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Better Health for Ex-Seafarers Project: Evaluation Report

FINAL E

Report by Malcolm J. Fisk
Insight Social Research Ltd. PO Box 14
Ferndale CF43 9AJ
Tel: 01433 733733
www.researchatinsight.org

INSIGHT SOCIAL RESEARCH LTD

1. Introduction

This report offers an evaluation of the Better Health for Ex-Seafarers Project (BHES). It concludes (see Section 4) that the Project has satisfied the objectives set and delivered on most of the desired outcomes. It, in addition, provided good pointers to the success of 'brief interventions' in establishing both the preconditions for and stimulating behaviour change among a significant number of ex-seafarers.

As noted in the Project Report, BHES began in 2010. It responded to some of the 2007 findings of the report for the Maritime Charities Funding Group (MCFG) entitled 'Supporting Seafarers and their Families: Challenges for the Future'.[1] Those findings, drawing on substantial research, pointed to the consequences of seafaring lives as being frequently manifested in higher rates of social isolation, poverty and poor health. These consequences needed to be considered in a context where, in general, 'older' seafarers had retained lifestyles in which their determination to be self-reliant could be associated with a disinclination to seek help when faced with needs arising from health or disability challenges.[2] As noted by one respondent to our survey of service users (see later)

> *We* [ex-seafarers] *are an odd bunch of characters. We've looked after ourselves for years and are reluctant to go to the doctor's.*

Included in the recommendations of the 'Supporting Seafarers' report were the need for attention to the ways in which older seafarers could be 'helped to access local community-based services that can support their independence' and for on-going support for 'initiatives that improve older seafarers' access to healthcare'.

A more substantial document, supplementing the 'Supporting Seafarers' report, set out 'The Welfare Needs of Older Seafarers and Their (Older) Dependents'. Notable, within a methodology that included telephone interviews with maritime charities and focus groups with older seafarers in eight ports around the United Kingdom, was a postal survey (including former seafarers from the naval service, merchant navy and fishing fleet) which elicited nearly 1000 responses. Evident from this research was the 'very high proportion of older seafarers and their dependants (who) reported poor health' at least some of which was attributed to their lives at sea and associated lifestyles. For some, in addition, retirement from seafaring had resulted in reduced social networks and an increased experience of debt and poverty.[3]

At the same time, however, this earlier research found that there was a clear wish among the ex-seafarers to remain independent. The report opined that 'much of that independence and self-determination depends on people being in control which, in turn, means that information and help to make decisions will increasingly be needed. The maritime charities need to be able to respond with

[1] That part of the research for the MCFG report which focused on older people who were ex-seafarers was undertaken by Insight Social Research Ltd and Opinion Research Services Ltd.
[2] The MCFG report focused on older as opposed to ex-seafarers. Older seafarers were defined as over 60 years of age. Ex-seafarers eligible to join the BHES project were required to be over 50 and with a minimum of 5 years at sea or have had their seafaring career curtailed by accident / injury at sea – but with priority given to those who were seen as most likely to benefit.
[3] Insight Social Research Ltd. and Opinion Research Services Ltd. (2007).

such information and, if not providing it directly, to act as advocates and/or signposts to other services.' The findings of this report (and 'Supporting Seafarers') are drawn upon as necessary in this evaluation.

Hence the decision made, by three maritime charities supported by the MCFG, to set up the BHES Project and appoint an appropriately skilled practitioner.[4] That practitioner would, in his/her activities, test the merits of interventions (including signposting) that would bring about, for ex-seafarers in need:

- greater knowledge and understanding (of their own health);
- increased preparedness to take responsibility for their own health (including improved medication compliance); and
- evidence of positive behaviour change;

in a context of

- increased information around service provision for ex- and serving seafarers.

BHES would also, it was considered, provide pointers to required changes in service provision (whether or not potentially involving maritime charities) whereby improved access to services for ex-seafarers could be brought about.

In setting this context for BHES, it is important in addition, to note a sub-theme that linked directly to the lifestyles of ex-seafarers. This related to family and (seafaring) community 'dynamics' and in the social norms that had, it was clear, related to seafaring. It was recognised, therefore, that any endeavours to improve the situation of ex-seafarers would also be likely to relate, at least in part, to changing the lifestyles and norms of *working* seafarers. This, of course, relates in the most part to men. The health behaviour of many would, therefore, reflect a self-view related to, as noted by a recent European overview of men's health, 'physical toughness, risk-taking and heavy drinking'.[5]

In practice, the path of BHES took a slightly different direction to that which was originally intended. This arose, in part, from its success in recruiting a 'practitioner' whose expertise was significantly wider than that title would imply. The person appointed, therefore, took the reins and responsibility as 'Health Project Advisor (HPA)' for the conduct of the Project. She was responsible to a 'Core Group' and benefited from additional ideas and advice through an 'Advisory Group'.[6] Both that expertise and the early initiatives taken by the HPA led, after consideration by the Core Group, to adjustments. These adjustments included

- confining BHES to three (of the five) local authority areas of Merseyside viz. Wirral, Liverpool and Sefton;
- linking BHES to a further project (also based with the Nautilus Welfare Fund at Wallasey) involving case-worker support (providing advice and support to seafarers, ex-seafarers and their dependants in relation to financial issues);
- reducing the extent to which BHES would be concerned with 'interventions', this enabling a stronger focus on making links and signposting to established services or sources of information; and
- reducing the number of ex-seafarers that the Project would seek to support.

[4] The three funding charities involved are the Nautilus Welfare Fund, Seamen's Hospital Society and the TK Foundation.
[5] White et al (2011) "The State of Men's Health in Europe", European Commission Directorate General for Health and Consumers. In this overview men's life expectancy is pointed to as 6.1 years less than that of women.
[6] The 'Core Group' comprised representatives of the MCFG and two of the funding charities – the Nautilus Welfare Fund and the Seamen's Hospital Society; plus Insight Social Research Ltd. as project evaluators. The 'Advisory Group' comprised external stakeholders on Merseyside drawn from maritime and other charitable agencies, local authorities, health trusts and academia.

Such adjustments are neither considered to have detracted from the BHES's core purpose nor to have undermined the veracity of its outcomes.

With regard to the methodology adopted, this is well set out in the Project Report written by the HPA. This attests to BHES being rooted in needs that relate directly to public health. It is, in other words, primarily concerned with the effects of lifestyles and behaviours on personal health and wellbeing. More crucially it is concerned exploring the ways in which limited interventions for individual ex-seafarers can influence the same and lead to personal health and wellbeing gains.

The Project Report documents key activities as, on the one hand, being focused on ex-seafarers in need; and, on the other hand, on developing links with statutory and voluntary agencies by which their awareness of the needs of ex-seafarers (and the support available through different maritime charities) was increased. With regard to activities focused directly on ex-seafarers these, in essence, comprised recruitment, face to face interviews, the provision of information and advice, identification of sources of support; and facilitation of links, where appropriate, to those sources.

It can be noted that at May 2012, the Project could report 35 participants for whom (per the Project Report) there had been 'significant contact'. Five others were pending (i.e. awaiting visits from the Health Project Advisor). As would be expected, most (all but two of the 35) were men. The average age was 71 (relating to an age range from 60 to 91) with an average period of 36 years sea service. For most of the ex-seafarers, therefore, there can be absolutely no doubt about the extent to which seafaring will have left its mark.

The fact that the ex-seafarers in the Project experienced, on average, four (reported) health conditions was, it is considered, unsurprising given the findings of the 2007 MCFG report – where a remarkable 82% of older seafarers and their dependants, in their responses to a postal survey (in 2006), stated that they had 'poor health'. The fact that half (49%) lived alone is also in line with findings from the research that backed-up the 2007 'Supporting Seafarers' report - where 54% of respondents were single householders. In addition, within BHES, it can be noted that 51% of the ex-seafarers were home owners (compared to 56%).

The desired outcomes of the BHES Project were noted at the outset. Its objectives were to

- reach a significant number (50) of ex-seafarers aged 50+ with health needs but who have limited or no contact with sources of health and social care provision;
- identify their perceptions of their needs in relation to health and well-being services;
- establish partnership working with statutory community and third sector service providers to influence provision for ex-seafarers;
- signpost or provide services or interventions that fulfil the identified health and well-being needs of ex-seafarers;
- identify possible opportunities for volunteers to maintain, facilitate or support the BHES Project; and
- consider the merits of a range of health and wellbeing interventions in relation to the target population.

2. Health and Lifestyles

All maritime charities bear testimony to the fact that seafarer lifestyles are in many ways different from those of people in other jobs. And given the rigours of working at sea, with its varied dangers and the movement and vibration associated with sea-going vessels, it is entirely predictable that there will be consequences in terms of the extent to which ex-seafarers disproportionately experience health problems in the form of, at least, arthritis in the hips or knees – and its consequences in terms of pain and reduced mobility.[7]

What makes BHES so important, however, is its endeavour to address needs that, in part, arise from health needs that may be shared with others, but which also relate to the behaviours that draw from the social norms and the camaraderie of seafaring. In considering the nature (and size) of the challenge, it can be noted from the Project Report that 'a majority of the participants were or had been regular or heavy drinkers' as recognised in the words of one ex-seafarer

Alcohol is the glue that keeps ex-seafarer networks together.

The paradox is, as pointed out in the Project Report, that social networks are important to health whereas alcohol can, of course, be damaging. The same was noted as true for smoking – though the position has been different since the ban on smoking in 'enclosed public spaces'. The dangers that relate to excessive alcohol consumption and smoking are not discussed here, but their significance in the context of ex-seafarers is great.[8]

The challenge for BHES was, therefore, substantial. It sought to identify a way of engaging with ex-seafarers who might have been firmly rooted in 'inappropriate' lifestyles (from the point of view of their health). The challenge of behaviour change was, therefore, likely to be a difficult one to grasp - with some kinds of interventions being unlikely, at least for some, to elicit desired behaviour changes.

With regard to the nature of interventions made through the Project, initial thought was given to health training, social prescribing and telecare / telehealth. The last of these stands to one side, relating as it does, to specific service frameworks delivered or accessed through communications technologies. As is noted in the Project Report however, telehealth, that is health services delivered in the home mediated by communications technologies, is seen as a service option for some 10 or more of the ex-seafarers.[9] Social prescribing, meanwhile, where clinicians steer patients, especially those with depression or other mental health problems, towards social activities rather than provide medication, was seen as somewhat out of scope for BHES as it was formulated.[10]

Health training was, however, recognised as germane to BHES insofar as it related to a 'family' of interventions that are concerned both with informing and encouraging people regarding their health and also with nurturing (where needed) the motivation to self-manage (albeit with support from healthcare practitioners) in relation to their health needs.[11] The 'brief advice' that is pointed to in the Project Report

[7] The varied dangers are numerous including abnormally high levels of death and accident, and some specific illnesses arising e.g. from exposure to asbestos.

[8] White et al (2011) gives a good appraisal of the health impact of excess alcohol, smoking, poor nutrition and lack of exercise.

[9] The proviso was added in the Project Report 'should it become available to them'. A full description of the way that telehealth services are emerging is available from the work of the TeleSCoPE project led by Coventry University - see www.telehealthcode.eu .

[10] Social prescribing is described in Brandling J and House W (2009) "Social Prescribing in General Practice: Adding Meaning to Medicine" British Journal of General Practice 59 (563) pp454-456.

[11] The reference to a 'family' of interventions recognises a number of overlapping approaches. As well as health training (or health coaching) these include motivational training (or coaching), wellbeing support, social marketing, positive behaviour support, total communication, floating support, brief advice and assertive outreach. Several of these are noted in the Project Report. Some give a 'nod' to cognitive behavioural therapy (CBT) or solution-based (brief) therapy (SFBT) as underpinning

(as describing the nature of the interventions made) is, in fact a form of health training. It is pointed to by the North West Public Health Observatory (in a review of behaviour change interventions) as having been shown to be to some extent successful in the context of smoking cessation and reducing alcohol consumption.[12] It brackets brief advice alongside 'brief interventions' and 'motivational interviewing' but always with an emphasis on the individual who may be a beneficiary. Significant also is their noting that the 'skills of the individual delivering the intervention (being) of greater importance than their formal role'. Such skills were not seen as necessarily those that should be developed by training to or for 'professionals'. Indeed a greater potential success of such interventions was signalled when made by those not seen as professionals – a matter that might be re-cast as one where individuals are less likely to respond to interventions when made by people from within statutory services.[13]

The emphasis for BHES was, therefore, that of 'brief advice' (as noted in the Project Report). But it shared a key objective with health training in that it sought to engage with people in order to provide information and acting as a stimulus to behaviour change.

3. Methodological Issues

Some key elements of the methodology have been alluded to. Each is noted, in turn, below.

Recruitment of Ex-Seafarers

The Project Report sets out the different avenues by which ex-seafarers were recruited.[14] This involved both leafleting in venues where ex-seafarers were known to get together and stimulating the interest of ex-seafarers through local newspapers to broadcasts on local radio.[15] A launch event was held (combined with the Caseworker project) at the Eldonian Village. More straightforwardly, two maritime charities contacted people from their lists of beneficiaries in order to inform them of BHES. The extent of this 'broader' endeavour, aimed at reaching those who might have needs but who were not known to maritime charities, is recognised and noted in the Project Report where the HPA observed that, for many 'it has been evident that even those [ex-seafarers] who are linked in to the maritime world in some way – via a union or a social network of ex-seafarers – still do not know that help is available to them.'

Most ex-seafarers who engaged with the Project were already in contact with maritime charities (notably Nautilus Welfare and the Shipwrecked Mariners' Society) but a sizeable minority were not. Hence it can be noted that 11 of the 35 engaged responded to media coverage or found out about BHES through Merchant Navy networks.[16] Of the others it can be noted that several ex-seafarers who engaged with the Project were already beneficiaries of financial advice through the parallel Caseworker Project managed by the Nautilus Welfare Fund. Cross referrals between BHES and the Caseworker Project (6

the approach taken. Others reject any link to 'therapy' on the grounds that, for many, this medicalises what are essentially responses to social challenges as much as dealing (if at all) with medical problems. Health trainers, meanwhile, may be styled as such or, alternatively as coaches or champions and much more.

[12] North West Public Health Observatory (2011) "A Review of the Cost-Effectiveness of Individual Level Behaviour Change Interventions", Liverpool.

[13] This may be a matter for further research.

[14] The HPA had been remitted to endeavour to make contact with ex-seafarers who could be regarded as 'hard to reach' and might have the greatest needs (and *ipso facto* the greatest possibility of benefitting from the Project).

[15] The Project Report provides useful additional information.

[16] Merchant Navy Networks included the social network focused around the Eldonian Village in Liverpool (the Liverpool Retired Merchant Seafarers Association).

from the latter to the former) proved to be significant – with needs being identified but which were not the initial needs presented by the ex-seafarer (and led them to contact one or other of the projects).[17]

The question arises as to how representative are those ex-seafarers who engaged with BHES of the wider range of ex-seafarers. This is a difficult question to answer. In the first instance, however, it is necessary to make clear that those who engaged with the Project had all spent most of their seafaring lives in the Merchant Navy. The numbers recruited were lower than originally envisaged – this largely resulting from the time that was necessarily expended in raising the profile of BHES and for meeting with and determining options for and with the ex-seafarers engaged in it.[18]

With regard to some ex-seafarers being 'hard to reach' and assumed therefore to be not, or less, in contact with statutory services, it is very interesting to note (and potentially exposes a false assumption) that all those recruited were registered with a GP and most had an NHS dentist. The HPA posits an interesting thesis that suggests that the self-reliance demonstrated by ex-seafarers (albeit associated with, perhaps, a reluctance to engage with statutory services) may also be reflected in their being more knowledgeable about aspects of their health – this reflecting a necessity associated with their lives at sea and, of course, their need to retain a certificate of medical fitness. If this is the case then, for many, an important pre-condition for behaviour change for ex-seafarers may already have been in place. The following comments pertain (drawn from telephone interviews with ex-seafarers who joined the Project).

> *Seamen are the sort of people who don't like charity.*
>
> *There's a lot of proud seafarers.*
>
> *Some people don't like revealing things to other people.*
>
> *It's a difficult task finding people who would come forward and say they need help.*
>
> *People need time. Some take a few goes to open up, especially the men.*
>
> *The most useful thing* [about the Project] *was information … confirming our knowledge.*
>
> *There are other seamen who want help. But they don't ask.*
>
> *There's poor fellas … they go around, they think they've got nobody and they give up.*

Of some significance, in addition, and perhaps relating to the negative views held by at least some (many?) ex-seafarers about statutory services, is the fact that the HPA visited people in their own homes. We can surmise that discussion of what can be very personal matters relating to health (or their other concerns) may be easier for some ex-seafarers in this context.

> *She* [the HPA] *actually comes to you and makes you feel more relaxed – not some stuffy office.*

Face to Face Contact

What becomes clear from the Project Report and, even more notably, in the outcomes of personal interviews undertaken by the HPA, is the high value placed by ex-seafarers on personal contact. Linked with this is the importance of trust. And following from this is the extent of the willingness of ex-seafarers

[17] Eight referrals took place in the 'other' direction – where health problems were found to be accompanied by a need for financial advice or assistance.

[18] It should always be borne in mind that the Health Project Advisor (HPA) held a part-time (0.6) position.

to develop new understandings and accept information, advice and guidance around health, lifestyles and behaviour. The fact that the HPA had significant knowledge of public health matters and saw, therefore, many issues 'in the round' (i.e. not focussed on one or more particular medical conditions) was, it is considered, very helpful to BHES. 'Solutions' to the health challenges of ex-seafarers could be seen, therefore, in terms not just of behaviour change (giving up smoking, improving diet, etc.) but also of e.g. the need for financial advice, access to better housing or assistive technologies (ranging from motorised scooters to telehealth). The Project Report notes where such 'other' advice and signposting was of importance and likely to be reflected in the health and well-being outcomes.

As also noted in the Project Report, initial face to face contact between the ex-seafarer and the HPA took place guided by a proforma and through which (importantly from the point of view of assessing any impact of interventions) self-reported measures of health and well-being were sought. Two well recognised tools for self-assessment, viz. EQ5D and WEMWBS (the merits of which are outlined below) were used.

It is clear that the HPA 'interviews' were discursive and open, enabling the ex-seafarer to express freely his/her thoughts and concerns. The nature of these interviews, as evident from the Project Report, was such as to permit the ex-seafarers to talk about that lifestyles and behaviours. The discussions (possibly a better word than interviews) served to point to reluctance to, whether current or past, or regrets about moving away from some 'harmful' behaviours and to the importance of a good social life for ex-seafarers. In addition, however, and following from the earlier point about most ex-seafarers being knowledgeable about their health, it was established that many had already changed their behaviour (notably by giving up smoking) or were prepared to consider changes to their lifestyles.

The context is, therefore, one where 'brief advice' (as detailed in the Project Report) may, for many, be *all* that is necessary to help stimulate or motivate ex-seafarers – albeit that there are shared objectives with the somewhat more interventionist 'health training'. This Evaluation Report bears testimony, therefore, to the extent to which such a 'light touch' has provided an impetus for potential changes in lifestyles and behaviours for ex-seafarers recruited to BHES.

Identification of Sources of Support; and (where appropriate) Facilitating Links

It was of great advantage to the Project that the HPA had good knowledge of services and wide-ranging contacts within different health (and related) agencies on Merseyside and in the North West. She had, therefore, a 'running start' when it came to establishing links; identifying or confirming the variety of services available and the modes of access to them; and helping those agencies to understand the needs of many ex-seafarers and of the role played by different maritime charities. Nevertheless it is clear that much new knowledge has been gained and shared – both through the day to day work of the HPA and through the establishment and meeting of the Advisory Group drawing from several agencies in the area. The Project Report and further published outputs provide, therefore, an opportunity for further sharing of knowledge.[19]

Telephone Interviews with Service Users

Information was provided by the HPA, after obtaining consent, of the contact details of service users. This enabled 22 telephone interviews to be undertaken with them by Insight Social Research Ltd. These took place in the period from June to August 2012, based on a proforma that included some 27 questions, closed and open – gathering, therefore, good qualitative and quantitative information relating to both views of the service and its impact.

[19] And, therefore, will help to enable informed decisions regarding the merits of the approach taken.

The interviews took place at a time that was convenient to respondents. They lasted from 15 to 50 minutes with the time largely reflecting the extent of their use of the service.[20] Of the 22 interviews 20 were undertaken with men. Significant is the fact that just over half of the ex-seafarers interviewed had heard of BHES via Nautilus (8 in total, this including cross-referrals from the Caseworker project) or by word of mouth (5 in total). Many said that they had passed information about BHES on to others. One had given additional support to BHES by distributing information leaflets (regarding both BHES and the Caseworker projects).

Word of mouth is usually a good thing.

I didn't know, but I know now. And what I know I tell other people.

The importance of word of mouth within the seafaring community was signalled by one respondent who affirmed that

The only person who understands a seafarer is another seafarer.

All respondents reported that BHES had been well explained by the HPA at their initial meeting with her – at a time where most had few or no expectations of the service. The clarity and usefulness of information conveyed was one of several themes that emerged in the course of the interviews. It was clear that most comments to this effect related to the HPA herself but in many instances her work was conflated with that of the Caseworker.

It takes time for you to find out about things. It takes me time to understand – And I try to understand as much as I can.

Whatever I didn't understand, they took time to explain.

They listened to my problems and solved my problems – in a professional and satisfactory way.

She put everything in a nice way, you know.

We gained a heck of a lot of information. There was a lot we didn't know.

The Project Report notes that some of the ex-seafarers already had good knowledge about their health conditions. But with regard to lifestyles it was clear from the telephone interviews that the information conveyed by the HPA was considered relevant and, in some cases, highly valuable. This is reflected in the fact that all but two of the respondents accepted the advice given, and just over half (12) stated that they changed their behaviour as a consequence. Others did not. The nature and extent of changes made is noted below and signalled in some of the verbatim quotes.

I'm very fond of chips and I'm very fond of a fry-up – I'm a bit set in my ways.

For some, echoing an early point about their reluctance to have contact with statutory services, BHES may have been seen as an antidote.

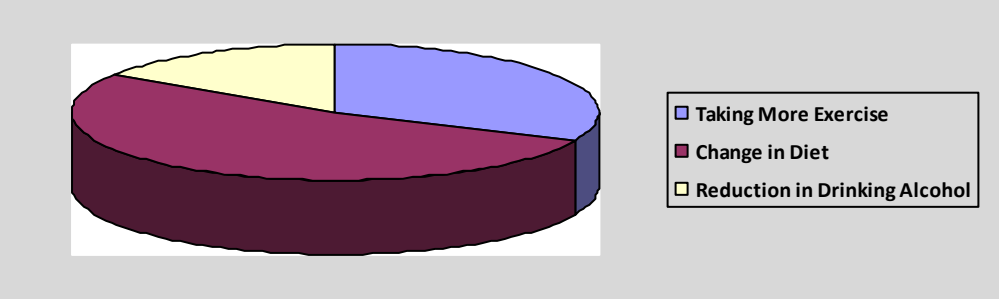
Every time I go (to the doctor's) *he finds something else wrong with me. So I don't like going.*

The doctor gives you a tablet … and he doesn't talk to you.

[20] Excluding one interview of 12 minutes where the respondent expressed his wish to withdraw from the project.

Of the 12 who changed behaviour as a consequence of the advice or information given by the HPA, it can be noted that 4 consulted with health professionals and 4 talked with family and/or friends about their health or lifestyles. Of the 10 who did not change directly as a result of their initial engagement with the HPA, it was interesting to note that 3 were (at the time of the telephone interview) thinking of changing. The changes that had been made fell into just three categories; viz. changes in diet, taking more exercise and making reductions in alcohol consumption (see Fig 1). Though not established through the telephone interviews it is clear (and as affirmed in the Project Report) that many respondents had previously given up smoking.

Figure 1: Health Related Behaviour Changes Made



It did motivate me to think about it more – to look at my lifestyle.

[The HPA] *motivated me!*

They opened my eyes. At least they're there for the 'forgotten people'.

I know I've got to get on with life instead of staying in the shell I used to stay in.

I'm very much aware of what I'm supposed to do, but [the HPA] *telling be brought it home, really.*

You tend to let yourself go … but when I seen [the HPA] *I thought 'You'd better get a grip of yourself'.*

They more or less jolted me into getting something done and to get X-rays and injections … which I managed to sort out

It's given me a new approach to life. It made me feel better. I am a different person.

I really do cut down sugar-wise.

We've cut back on cakes and biscuits.

I made sure that instead of putting anything in the frying pan, I put it under the grill.

I'm eating more fruit now – and I'm getting more involved in social activities.

I've been trying to cut back on salt since I spoke to [the HPA]. *And I've reduced my drinking.*

I started paying more attention to myself. I've gained about 80% of my confidence back in my walking.

I walk in the park – using benches as 'milestones' – I don't think I'll be in the Olympics!

I've been swimming (and) I've been to the gym. I've pumped up the tyres on my bike – but I haven't gone for a ride yet.

I've cut down my drinking by 80-85%. I have 2-3 pints once a week in the pub.

Knowing what I know now, I would have changed my attitude a few years ago.

What is notable from the quotes (from which those noted in this report are just a selection) is the extent to which BHES has not only succeeded in conveying information on the basis of which many respondents have made (or plan to make a) behaviour change, but also has helped motivate people. This is of considered of crucial importance given the strength of the social norms (and habits) noted earlier that relate to seafaring lives and to some aspects of 'masculine' behaviour.

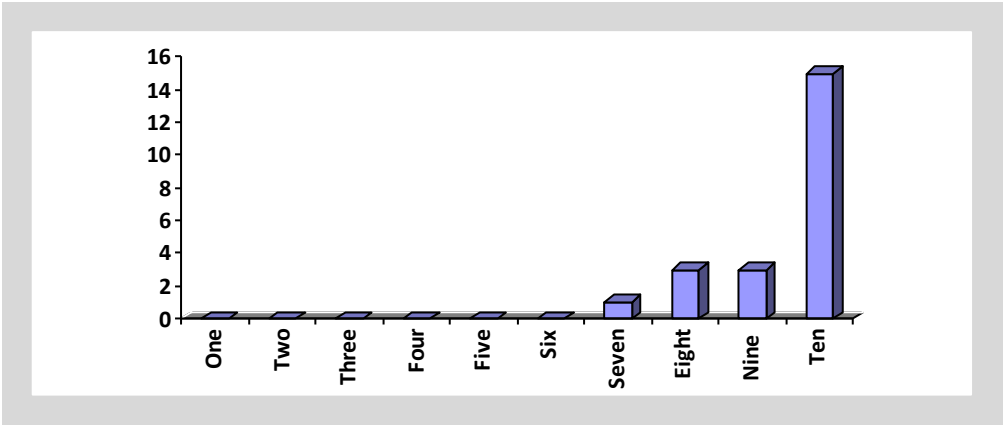
Of all respondents most (13) were using services that they had become more aware of - though it is clear that this relates not just to health, but also to other support or advisory services. Most (12) professed, following their involvement with BHES, to having a more positive view of health services, with all but one feeling that they now knew where to go for 'help and advice' regarding their health.

With regard to motivation most (17 or more in each case) reported that they now felt better about themselves, more optimistic and more confident. Nine of the respondents had started or re-started activities or relationships. The foregoing clearly points to BHES as having both stimulated behaviour change for many, probably most, of the ex-seafarers involved; and having put in place some of the preconditions for further behaviour change – both for those who *did* take action and those who are now considering it. Emerging, in part, from this is the very high overall marks given to BHES by respondents – with 15 giving it '10 out of 10' and none dropping below 7 (see Fig 2).

If there was an 11, I'd give them an 11.

All considered, furthermore, that BHES would be useful to other ex-seafarers (in all but one case as 'very useful'). With this came suggestions as to how BHES might be improved (though many considered that it could not be improved).

Figure 2: Marks Awarded for the BHES Project by Respondents



I think there's a lot [of ex-seafarers] *that could benefit a whole lot from it and don't realise that it's there. That's the downfall – people don't know.*

I suppose a booklet would be useful – that has everything in it.

The project has to be publicised more – for example in the 'Shipping Lines' in the Echo.

There's no way it could be improved, from my sense.

Information is the key to everything.

What's available could be explained a bit better – with contact numbers for useful organisations.

They could work with doctor's surgeries. Everyone has to go to the doctor's.

And finally note must be made of the descriptors (many of them superlatives) used by most respondents when they spoke of the work undertaken by the HPA (sometimes linked with the Caseworker). These included 'exceptional', 'wonderful', 'brilliant', 'lovely lady', 'considerate', 'professional', 'reassuring', 'understanding', 'helpful', 'pleasant' and 'useful'.

I'd just like to thank [the HPA] – *and hope that the project can continue successfully.*

Mention of these superlatives is not, it must be stated, intended simply to convey the extent to which respondents appreciated the advice, support and signposting proffered by the HPA. Rather there is another very important point signalled here that relates both to the way in which BHES is framed (i.e. outside the 'normal' channels for health and support provided by statutory services) and to the way in which advice, support and signposting is conveyed. This is further discussed below.

Measures of Health and Wellbeing

BHES used (self-reported) measures of health and well-being at (or near) the first interview and then at a subsequent interview at or towards the end of the intervention. The measures used are known as EQ5D and WEMWBS. EQ5D is a European standardised measure of health developed by an international range of researchers and is validated in a now considerable range of research in the UK and beyond. In its basic form (as used in BHES) it involves self-reported measurement determined by accordance with one of three statements relating to each of mobility, self-care, usual activities (e.g. work, study, housework, family or leisure activities), pain/discomfort and anxiety/depression. For instance, respondents are, in respect of their self-care, invited to tick a box that affirms that they either 'have no problems with self-care', 'have some problems washing or dressing myself' or are 'unable to wash and dress myself'.

At the same time as being asked for their self-assessment by the HPA, ex-seafarers were asked to rate themselves on a health rating from 0 (the 'worst imaginable health state') to 100 (the 'best imaginable health state'). For those who stayed within BHES, a second exercise using these measures was conducted in the period from March to August 2012 (normally between six and nine months after the first visit) as was approaching its end. To ensure the highest degree of anonymity completed forms were returned by post to the HPA. This has enabled overall comparisons to be made between first (comprising 28 ex-seafarers) and second interviews (comprising 17 ex-seafarers).

Early in the Project, however, it was felt that, despite its good credentials for measuring health in terms of dependency, the EQ5D measure was too narrowly focused on the practical aspects of daily living. And while it would suitable for people with higher levels of health and support need, there were elements with which BHES was concerned relating e.g. to morale, motivation and lifestyles that were not adequately taken account of. In order to remedy this shortcoming it was decided to bring in a further measure, viz. the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). It was selected in

recognition of it being the measure recommended by the North West Public Health Observatory. It was, therefore, applied alongside EQ5D within the BHES Project.

WEMWBS was developed by an expert panel drawing in knowledge and skills ranging from psychiatry and social science to public health and health promotion.[21] It offers 14 statements in relation to which respondents are invited to rate themselves according to whether they have represented their feelings over the prior two weeks 'none of the time', 'rarely', 'some of the time', 'often' or 'all of the time'.[22] Examples of the statements are 'I've been feeling close to other people' and 'I've been dealing with problems well'. All the statements are positive – this providing a consistent framework that is easily understood by respondents. Of interest, as the Project is ending, it can be noted that the use of WEMWEBS (the abbreviated scale – see below) is now being promoted by Champs (the Cheshire and Merseyside Public Health Network) for use in local projects 'to measure mental wellbeing as an outcome of programme and service intervention'. [23]

Using both EQ5D and WEMWBS for the Project gives, therefore, measures that can be related to the physical health and personal well-being of the ex-seafarers involved; and which could be used as a benchmark for further work undertaken. Further benchmarks to be noted are those of the WEMWBS measures as (self) assessed by 76 ex-seafarers at a regular meeting (on 31st May 2012) of the Liverpool Retired Merchant Seafarers Association at the Eldonian Village, Liverpool; and using the shorter scale, the WEMWBS measures in the North West derived in a 2010 survey.[24]

Table 1: Overall EQ5D and WEMWBS Scores

EQ5D Lowest score represents better health	First Measure	Second Measure	Change	
Mobility	1.77	1.67	-6.0%	
Self-care	1.30	1.44	+10.8%	
Usual Activities	1.72	1.78	+3.5%	
Pain/Discomfort	2.07	1.72	-20.3%	
Anxiety/Depression	1.57	1.53	-2.6%	

EQ5D Highest score represents better health	First Measure	Second Measure	Change	
Overall health state	59.6	64.2	+7.7%	

WEMWBS Highest score represents better health	First Measure	Second Measure	Change	Eldonian Village
I've been feeling optimistic about the future	2.96	3.50	+18.2%	3.35
I've been feeling useful	3.36	3.47	+3.3%	3.61
I've been feeling relaxed	3.22	3.76	+16.8%	3.85
I've been feeling interested in other people	3.89	4.06	+4.4%	3.80
I've had energy to spare	2.61	3.00	+14.9%	3.12
I've been dealing with problems well	3.39	4.12	+21.5%	3.72

[21] Tennant et al (2007) "The Warwick-Edinburgh Mental Well-being Score (WEMWBS): Development and UK Validation", Health and Quality of Life Outcomes 5,63.
[22] A 'truncated' version of WEMWBS is also available that uses just seven of the statements.
[23] See www.champspublichealth.com/page.aspx?pageid=866&ParentID=0
[24] Deacon et al (2009) "North West Mental wellbeing Survey", North West Public Health Observatory, Liverpool.

I've been thinking clearly	3.68	4.35	+18.2%	3.96
I've been feeling good about myself	3.52	4.62	+31.2%	3.97
I've been feeling close to other people	3.86	4.12	+6.7%	3.93
I've been feeling confident	3.19	4.06	+27.3%	4.06
I've been able to make up my own mind about things	3.96	4.24	+7.1%	4.24
I've been feeling loved	3.67	4.41	+20.2%	3.78
I've been interested in new things	3.25	3.94	+21.2%	3.59
I've been feeling cheerful	3.39	3.94	+16.2%	4.25
Overall Score	47.95	55.59	+15.9%	53.23

All the figures for ex-seafarers involved in BHES (i.e. the first and second measures together with the change indicated) must be treated with great caution. However, all those for whom second measures were obtained were among those for whom there is a first measure.

It is possible, therefore, to suggest that, *if the populations are broadly matching* (i.e. the characteristics of both groups are closely aligned) there was an indicated improvement in self-reported health for the WEMWBS measure. There is a similar indicated improvement in the self-reported EQ5D overall health measure, but not for the itemised aspects of health. What it is not possible to do, however, is to affirm that this indicated change resulted from the BHES intervention.

For WEMWBS the indicated pattern arguably resonates to some extent with the kind of behaviour change that BHES has endeavoured to stimulate. This indicates a (mental) health or motivational improvement for all the statements to which ex-seafarers were invited to respond – with an over 20% gain being (self) reported for confidence, dealing with problems and being interested in new things. Again, however, the need for caution must be emphasised.[25]

It is of some interest, nevertheless to make some comparisons with other studies.

With regard to the second WEMWBS measure we can note that this accords well with (and is slightly higher than) that found among ex-seafarers socialising with colleagues at the Liverpool Retired Merchant Seafarers Association. The convivial atmosphere of the latter, however, will arguably have served to improve feelings of well-being.

Another comparison is possible when taking the 'truncated' version of the WEMWBS measure (using just seven statements) as implemented in 18,500 face to face interviews regarding mental wellbeing of adults of *all* ages throughout the North West in 2009.[26] This again finds close concordance and is suggestive of levels of self-reported health and well-being of ex-seafarers within BHES (who are, as has been noted all aged 60 or above), at least after the benefits of 'brief advice', as being 'in line' with the wider the adult population.[27]

WEMWBS Highest score represents better health	First Measure	Second Measure	Eldonian Village	North West Survey
I've been feeling optimistic about the future	2.96	3.50	3.35	3.55
I've been feeling useful	3.36	3.47	3.61	3.87
I've been feeling relaxed	3.22	3.76	3.85	3.76
I've been dealing with problems well	3.39	4.12	3.72	3.99

[25] This is a matter that calls for further research.

[26] Deacon et al (2009) op cit.

[27] Scores from the North West survey when broken down by local authority give the following – Liverpool (25.69), Sefton (27.59) and Wirral (27.68).

I've been thinking clearly	3.68	4.35	3.96	4.14
I've been feeling close to other people	3.86	4.12	3.93	4.08
I've been able to make up my own mind about things	3.96	4.24	4.24	4.29
Overall Score	24.43	27.56	26.66	27.70

Stakeholder Views

Thanks to the early initiative to establish an Advisory Group, there were a number of key stakeholders close enough to the Project to express a view as to (a) its relevance and appropriateness in relation to its work with ex-seafarers; and (b) the extent to which it was successful in facilitating or, at least setting the foundations for, behaviour change. The context for those stakeholders was one in which they all were, directly or indirectly, involved in research, advice or practice concerned with people's health and well-being. Most, however, had limited or experience of the world of seafaring – this being a motivator for some of them agreeing to join the Advisory Group.

> *I hoped to understand more … and inform our own work.*
>
> *I was concerned* [for the project] *to explore ways of more concrete self-motivated* [behaviour] *change among a client group with particular challenges.*
>
> *I wanted to understand and explore 'other' ways of engaging with communities and to be informed regarding the way we do public health.*

Interviews were sought with the nine members of the Advisory Group who participated. Six took place, giving valuable feedback regarding their views of the Project.[28] Only one felt that being involved on the Advisory Group had not met their expectations – this being a consequence of the limited number of referrals received by the agency in question for the services they offered (and relating to which there was an expected need that would have been identified through the Project). Overall, however, the view of all the stakeholders was that the Project was successful and that it had met, or come close to meeting, its objectives within the constraints of what was recognised as a limited budget. With regard to the mode of recruiting ex-seafarers, the approach taken met with unanimous support - though one felt that more could have done in 'other' parts of Merseyside (where they were aware of ex-seafarers who might have benefited). A lesson learnt, however, was that a consequence of the approach was slow recruitment … as news of the Project filtered through to 'other' ex-seafarers and as sufficient trust was engendered with those who might have health or related needs.

> [The] *approach was highly appropriate and* [the HPA] *made an excellent attempt at recruiting the ex-seafarers.*
>
> *The approach seemed appropriate.* [Its] *evolution seemed appropriate – but how representative they* [the ex-seafarers] *are is hard to say.*
>
> *It was appropriate. But we all admit it was slow – and there are still issues about the 'hard to reach'.*

With regard to EQ5D and WEMWBS, all stakeholders were positive about the measures. This was especially the case on account of the recognition given, especially to WEMWBS in the local context

[28] This was based on a proforma with ten open-ended questions sent in advance. Two of the proformas were, in fact, completed and returned by the respondents – by virtue of which a follow-up interview was unnecessary.

(where its use had met with the approval of different agencies). Both were seen as having the potential to offer a useful benchmark for comparisons or in the event of further study involving ex-seafarers.

> *Both measures were appropriate as they provide objective measurements and can be compared to existing published data.*

With regard to merits of 'brief interventions', stakeholders were unanimous in their support for this approach – albeit that there was caution with regard to its impact and a recognition that other approaches also had merit, depending on the circumstances. But overall it was clear that the stakeholders saw brief interventions as particularly appropriate for ex-seafarers, given their predisposition to self-reliance and, for many, a reluctance to seek health advice or support.

> *Given the remit of the project anything beyond 'brief intervention' was impractical – one to one interaction around the person … seems to be the best way to approach it.*
>
> [The brief intervention approach] *was very appropriate for sign-posting ex-seafarers to other information sources …* [but is] *not appropriate for* [study of] *long-term behaviour change* [because] *there was no control group. Other confounding factors could have impacted.*
>
> [In being] *often opportunistic* [the approach is] *more powerful – tailored to the person's situation and lifestyle … respecting the right to make … but encouraging informed decisions.*
>
> [The brief intervention approach] *was appropriate to get people talking. There is a question about the sustainability of the approach – but some good comes from this in terms of people thinking about their health and lifestyles.*
>
> *The starting point is motivation and outlining the choices. It's up to them* [the ex-seafarers] *to consider the options.* [This approach] *increases the buy-in.*
>
> *It's a worthwhile way of getting to people who are lost within the system.*

The 'key ingredients' of the brief interventions that stakeholders saw as making them effective were around the communication and interpersonal skills of the person making the intervention. In the words of one respondent ... 'in a language which they understand'. Another stakeholder reported on the merits of 'creating space' for the ex-seafarers to think through their behaviour. Several made explicit or implicit comparisons to other approaches involving 'professionals'. It is paradoxical, in this context, that the Health Project Advisor (HPA) was a 'professional' but was clearly not seen as having the 'stamp' of other professionals working, perhaps, for statutory bodies.

> *It's better than trying to impose services on people.*
>
> [A key ingredient is that] *it's not coming from a health professional point of view.*
>
> *It reduces the fear* [of ex-seafarers] *about services.*

With regard to health outcomes it was recognised by the stakeholders that the Project had indicated that at least the preconditions for behaviour change had been put in place and, for some, based on the personal interviews with ex-seafarers, some changes had been made. What was uncertain, however, and might beneficially be the subject of further research, was the extent to which health benefits for the

ex-seafarers in question were being realised. The context was, of course, one where the brief interventions had been made over a relatively short period, it being observed by several of the stakeholders that a longer period (for both the interventions and their evaluation) would have been desirable. The verbatim reports of many ex-seafarers (noted earlier in this Evaluation Report), however, were evidence that some good was achieved.

> *I really think that there were positive outcomes and improvements in health ... because the ex-seafarers were motivated to change.*

Stakeholders were unanimous in their endorsement of the approach taken in BHES. They considered, in addition, that it had potential benefits for other groups – with relevance to some other male-dominated areas of work, and for people who were both in or had ceased employment. All affirmed the need for the findings from the Project to be disseminated to a wide audience and for the Project Report recommendations to be followed up.

> *We need to get to the ex-seafarers who are socially isolated – working in partnership with different agencies. I think there's a lot more of them out there.*
>
> *We need to unfold* [the project] *to different areas of the country. There's also mileage in this for other professionals and for other client groups ... they might buy in to this.*

4. Conclusion

Taking the evidence as drawn together in this Evaluation Report it can be seen that the Project has been broadly successful in reaching ex-seafarers who might benefit from the interventions proffered. In relation to this it appears that knowledge of the Project, notably when spread by 'word of mouth', did draw in some ex-seafarers who might have been regarded as hard to reach. Importantly, however, most of those ex-seafarers who were engaged in the Project testified to their increased knowledge or the confirmation of their knowledge - by which just over half changed their behaviours or affirmed that they were thinking of so doing.

With regard to the desired outcomes it is noted that the Project was not successful in recruiting 50 ex-seafarers. But this is largely explained by the limited resources available to the project and the necessary time it takes for knowledge to filter and for trust to be established prior to 'short interventions' being made. When the Project was initially formulated the need for this time was not fully recognised. But it is clear that there was substantial progress (and success) in identifying needs; establishing partnership working (with various agencies, many of which were active on the Advisory Group); and in delivering interventions that involved signposting.

In addition it is clear that the Project, in its formative period and in the months after appointment of the HPA, did consider the merits of different interventions – then deciding on and delivering on what was considered as likely to be the most meritorious and effective approach to the needs of ex-seafarers within the resources available.

With regard to identifying possible opportunities for volunteers within the Project, this was specifically set to one side by agreement of the Core Group. But the issue is now one that can come to the fore as the outcomes of the Project are shared among the maritime charities (and beyond).

Finally, on the matter of actual health gains, the evidence that can be drawn from the Project is limited. But to have evidenced this in a robust way would have been a bonus for such a project based on brief interventions over a relatively short period. The Project has, however, very usefully put in place well-being measures that will serve as a benchmark for any further work with similar objectives.

Overall, therefore, our view is that (as also reported by the stakeholders) the Project has been a success. It has offered lessons for service approaches that maritime charities and others should respond to. This means that, with the Project having been completed, there is an imperative that requires the dissemination of its findings – initially through the Project Report and this Evaluation Report, and then through relevant news items in maritime and other and journals, presentations and the like. And insofar as the nature of the 'brief interventions' tried was seen as particularly apposite for ex-seafarers, it stands to reason that the lessons may also apply to serving seafarers (and, potentially, to those in other male-dominated employment). Any extension to the Project or endeavours concerned for its replication should, therefore, bear this wider remit in mind.

Acknowledgements

The support of members of both the ‘Core’ and ‘Advisory’ groups is acknowledged. It is through their consideration and wise counsel that the Project developed in the way it did and, ultimately, took on a shape that appeared particularly appropriate for ex-seafarers. The success of the Project bears testimony to this. Our thanks, from the point of view of this Evaluation Report also go to the ex-seafarers who were pleased to respond in our telephone interviews and provided a rich source of verbatim quotes that have helped us understand the impact of (and the meaning of) the Project to them.