help Direct was identified as vital by people in the telephone interviews and focus groups, but there was no common agreement on the best location. The library (35%) and community centre (25%) were the most popular locations in the telephone interviews. Many also mentioned council or civic building (14%), health centre or GP (13%) and supermarket or local shop (9%). What mattered more to many people was how the lead organisation will relate to established organisations and groups and in particular, the style and nature of partnership working.

For GPs it was important for Help Direct to engage in promotion and community level delivery and that there may be advantages to being co-located with a health centre or clinic and/or the library so that practitioners can develop trust and refer in easily.

Table 6: Most convenient local places for accessing Help Direct

Where would be the most convenient local place for you to access Help Direct Gateways?	Number (%)
Library	**57 (35%)**
Community centre	**40 (25%)**
Council office or civic building	**22 (14%)**
Health Centre or GP	**21 (13%)**
Supermarket/local shop	**14 (9%)**
Anywhere in town centre	**7 (4%)**
Job Centre	**6 (4%)**
Local school	**6 (4%)**
Citizens Advice Bureau	**4 (2%)**
Home visit	**4 (2%)**
Local church/mosque	**3 (2%)**
Galloways	**2 (1%)**
Sports centre	**1 (1%)**
Anywhere on a bus route	**1 (1%)**
Mobile bus	**1 (1%)**

4.2 People's views about Help Direct

Preparedness to use Help Direct

The majority (76%) of the sample in the telephone questionnaires suggested that, in principle, they would be prepared to use Help Direct. The 24% who indicated they would not use it reflected on a pride in their independence, a feeling that Help Direct will duplicate good services already operating locally or fears that they or their needs would not be understood.

Some participants, particularly those with established relationships with third sector organisations, suggested that it is vital to make clear to people how Help Direct links in and works alongside other organisations. People with an affinity to third sector organisations highlighted that these organisations had established expertise and demonstrated a concern with them as individuals. The potential for duplication of provision must be addressed.

Many in the focus groups felt they might use Help Direct if they were confident that it provided something helpful and useful which had been developed with them in mind. Things likely to affect people's decisions about this included:

- Familiarity with the host organization;
- A service which is easy to understand and use;
- Good information about the service;
- Service location;
- Effective partnership working through Help Direct outposts (located in trusted community organisations) which could successfully deliver elements of advice and support into specific communities; and
- Individual need.

"What would encourage or discourage you from using this service?"

Many of those who indicated they would not use the service described how an increased knowledge, understanding or trust of the service might persuade them to use it. A few suggested that they would wait to see results from others who had used the service first. A final group suggested that they would use Help Direct if they could see that it provided something different and useful from other services already operating locally.

Some in the focus groups expressed concerns about the age and ethnicity of Help Direct staff. Black and minority ethnic communities' concerns were particularly about knowledge and trust. Some suggested that there is a poor history of partnership work with the various Black and minority ethnic communities in Preston. The success of Help Direct will, in part, rely on how voluntary and community organisations relate to and promote the service which, in turn, will rely on a positive and proactive approach to partnership work and the activities that support it.

Description of Help Direct

Participants in telephone interviews and focus groups were asked to describe Help Direct in their own words. Telephone interviewee's responses were most likely to emphasise:

- (i) information, advice, individual guidance and or/support, followed by
- (ii) wellbeing
- (iii) helping people before a problem becomes a crisis
- (iv) publicity and
- (v) emphasising local knowledge as key to success.

Focus group attendees' responses were most likely to emphasise:

- (i) information, advice, individual guidance and/or practical support
- (ii) confusion about Help Direct and/or calls for clarity
- (iii) concerns about trust and engagement
- (iii) duplication of existing provision and
- (iv) a "one stop shop" approach.

These findings suggest that, whilst the majority grasp the central concept of Help Direct well, populations and groups which could be described as marginalized are perhaps more likely to have confusion about the idea and to be concerned about whether it will meet their needs.

4.3 Marketing

Encouraging people to find out more about Help Direct

Participants agreed that messages that would encourage people to find out more about Help Direct should communicate clarity of role and purpose and a connection to the community. Help Direct should be honest about what it can and can't do, offer care, concern and value for *all* local people and provide a clear idea of how quickly things will be dealt with.

Conversely the following may act as possible disincentives to participants using Help Direct:

- Lack of clarity of purpose
- Poor initial response or lack of face to face contact
- Information that is unreliable or raises hopes unrealistically
- Feeling that the service may be here one year and gone the next

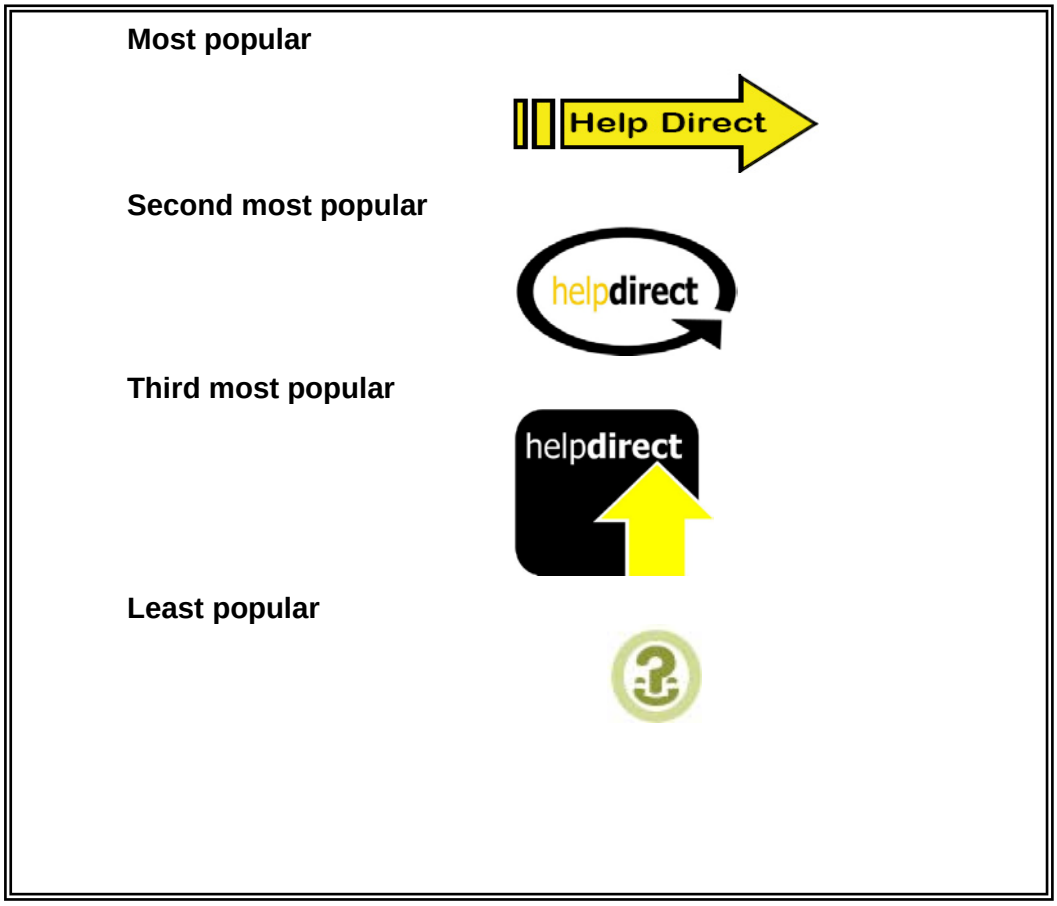
- A faceless organisation with a 'one size fits all' approach
- Lack of staff able to speak minority languages.

Further details of these issues were requested and are available as case examples. Some of these are used in the report to evidence findings and a further 58 have been stored in the data archive. They have been selected to represent the range of issues identified by people within the study. However it is clear that the majority of case examples that people gave reflect the complexities of their personal situations which often spanned several of the wellbeing domains. Hence there is a risk of over-simplification in reducing this to for the purposes of categorization.

Image and logo

The findings of the focus groups and telephone survey all suggested that the public image of Help Direct should be simple and should communicate a service that is accessible, friendly and simple to use. All information should be clear, concise and honest. Although people had quite different ideas about the logo, most agreed agreed that it should be bright, eye catching and bold. The logos placed in order of popularity by the participants are provided in Figure 3.

Figure 3: Logos ranked in order of popularity by focus group participants



5. DISCUSSION

5.1 Wellbeing

Views about wellbeing

Many people in this project began by offering positive conceptions of wellbeing. Most descriptions talked about 'the whole person', 'the different elements of life making up a whole' and/or 'the harmony of life's different elements'. Issues which allowed people to flourish and feel fulfilled included:

- Maintaining a valued lifestyle, valued roles or activities,
- Feeling safe, valued and respected by (and linked into) friends, family, the community and wider society,
- Being able to participate in everyday social and community life on equal terms, and
- For some, faith as an important personal and cultural vehicle to wellbeing.

However this contrasted with more negative conceptions. Accounts people gave of things that negatively affected their own wellbeing highlighted the extent to which the concept is nuanced by difference. There was significant diversity in the range of issues people discussed and this diversity was particularly salient when respondents reflected on the ways in which their wellbeing was compromised. Differing accounts reflected diversity and difference in terms of things including ethnicity, gender, life stage, significant life event, environment, circumstance, labelling, stigma, exclusion and personal experience.

These findings are coherent with those in *Towards a Mentally Flourishing Scotland* (NHS Scotland 2007) which suggest that people who are subject to discrimination in its many forms (such as racism, sexism, homophobia, ageism and discrimination on the grounds of disability) or are victims of violence or abuse or who are socio-economically deprived are more likely to experience poor mental wellbeing. Such findings emphasise the challenges of delivering Help Direct to heterogenous communities across Lancashire. Similar literature exists in relation to Black and minority ethnic groups and mental health care.

Despite younger adults being underrepresented in the sample, we found that conceptions of mental wellbeing are likely to alter over the life-course, suggesting that wellbeing is not a static concept. Respondents of different ages tended to prioritise different elements of their lives and relationships at different stages of life**.** These findings cohere with those of Jokisaari et al (2004) which indicate that the wellbeing of young adults is more strongly related to relationships and leisure than for middle-aged and older adults whose wellbeing is more strongly related to work and family.

Issues affecting wellbeing

The range of different issues identified in the telephone questionnaires and focus groups defies simple categorization and hence there is a danger of reducing differences for the sake of coherence within the report. This said, the accounts people gave suggested that both positive and negative conceptions of wellbeing reflect people's opportunities and their capacity to maintain culturally relevant, valued lifestyles, valued roles or valued occupations. Many people who felt that their wellbeing was poor reflected on life changes or events which had led to them losing a sense of themselves because they were not able to continue with previous roles or activities.

For example, many of those with head injuries, and their carers, described a very difficult process of learning to live with a new reality. It was clear that getting out and about and being able to make use of normal everyday facilities was central to their wellbeing and independence.

A number of women spontaneously referred to bereavement as a life event which had severely affected their own wellbeing, identifying the need for support in adjusting with such a major event. The following case example also emphasises how significant life events (in this case health related) can influence the possibility of maintaining valued roles and lifestyles.

Case example

A 60 year old man from Chorley described the following:

I have had lung cancer and I now have real problems walking very far at all. I used to be very involved with rubgy league and used to go to a lot of home and away games with other friends on the coaches. Now it is really very difficult to go to the games because most of the stadiums are not modified for wheelchair users, they have too many steps and it's really just too much of a feat of organisation to go.

When asked to describe his support structures he said:

In practical terms I have just had to put that part of my life on hold.

What these examples highlight is that significant life events can affect ones wellbeing by interrupting or breaking personal and social networks. What people often valued in addressing such issues was forms of support and information and/or guidance that provided an opportunity to rebuild old networks or to develop new ones. Recent policy initiatives stress the need for services to help people maintain their independence by giving them greater choice and control over the way in which their needs are met. These findings suggest that interdependence is as important in relation to promoting wellbeing as independence.

> *Central to a 'good life' in old age is the value attached to inter-dependence: being part of a community where people care about and look out for each other; … and an emphasis on mutual help and reciprocal relationships.* (Godfrey 2007).

Many suggested that dealing with life changes related to ageing or significant life events was a process that involved optimising opportunities and adapting to inevitable and unexpected changes in circumstance. As Godfrey (2007) suggests:

> *Ageing is not just about decline, nor even about maintaining an even keel. It is also about seeing and seizing opportunities and actively managing transition and loss. However, there is considerable variation in the resources available to people to deal with changes that accompany ageing.*

Respondents in this research suggest that an ability to adapt is often significantly affected by personal and social circumstances as well as by cultural expectations. The findings from this research are in agreement with recent work in Scotland (Newbigging et al 2008) which found that the conception of mental wellbeing for Pakistani and Chinese communities was inextricably linked with family and material and spiritual wellbeing, although their relative emphasis was different.

The development of Help Direct Gateways in Lancashire is an investment in a preventive strategy linked to maintaining independence, health and wellbeing. Our findings suggest that for many participants this conception was weak and far from universal, and this may have implications for the marketing and communications strategy adopted by or for Help Direct. It is vital that an appreciation of these points informs the approach to assessment, problem solving and information giving taken by Help Direct staff. People appear to value approaches which help them maintain, rebuild or reformulate their sense of self.

Summary: Wellbeing

- Maintaining a valued lifestyle; feeling safe, valued and respected; opportunities for participation and, for some, faith are important elements of wellbeing.
- Accounts given of the ways in which wellbeing is compromised reflect diversity and difference.
- People value forms of support, information and/or guidance that provide an opportunity to rebuild old networks or to develop new ones.
- For some interdependence may be a more useful notion in promoting wellbeing that independence.

5.2 Understanding Help Direct

Views of Help Direct

The vast majority (64%) of those in the telephone interviews viewed Help Direct, in principle, as something that might be 'very valuable' or 'valuable' to them personally; and an even higher figure (81%) felt, in principle, it sounded like something that might be 'very valuable' or 'valuable' to the local community. Three important notes of caution should be attached to these seemingly positive findings;

1. The sample for the telephone interviews was narrow in terms of gender and exceptionally narrow in terms of ethnicity;
2. Having been recruited as a result of contact with LCC and/or partner agencies the sample is one which is 'de facto' in contact with some local service structures and hence not particularly 'marginalised';
3. It is important to emphasise that, in this section of the questionnaire, people were being asked to rate the idea of a new support structure. We might question how many people would argue that a new support structure was, in principle, a bad idea?

These three concerns highlight the need for the analysis to be rooted in the points of difference between the findings from the telephone interviews and those from the focus groups, and to address people's concerns about how Help Direct will be implemented.

Attitudes to using Help Direct

In the telephone interview sample the vast majority of those who reported possible disincentives to use gave answers which indicated a pride in their own independence, with small numbers indicating concerns about duplication of existing provision, and a very small number communicating fears that they or their needs would not be understood.

Although most in the focus groups also thought Help Direct sounded like a good idea in principle, a greater proportion expressed concerns about using Help Direct and about how it might work in practice. Many of these concerns appeared to be different from those

expressed by people in the telephone interviews. For example, whilst almost no one in the telephone interviews described a process of deciding 'is it for us?', for many in the focus groups this issue was at the front of their minds. The vast majority of those in the focus groups who communicated concerns discussed perceptual barriers which related to trust, understanding and perceptions of help seeking. Many were concerned about whether they would be understood or listened to (especially over the telephone), the make-up of staff teams (in particular in terms of age and ethnicity) and the skills of staff (in terms of knowledge, understanding, approachability, language and understanding issues for different populations and interest groups).

Those in the focus groups from Black and minority ethnic communities were particularly concerned about issues related to knowledge and trust of statutory sources of information and advice. Some suggested that the way that support is described, communicated and talked about may be vitally important in determining the level of uptake from certain communities. South Asian women in particular reflected on difficult and embarrassing experiences in accessing services in the past which had left them feeling stupid. They expressed the view that many people in services do not have an appreciation of the religious context of South Asian identities which can make it difficult to connect with people in a useful way, a vital factor in successful problem solving, signposting and advice giving.

Black and minority ethnic groups suggested they would be particularly concerned to test out the views and experiences of others in their communities as part of decisions about whether to use this service. They emphasised the importance of Help Direct engaging in 'real' partnership work with community organisations in order to successfully deliver elements of advice and support into specific communities. People described what they saw as a poor history of partnership work with the various Black and minority ethnic communities in Preston, feeling that much activity that is described as partnership is superficial. They also stressed that many community groups are small, informal and currently below the radar of LCC, emphasising the need for ongoing grass roots promotion and marketing activity.

Sources of information, advice, guidance and support

People's accounts of seeking and receiving information, advice and support clearly emphasise, for many, the significant role played by family and friends in the delivery of practical support.

Case example

An older woman from Fylde described how her mobility had reduced significantly over time which had left her unable to do lots of jobs in the home and garden.

I feel as though I cannot keep up with tidying the home and moving things around, it sometimes gets me down. My family really help me. I have two very good sons in law, they do all the heavy moving around for me, I do not know where I would be without them. I do not know who I would rely on if I had no family.

Many of the accounts of those without families emphasised that they often had to or chose to rely on asking friends and neighbours to do favours.

Case example

A middle aged, wheelchair using, male describe how he wanted to enjoy being outside and doing the garden but not feeling it is a burden. He often feels stressed about jobs getting on top of him and feels exhausted every time he does it. He has asked a few

friends, but tends to feel guilty because they are busy and it does not feel good always to be asking for favours.

These accounts also emphasise that people's expectations about support are located in their personal, social, environmental and cultural circumstances.

Case example

One older woman described how her husband has Alzheimer's. *He is from Eastern Europe and has very traditional views, he only wants me to care for him, is very controlling and won't let me go out. This is very stressful. I get stressed with the caring responsibilities and my husband being controlling and suspicious.* Because of her husband's views she did not feel she could approach others for support, despite clearly communicating a need for respite care.

Some people who really need advice, guidance and/or support will prefer to seek it from their family or community and may chose not to use statutory provision despite being aware of its availability, as the Nguza Saba group made clear.

General practitioners and health commissioners recognised the same issues, suggesting that when they refer people on to forms of support in the community they find the 'Do Not Attend' rates are high because many people need some direct support to give them the confidence to attend. Hence, they suggested that Help Direct will be most successful if it operates on the basis of a very detailed micro-knowledge of local communities, engages in grass roots promotion activity and provides relevant information, advice, guidance and support to specific communities.

Summary: Understanding Help Direct

- Most agree that the idea of Help Direct is, in principle, a good one. However some suggest that how it works in practice is most important
- Those with a greater knowledge of the system and/or those from minority or marginalised groups raised concerns about issues related to knowledge and trust and the capacity of the service to understand and engage with their concerns, highlighting a risk that contact may be negative and serve to undermine their, possibly fragile, confidence.
- Family and friends play a significant role in the delivery of practical support and therefore Help Direct needs to consider how to market and provide information targeted at this group.
- People's expectations about support are located in their personal, social, environmental and cultural circumstances. This emphasises the need for cultural competence and locally relevant cultural specificity.
- Many people who need information, advice and/or support choose not to access formal sources of support

5.3 Implementing and promoting Help Direct

Putting principles into practice

The success of Help Direct is likely to depend on how it is implemented. A key issue for workforce development and for marketing the service is recognition that people do not seek help lightly and may well expect to have an answer to their difficulty and to feel better as a result of the contact.

It is worth at this point drawing on the work of the Picker Institute which conducted a study which examined how patients, service users and carers currently find out about locally available services and how to access them. The findings confirmed that people need timely, personalised help to navigate the routes to relevant information. Of particular relevance are their recommendations for the establishment of signposting and navigation as a form of information provision. These included:

- Each local area to have a central, easily identified information contact point, staffed by people skilled in online searching, to act as a conduit to more specialised and personally relevant information services;
- The information point should be responsible for gathering and disseminating information on all health, social care and voluntary sector services within the local area;
- A new cadre of information brokers should be created who can provide leadership and coordination across boundaries.

The report also confirms the lack of coordination between information providers across boundaries (geographical, sectoral and organisational) and that it is rare for an individual or organisation to take responsibility for providing relevant information about the entire range of services available. Further, they found a lack of effective signposting to the plethora of information that is available, so that the service user is often left to dig it out for themselves, but may not know what it is they need to know.

It is clear that strategies around implementation, promotion and marketing need to consider the serious concerns leveled by some groups around knowledge and trust of statutory information and services.

Partnership working

Partnership working looks likely to be both a priority for lead organisations and a political issue for some communities and organisations. Many in focus groups identified community organisations (some below the radar) as vital to delivering elements of advice and support into specific communities and some suggested they may need to operate as ‘Help Direct outposts’.

Representatives from some Black and minority ethnic organisations have specifically criticised what they see as a poor history of partnership working locally. All these findings suggest that the approach to partnership working will be a critical element of success in implementing Help Direct.

There may be a low degree of engagement with certain groups because of how Help Direct has been set up. Groups which made bids to lead Help Direct and were not successful still need to be engaged which could be political and difficult. Other groups which have not been engaged and wonder why and this also needs managing.

Profile and information

The profile that Help Direct presents is very important and it will be essential to communicate a clear message about the function of Help Direct in ways that people will understand. Almost all respondents agreed on the need for a very simple and straightforward set of aims, objectives and activities. Descriptions of Help Direct must:

- Demonstrate that it is simple to understand and simple to use;
- Communicate honestly what it does well (perhaps most usefully illustrated by case examples reflecting the diversity of concepts of wellbeing).
- Communicate a care, concern and value for all different local people;
- Communicate a connection with and/or a ownership by the community; and
- Show it can communicate and deliver the service to different groups (e.g. need for multiplicity of methods for providing information - age for example seems to emerge as most striking in terms of influencing preferences for receiving information).

This raises an issue, unexplored in this research, about the type of information required. The conception emerging through our interviews and focus groups was one of practical problem-solving. Participants suggested that the extent to which this is met will influence satisfaction with Help Direct.

Three main sources of information were prioritised:

- Some like things by post as it gives them time to look it over at home;
- Some like to get information by telephone in order that they can speak directly about their own situation;
- Some like the internet because they feel information is less likely to be out of date (however the Picker Institute report (2007) suggests perceptions about online information being up to date may not always be accurate).

Location

When asked where would be the most convenient place to access Help Direct, the library (35%), community centre (25%), council office (14%) and Health Centre or GP (13%) were the most popular choices (but the sample is very skewed). Ninety three per cent indicated a willingness to travel but 33% would only travel 1 mile and 42% would only travel 5 miles. This issue is affected by car ownership.

What mattered more to many people was how Help Direct's lead organisation will relate to established community and issue based organisations they already engage with. Community level promotion and delivery were viewed as vital ways to develop trust and facilitate referrals. Some respondents felt that there may be benefits to being co-located with health centres, or the library.

Duplication of existing services

Importance of coordinating information is stressed at a national level and within LCC's policy and approach but at a local level this can translate into concerns about the introduction of a new service duplicating or replacing existing valued and trusted services. This raises similar issues to those highlighted in the Picker Institute report about how the new organisations need to work across boundaries - organisational, sectoral etc... and attention needs to be paid to this at an early stage of implementation. How this is happening will also need to be communicated clearly.

Some elements of culturally competent and culturally specific delivery

The findings suggest that cultural competence is essential in all areas and that each district will need to consider what culturally specific service elements might be necessary. Some important considerations include:

- A concern to promote the service at a grass roots level to provide knowledge and understanding and engender trust;
- Staff that users can identify with (culture, religion, age, gender);
- Staff that users can talk to in the users chosen language;
- Staff who demonstrate an interest in the user and his or her situation and discuss options (problem solving and signposting), not simply a desire to elicit relevant information and direct you to a service (directing); and
- An understanding that views of independence, dependence and autonomy are culturally located.

Further, it raises some questions about the degree of agency being assumed. The notion of 'being directed' mentioned by some participants suggests a different view of agency from that of 'signposting'. This seems to be at the heart of, and arguably the most difficult aspect of this policy initiative.

Brand confidence

GPs were very concerned about 'brand confidence' because sending clients to a poorly run service which might fail to help will reflect on them as professionals. They suggested that promotional materials should make clear the extent and range of issues and problems Help Direct can deal with well. These concerns have also been leveled by other first contact professionals in work undertaken by LCC. The GPs had confidence in the LCC and NHS brands although, perhaps unsurprisingly, these were not shared by some in the focus groups.

Summary: Implementing and Promoting Help Direct

- Most respondents agreed that the success of Help Direct will depend on how it is implemented. Staffing (age and ethnicity), language and location were all identified as important considerations.
- People do not seek help lightly and may well expect to have an answer to their difficulty and to feel better as a result of the contact. Some prefer ideas of cradling and support to that of direction.
- Help Direct must be realistic about what it can do well. It must be careful not to mismanage or inappropriately raise people's expectations about what might be available locally and what can and cannot be delivered.
- Partnership working looks likely to be a priority issue in addressing concerns around trust, knowledge and engagement. Real concerns exist about the introduction of a new service duplicating or replacing existing valued and trusted services.
- Help Direct may be most successful if it operates on the basis of a very detailed micro-knowledge of local communities, engages in grass roots promotion activity and provides relevant information, advice, guidance and support to specific communities.

- Cultural competence in service delivery is essential in all areas and each district will need to consider what culturally specific service elements might be necessary.

6. RECOMMENDATIONS

Recommendations

Recommendation 1: A commitment to person centred culturally relevant wellbeing

Commentary

In this research conceptions of wellbeing reflect people's opportunities and their capacity to maintain culturally relevant, valued lifestyles, roles or occupations and, for some, faith as an important vehicle to wellbeing. For many life changes or events led to a loss of a sense of self by interrupting or breaking personal and social networks, roles or activities.

Dealing with life changes involves optimising opportunities and adapting to inevitable and unexpected changes in circumstance. However the ability to adapt is often affected by personal and social circumstances and cultural expectations.

What people value, is forms of support, information and/or guidance that provide an opportunity to rebuild networks or to develop new ones, not simply assessment and onward referral. Whilst much policy stresses the need for services to help people maintain their independence our findings suggest that helping people develop and maintain interdependent lifestyles that they value in their cultural context is equally important in relation to promoting wellbeing.

Recommendation 2: Lead organisations must be honest about what they can do well and not raise unrealistic expectations

Commentary

It is vital that the approach to assessment, problem solving and information giving taken by Help Direct staff is based on an understanding that people value approaches which help them maintain, rebuild or reformulate their sense of self.

Help Direct must be realistic about what it can do well and must be careful not to mismanage or inappropriately raise people's expectations about what might be available locally and what can and cannot be delivered. Honesty and truthfulness are valued higher than being able to offer some form of (possibly inadequate) assistance

Recommendation 3: Lead organisations must demonstrate a genuine commitment to 'real' partnership working

Commentary

Partnership working looks likely to be a priority in addressing concerns about trust, knowledge and engagement. Real concerns exist about the introduction of a new service duplicating or replacing existing valued and trusted services. Staffing (age, gender, faith and ethnicity), language, and location are important considerations.

Black and minority ethnic groups are concerned to test out the views and experiences of others in their communities as a part of decisions about whether to use this service. They

emphasised the importance of Help Direct engaging in 'real' partnership work with community organisations in order to successfully deliver elements of advice and support into specific communities.

Recommendation 4: A commitment to delivery based on a local understanding of diverse needs

Commentary

The vast majority of participants viewed Help Direct, in principle, as something that might be valuable. However specific groups are more likely to be confused about the idea and to be concerned about whether it will meet their needs. Black and minority ethnic communities were particularly worried about their knowledge of, and trust in, statutory sources of information and advice.

Expectations of support are based on personal, social, environmental and cultural circumstances. People's accounts of seeking and receiving information, advice and support clearly emphasise, for many, the significant role played by family and friends in the delivery of practical support. Some will prefer to seek advice, guidance and/or support from the family or community and may chose not to use statutory provision despite being aware of its availability

Help Direct may be most successful if it operates on the basis of a very detailed micro-knowledge of local communities, engages in grass roots promotion activity and provides relevant information, advice, guidance and support to specific communities. Cultural competence in service delivery is essential in all areas and each district will need to consider what culturally specific service elements might be necessary.

Recommendation 5: The logo should be bright eye catching and bold

Commentary

Most agreed that the logo should be bright, eye catching and bold and some felt it ought to communicate honesty and community ownership.

Of the logos produced by LCC, the one with a yellow arrow was the clear favourite.

Appendix 1: The International School for Communities, Rights and Inclusion

The International School for Communities, Rights and Inclusion (ISCRI) is a new and dynamic body at UCLan which has absorbed the principal functions and expertise of the Centre for Ethnicity & Health (CEH), and brought them together with those of the Centre for Professional Ethics (CPE), the Centre for Volunteering and Community Action (CVCA), the Institute for Philosophy Diversity and Mental Health (IPDMH) and Islamic Studies.,

The School builds on the success and innovation demonstrated by CEH over the last decade in its extensive work with diverse groups who experience discrimination and/or disadvantage[1]. The guiding ethos that has underpinned CEH's community-based research, now managed within ISCRI, is that the process should benefit those who are being researched. Through this approach acclaimed models of community engagement and organisational change have been developed.

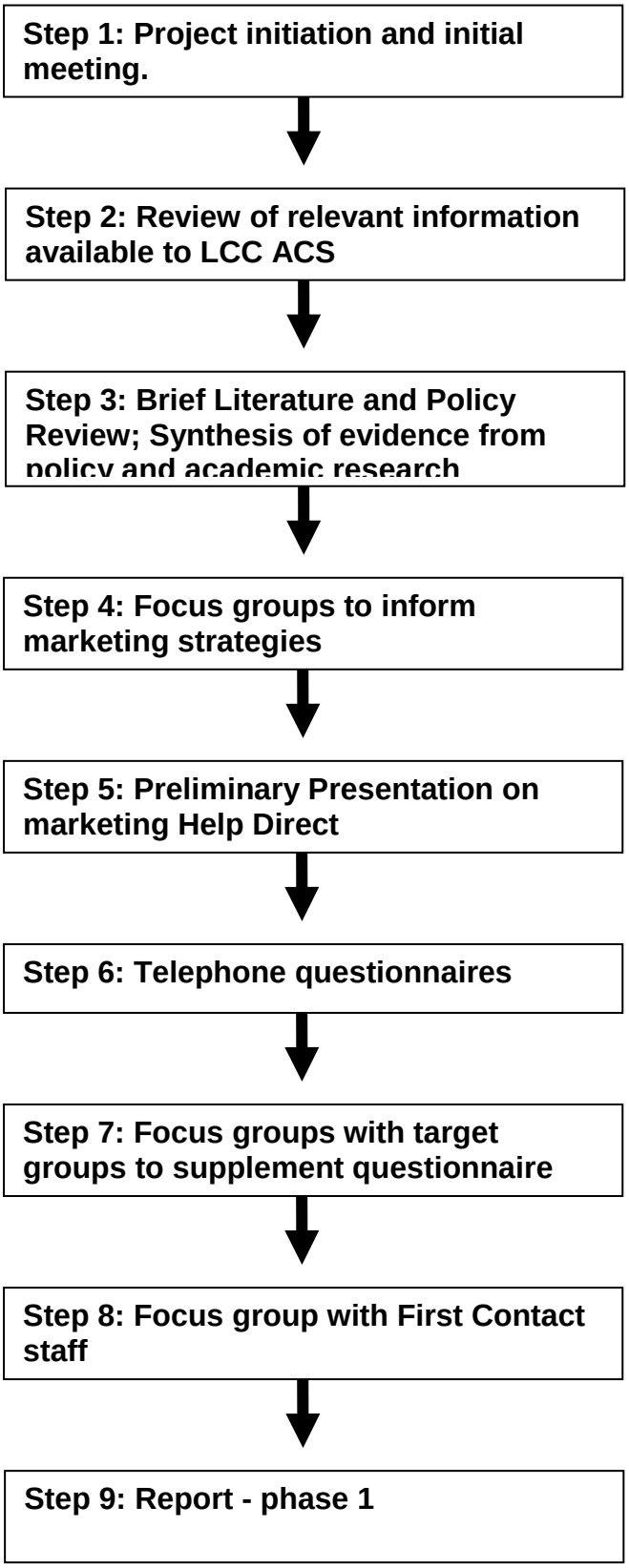
The model of community engagement pioneered by CEH is distinguished by the way it dynamically engages community groups and individuals through their direct collaboration with a wide range of service providers and planners. This model has previously been implemented successfully across a wide variety of communities. These have represented some 35 different ethnic groups and nationalities with programme funding of over £12 million provided by central government and regional and local agencies for engaging over 300 community groups. More than 1,500 individuals have been recruited: consulting and engaging over 40,000 community members. These programmes have been commissioned specifically to address recognised gaps in the engagement of marginalised and excluded communities in meaningful and sustained ways in the design, development and delivery of a range of public and voluntary sector services (eg policing, criminal justice, problematic drug use, mental health, regeneration, sexual health and education).

CEH now finds a home within the new international school at UCLan which will dynamically develop its work in key areas. The new School combines four existing Centres with a number of subsidiary Institutes and programmes into a cohesive arrangement.

ISCRI has a newly established partnership with the British Muslim Heritage Centre in Manchester bringing important networking opportunities for academic collaboration and development in the Gulf and Middle East, in South Asia, and across the world. ISCRI's focus also revolves around community action, social enterprise and with the strengths of CPE and IPDMH will create an international Institute of Mental Health.

[1] These have included Black and minority ethnic communities; refugees and asylum seekers; offenders; people with disabilities; mental health service users; lesbians, gay men, bisexual and transgendered people; older people; and young people at risk of developing health and social harms.

Appendix 2: Overview of process



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