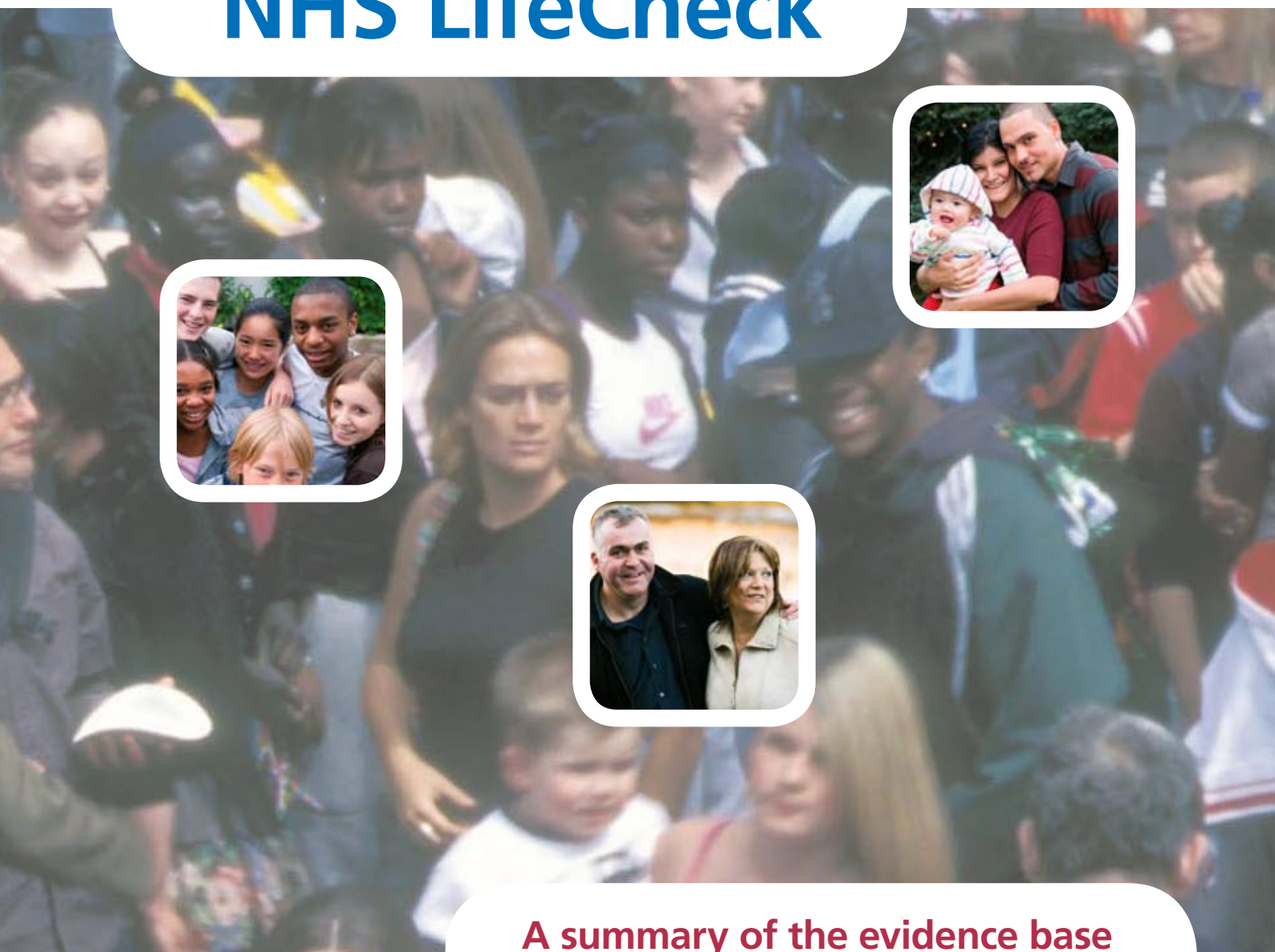


Developing the NHS LifeCheck



A summary of the evidence base

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Developing the NHS LifeCheck

A summary of the evidence base

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Introduction



NHS LifeCheck is a simple, user-friendly online health service that is designed to help people assess and manage their own lifestyles and give them the information they need in order to make positive choices and improve their health outcomes.

In the 2006 White Paper *Our health, our care, our say: a new direction for community services*,¹ the Government made an initial commitment to create three versions of the tool, aimed at reaching people at key transition points in their lives when they are likely to be most receptive to messages about health.



2 The results highlight areas where changes in lifestyle can lead to overall health improvement.

The three versions of the tool currently being developed and tested are:

- the NHS Early Years LifeCheck tool (for parents and carers of babies aged between five and eight months);
- the NHS Teen LifeCheck (for young people aged between 12 and 15); and
- the NHS Mid-life LifeCheck (for people aged between 45 and 60).

Each NHS LifeCheck begins by asking users to respond to a series of questions or prompts that are designed to gather information about their attitudes and behaviours. Users are then given feedback, before being prompted to think about practical ways in which they could improve their own or their child's health and well-being.

1 Users complete a simple and confidential lifestyle assessment questionnaire.



¹ Department of Health, *Our health, our care, our say: a new direction for community services*, 2006.



- 4** Users are referred to further sources of support, and can choose to receive reminders to help them stay motivated.

- 3** Users are helped to plan for change by setting realistic and motivating goals.



Finally, NHS LifeCheck suggests sources of support and signposts other organisations that can offer relevant help and advice. The tools will be accessible through the NHS Choices website (www.nhs.uk). Possible points of access are being considered: for example, the service may also be offered via 'pods' in GP surgeries.

About this document

NHS LifeCheck has been developed by the Department of Health in partnership with other government departments, health and social care professionals, academic researchers, voluntary sector groups, experts and end users. This document provides an

overview of the evidence base that underpins the tools and explains how it has informed their scope, look and feel and usability.

The document starts with a summary of recent policy initiatives, showing how the NHS LifeCheck concept fits into and supports the wider healthcare reform agenda. It then covers each of the three NHS LifeCheck tools in turn, looking at initial scoping, early development, testing and subsequent revisions and – where relevant – pilots, and providing a summary of the research carried out and evidence gathered at each stage. Each chapter includes extracts from the relevant research documents and comments and analysis from the NHS LifeCheck project leads.

Executive summary



NHS LifeCheck is a simple, user-friendly online health service designed to help people assess and manage their own lifestyles and give them the information they need in order to make positive choices and improve their health outcomes. Three versions of the tool are currently being developed and tested:

- the NHS Early Years LifeCheck tool (for parents and carers of babies aged between five and eight months);
- the NHS Teen LifeCheck (for young people aged between 12 and 15); and
- the NHS Mid-life LifeCheck (for people aged between 45 and 60).

This document provides an overview of the evidence base that underpins the tools and explains how it has informed their scope, look and feel and usability.

The policy background

NHS LifeCheck, with its emphasis on empowerment, choice and access, has a crucial role to play in helping the NHS and the Government to achieve their overall objectives for health and social care reform, which are:

- developing services that are truly responsive to people's needs;
- preventing ill-health by promoting healthier lifestyles; and
- reducing health inequalities.

Choosing Health

The 2004 White Paper *Choosing Health: Making healthy choices easier*² sets out some key underpinning principles for supporting people to make informed choices about their own health. The findings, based on a range of surveys and consultations, showed that:

- people want access to credible, trustworthy information to enable them to make decisions about their own health;
- to effectively tackle health inequalities, support must be tailored to the realities of individual lives; and
- real progress depends upon building effective partnerships across communities.

Your health, your care, your say

In 2006, the Department of Health engaged over 40,000 members of the public in a debate about how health and social care services could best meet their needs. A regular personal health check or 'MOT' emerged as the single most important priority, with participants also calling for access to more and better information about health.

Our health, our care, our say

In response to the *Your health, your care, your say* consultation, the 2006 White Paper *Our health, our care, our say*³ outlined the NHS LifeCheck concept and committed the Government to piloting the initiative in

² Department of Health, *Choosing Health: Making healthy choices easier*, 2004.

³ Department of Health, *Our health, our care, our say: a new direction for community services*, 2006.

2007/08. It also set out how NHS LifeCheck could help people to understand risks and take steps towards a healthier lifestyle, and explained its role in reducing health inequalities.

High Quality Care For All

High Quality Care For All,⁴ published in 2008, sets out the results of Lord Ara Darzi's review of the NHS. The report highlights the need for patients to be given more information and more choice, and emphasises the role of personalisation in tackling health inequalities.

Public Service Agreement and National Indicator targets

The three NHS LifeCheck tools will support the delivery of a number of Public Service Agreement (PSA) targets (see Appendix) and National Indicator targets.⁵

The NHS Early Years LifeCheck

Scoping the NHS Early Years LifeCheck

In May 2007, a group of stakeholders, including healthcare professionals and representatives from Sure Start Children's Centres and the Department of Health met to explore the NHS LifeCheck concept. They agreed that NHS LifeCheck should be a universal offer, that it should not be a

'one off', and that it should take a strengths-based approach, reinforcing key messages and encouraging parents to build on what they are already doing well.

These conclusions are supported by early findings on the impact of the Family Nurse Partnership initiative. These show that trained nurses and midwives working with young, vulnerable, first-time parents and taking a strengths-based, collaborative approach can help to increase engagement among fathers and equip both parents to cope better with pregnancy, labour and parenthood.

Among a series of focus groups involving parents from a wide range of socio-economic and ethnic backgrounds, NHS Early Years LifeCheck was seen as a good idea, with interest strongest among C2DEs and first-time parents. Most hoped that the NHS Early Years LifeCheck would be incorporated into routine ante-natal care. However, some were concerned that their responses could be used against them. They also wanted the tool to be more clearly focused on their child's health, rather than their own.

Developing the NHS Early Years LifeCheck

The project team worked closely with Department of Health policy leads and drew heavily on the Department's guidance for new parents, *Birth to five*.⁶ The focus group findings outlined above have also had a significant influence, ensuring a strong focus on the child and on making the content,

⁴ Lord Darzi, *High Quality Care for All*, 2008, Department of Health.

⁵ www.communities.gov.uk/publications/localgovernment/nationalindicator

⁶ Department of Health, *Birth to five* (2007 edition).

design and language as user-friendly and engaging as possible. In collaboration with Department of Health policy leads, a decision was made to target the first Early Years LifeCheck at parents and carers of babies aged between five and eight months, a significant period of development and change.

The project team also gathered expert input from the charities Parentline Plus and I CAN. Parentline Plus looked at both the initial NHS Early Years LifeCheck concept and an initial version of the tool. I CAN's expert speech and language therapists and educationalists developed questions for the 'Talking together' and 'Play and learning' sections. The charity also provided feedback on and input into the overall concept, stressing the need for clear and effective signposting to other services.

Testing the NHS Early Years LifeCheck

In spring 2008, an initial version of the NHS Early Years LifeCheck was piloted in 22 children's centres in Coventry and Warwickshire, Hull, North Lincolnshire and North East Lincolnshire. While reactions to the tool were very positive overall, community and health professionals working in the children's centres highlighted a need for training and guidance to help them to engage and work effectively with parents.

Among parents and carers themselves, the most positive responses came from the most vulnerable, and there was evidence that the tool had triggered changes in behaviour.

Suggested improvements included making the content more reassuring by, for example, acknowledging explicitly that children develop at different rates. This underlines the importance of taking a strengths-based approach.

Researchers also carried out 15 one-hour interviews with professional stakeholders which, again, showed strong support for the NHS Early Years LifeCheck. Children's centres were seen as a key factor in the successful implementation of the tool. There was also widespread backing for the idea of creating separate NHS LifeChecks for mothers and fathers. The project team asked The Fatherhood Institute for its feedback on how effectively the tool engaged with fathers.

The tool was also tested for usability and accessibility. Recommendations on navigation, imagery, questions and the results page, and on making the tool more accessible to users with disabilities, have been fed into its ongoing development.

Next steps

An external design agency is now working on a revised version of the tool, which will be tested in late 2008. A phased roll-out, beginning with some of the most deprived local authorities in the country, is planned for 2009. At the same time, the Department of Health is working to ensure that the NHS Early Years LifeCheck is properly promoted and that local authorities are given the support they need to implement it effectively.

The NHS Teen LifeCheck

Scoping the NHS Teen LifeCheck

The transition between primary and secondary education and the early secondary years can be challenging times for young people. Evidence also suggests that behavioural patterns developed during adolescence can have a major impact on health in later life.

The idea of a personal health ‘MOT’ for young people was first put forward in the *Youth Matters* Green Paper, published in July 2005.⁷ The subsequent consultation yielded positive responses which, along with the results of a small separate consultation exercise run by the National Youth Agency, supported the idea of the NHS Teen LifeCheck, and identified priority topics including stress, family and school life, sex, physical health and drugs.

Following the publication of *Our health, our care, our say* in 2006,⁸ the Government published its response to *Youth Matters*, entitled *Youth Matters: Next Steps*.⁹ This sets out a commitment to helping young people to optimise their health (and, therefore, their life chances) and to piloting the NHS Teen LifeCheck. The decision to make the tool available online is supported by statistics pointing to high levels of internet use among children and young people.

Developing the NHS Teen LifeCheck

Young people from a diverse range of backgrounds have been involved at every stage of development of the NHS Teen LifeCheck. An early version of the tool, targeted at 11–14-year-olds, was piloted in 2007 in four Teenage Health Demonstration Site areas in Bolton, London (Hackney), Northumberland and Portsmouth.

Overall, findings were very positive. Subject to certain improvements being made, young people felt that the NHS Teen LifeCheck tool should become a permanent website. They also felt that the issues covered were relevant and that much of the tool was clear and easy to use. Parents and professional stakeholders saw the tool as a useful resource and said that they would be happy to recommend it.

Stakeholders also called for greater clarity regarding the aims of the tool and emphasised the importance of promoting it effectively. All respondents stressed the need to ensure that the design and content of the tool reflected young people’s needs. They also felt that the tool should be targeted more tightly at a specific age range – in part to avoid the risk of children accessing inappropriate content.

The findings fed into an extensive revamp of the tool. Throughout the process, young people gave detailed feedback on the

⁷ HM Government, *Youth Matters*, 2005.

⁸ Department of Health, *Our health, our care, our say: a new direction for community services*, 2006.

⁹ Department for Children, Schools and Families, *Youth Matters: Next Steps*, 2006.

language and imagery used. Major changes included a new, more colourful look and feel; a clearer focus on reinforcing positive behaviours; greater accessibility; and the addition of new topics; including dealing with family issues, neighbourhood safety and being a victim of crime.

In the light of the pilot findings as well as further discussions with key stakeholders, the Department of Health decided to target the revised tool at 12–15-year-olds, with a particular focus on those aged 13 and 14 (the main users of the pilot tool).

Testing the NHS Teen LifeCheck

Most users found the tool appealing, easy to use and informative, and liked the style, presentation and choice of images. The NHS logo reassured users that the information provided would be up to date, reliable and accurate and that their privacy would be protected. Users made some recommendations as to how the usability of the tool could be improved, which have now been fed into the latest version of the tool. For example, the tool now includes a revised audio function, with footage of 'real' young people.

Next steps

The NHS Teen LifeCheck is due to be rolled out to the most deprived areas of England towards the end of 2008, and nationally in 2009.

¹⁰ Department of Health, *Choosing Health: Making healthy choices easier*, 2004.

¹¹ NICE, *Taking action at local level: a resource for improving health and wellbeing in mid-life*, 2005.

The NHS Mid-life LifeCheck

Scoping the NHS Mid-life LifeCheck

The 2004 Government White Paper *Choosing Health*¹⁰ proposed the introduction of accredited health trainers to give people the information and support they need in order to make positive choices about their health. The empowering approach used by the health trainers has fed directly into the development of the NHS Mid-life LifeCheck.

In 2005, the National Institute for Health and Clinical Excellence (NICE) pulled together learnings from eight pilot projects,¹¹ which showed how supporting people in mid-life can support the delivery of a number of the objectives set out in the Department of Health's National Service Frameworks, including cutting coronary risk factors and reducing discrepancies in life expectancy between those from disadvantaged backgrounds and the rest of the population.



Developing the NHS Mid-life LifeCheck

The NHS Mid-life LifeCheck was developed using a combination of expertise from within the Department of Health and elsewhere, including academic, professional and voluntary sector organisations. Potential LifeCheck users have also fed in suggestions, and have called for personalised feedback and the freedom to pick and choose those sections of the tools that are most relevant to them.

The University of Westminster's Health and Well-being Network identified the areas to be covered by the NHS Mid-life LifeCheck, and developed an initial set of questions. Based on the Network's research, the team suggested that the tool should cover the following areas: smoking; fruit, vegetable and salad intake; physical activity; alcohol consumption; clinical depression; stress; social support; and optimism. They also developed a simple scoring system, again based on established good practice. A section on cardio-vascular risk is currently under development.

The 'Behaviour planning' section of the tool reflects the approach adopted by health trainers. It is based on the principle that people will only change their behaviour when they are ready to, and that the role of the NHS LifeCheck is to provide people with the information they need to make informed choices and to encourage them to think about their own health and well-being.

Testing the NHS Mid-life LifeCheck

Most participants in the usability testing research found the tool intuitive, easy to understand and informative. Key recommendations included using consistent imagery within sections, reducing the word count and simplifying the language. Usability experts praised the tool for its ease of navigation and emphasis on confidentiality.

Researchers also gathered feedback on the 'Behaviour planning' section of the tool, holding 60 face-to-face interviews with people aged between 45 and 60. Participants were positive about the idea of taking responsibility for themselves and agreed that mid-life was a good time to think about making changes that could impact on their health and well-being in the longer term. However, it was clear that those who were already motivated and had a good support system behind them were most likely to make positive changes.

Next steps

The NHS Mid-life LifeCheck is currently being redesigned by an external creative agency. The Beth Johnson Foundation has established reference groups to monitor the effectiveness and appropriateness of the tool as it is developed. Focus groups have also been set up to provide ad hoc feedback on the tool's evolving content and design.

A series of pilots planned for January 2009 will look at the effectiveness and appropriateness of the tool, and at how the Department of Health can encourage take-up by building partnerships with community organisations. The NHS LifeCheck project team is currently considering a number of cardio-vascular risk assessment tools for inclusion in the tool, and is looking at whether the target age range for the tool should be expanded to include those between the ages of 40 and 45.

Updating the evidence base

With research and testing ongoing on all three tools, the Department of Health plans to produce an updated version of this evidence base in summer 2009. This will include all evidence and research gathered up to the point of roll-out.

The policy background



This chapter provides a broad overview of the policy background to the development of NHS LifeCheck, and shows how the concept supports the key objectives of the Government's overall plans for health and social care reform, which are:

- to develop health and social care services that are truly responsive to people's needs;
- to prevent ill-health by promoting healthier lifestyles; and
- to reduce health inequalities by tackling the current discrepancy in health outcomes between those from deprived socio-economic backgrounds and the rest of the population.

NHS LifeCheck, with its emphasis on empowerment, choice and access, has a crucial role to play in achieving these goals. It also puts the NHS firmly at the forefront of the international drive to enable people to make positive choices about their own – and their children's – well-being.

Choosing Health

The White Paper *Choosing Health: Making healthy choices easier*¹² was published in 2004. Drawing on a wide range of consultations and surveys, the paper sets out some key principles for supporting people to make informed choices about health, based directly on members of the public's views on what will work best for them.

'(1) Informed choice. People want to be able to make their own decisions about choices that impact on their health and to have credible and trustworthy information to help them do so. They expect the Government to provide support by helping to create the right environment...

(2) Personalisation. Some people want support in making healthy choices and sticking to them, but, particularly in deprived groups and communities, find current services do not meet their needs or are difficult to use. To be effective in tackling health inequalities, support has to be tailored to the realities of individual lives, with services and support personalised sensitively and provided flexibly and conveniently.

(3) Working together. The public are clear that Government and individuals alone cannot make progress on healthier choices. Real progress depends on effective partnerships across communities, including local government, the NHS, business, advertisers, retailers, the voluntary sector, communities, the media, faith organisations and many others.'¹³

¹² Department of Health, *Choosing Health: Making healthy choices easier*, 2004.

¹³ *ibid.*, p.3.

The paper also recognises the importance of targeting children and young people and their parents or carers, and of establishing a set of agreed health priorities, including supporting people to give up smoking, reducing obesity and promoting better mental health.

Your health, your care, your say

In *Your health, your care, your say*,¹⁴ one of the largest and most ambitious public listening exercises ever mounted in the UK, the Department of Health engaged well over 40,000 members of the public in a debate about how health and social care services could best meet their needs. A regular personal health check, or 'MOT', was identified as the single most important priority, cited by three-quarters of those taking part.

Respondents wanted more and better information about health, believing that this would:

- help them to take better care of themselves;
- enable them to access services earlier and use them more effectively; and
- boost their confidence in the ability of health and social care services to meet their needs.

The findings also highlighted the need for people from 'seldom-heard' groups (including older people, young people, black and minority ethnic groups, low-income households, people with mental illness, people in residential care and people with substance misuse issues) to have access to the information, advice and support they need in order to lead a healthier and more independent life.

Our health, our care, our say

The concept of the NHS LifeCheck in its current form was first outlined in *Our health, our care, our say*,¹⁵ the 2006 White Paper that followed the *Your health, your care, your say* public consultation. The paper identifies a number of key health risk factors, including obesity, smoking, alcohol misuse, mental illness and sexually transmitted infections, and explains how NHS LifeCheck will help people – particularly at critical points in their lives – to understand the risks to their own health in these and other areas and take steps towards a healthier lifestyle. It also highlights how NHS LifeCheck can help to reduce health inequalities.

¹⁴ Department of Health, *Your health, your care, your say: a new direction for community services*, 2006.

¹⁵ Department of Health, *Our health, our care, our say: a new direction for community services*, 2006.

'We will therefore develop a new NHS "Life Check" service to help people – particularly at critical points in their lives – to assess their own risk of ill-health. The NHS "Life Check" will be based on a range of risk factors... and on awareness of family history...

... We will develop the approach to take account of the changing needs of people in their early years, childhood, early adulthood, working and later years...

... The NHS "Life Check" will be developed in areas with the worst health and deprivation (the spearhead areas), in consultation with groups of people who are least likely to access advice provided through conventional services.'¹⁶

The paper sets out a commitment to piloting the NHS LifeCheck in Spearhead local authorities in 2007/08.

High Quality Care For All

High Quality Care For All,¹⁷ published in 2008, sets out the results of Lord Darzi's review of the NHS. The report highlights the need for patients to be given more information and more choice, and emphasises the role of personalisation in tackling health inequalities.



'Personalising services means making services fit for everyone's needs, not just those of the people who make the loudest demands. When they need it, all patients want care that is personal to them. That includes those people traditionally less likely to seek help or who find themselves discriminated against in some way.'¹⁸

It also explains how social marketing will be used to encourage people to take greater responsibility for their own health.

'[Plans are under way] for a social marketing campaign to encourage people to take responsibility for their own health throughout their lives, whilst reaching out to the most disadvantaged in society to help them to stay healthy.'¹⁹

¹⁶ *ibid.*, pp.35–36.

¹⁷ Lord Darzi, *High Quality Care For All*, Department of Health, 2008.

¹⁸ *ibid.*, p.9.

¹⁹ *ibid.*, p.19.

Public Service Agreement and National Indicator targets

The three NHS LifeCheck tools will support the delivery of a number of PSA targets (see Appendix) and National Indicator targets.²⁰

The policy background: key research

Department of Health, *Choosing Health: Making healthy choices easier*, 2004
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

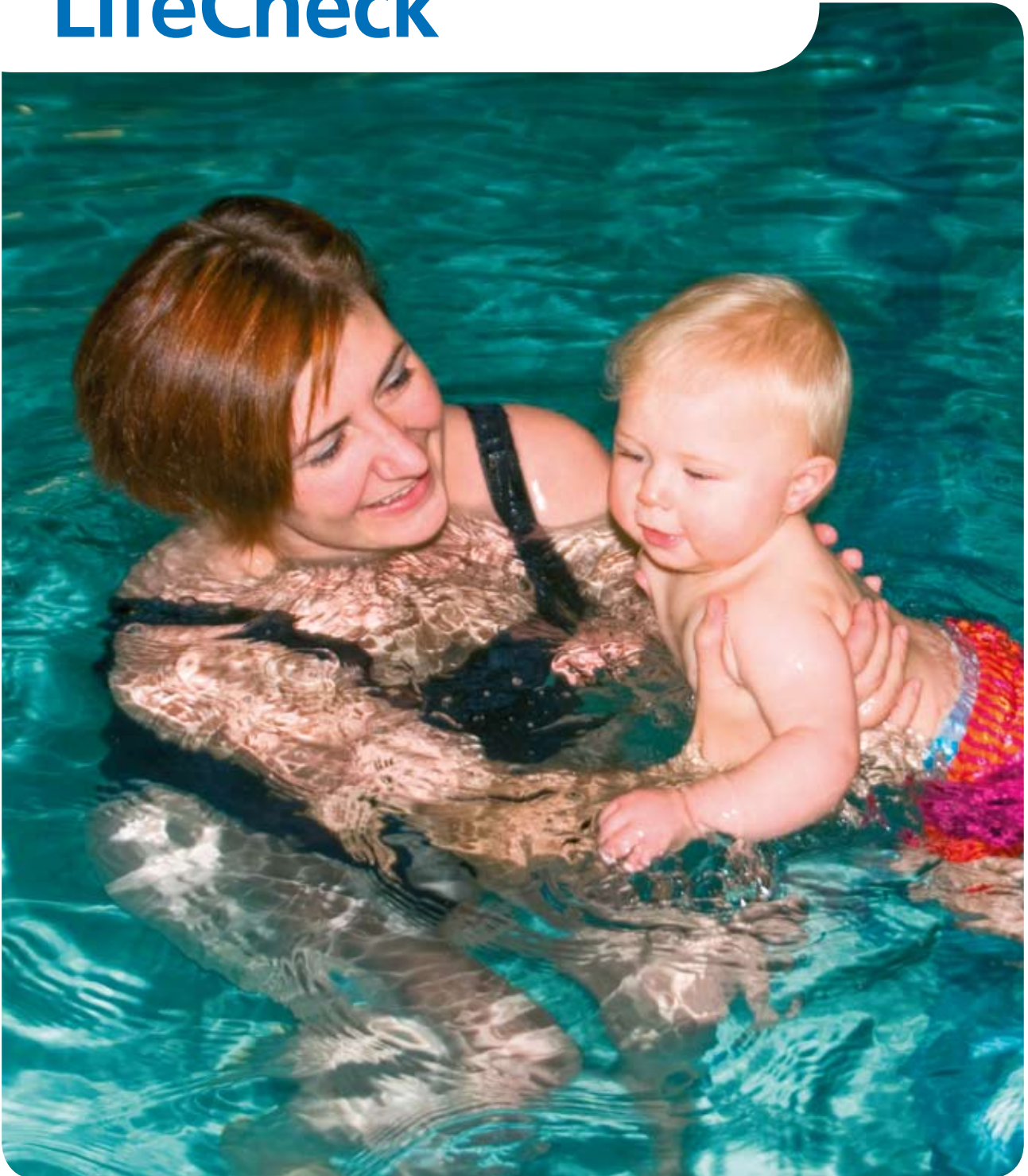
Opinion Leader Research, *Your health, your care, your say: Research report*, 2006
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127357

Department of Health, *Our health, our care, our say: a new direction for community services*, 2006
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_4127453

Lord Darzi, *High Quality Care For All: NHS Next Stage Review Final Report*, 2008
www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825

²⁰ www.communities.gov.uk/publications/localgovernment/nationalindicator

The NHS Early Years LifeCheck



'Pregnancy and the first years of life are one of the most important stages in the life cycle. This is when the foundations of future health and wellbeing are laid down, and is a time when parents are particularly receptive to learning and making changes. There is good evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life.'²¹

Scoping the NHS Early Years LifeCheck

Stakeholder workshop

In May 2007, a group of stakeholders including healthcare professionals, representatives from Sure Start Children's Centres and representatives from the Department of Health met to explore the NHS LifeCheck concept.

The group suggested that an NHS LifeCheck tool for parents with babies could perform a number of useful functions, including:

- raising awareness of healthcare services;
- providing a reliable source of up-to-date information; and
- 'reaching out' to parents who might not otherwise access health services, thereby helping to address health inequalities.

This early thinking also identified a number of key principles:

- NHS LifeCheck should be a 'universal offer', easily accessible to all parents.
- It should put out consistent messages that support and reinforce the guidance and advice coming from elsewhere in the health service.
- It should take a strengths-based approach, seeking to empower parents and encouraging them to make decisions that have a positive impact on their children's health and well-being and improve their life chances.
- It should be seen as a process, rather than a one-off intervention.

Eventually, it is hoped, there will be a range of NHS Early Years LifeCheck products that parents can access at their own convenience.

²¹ Department of Health, The Child Health Promotion Programme, 2008.

“The strengths-based approach really forms the backbone of the NHS Early Years LifeCheck tool. It supports wider policy in this area and it also has the unanimous backing of the experts who helped us develop the tool. Plus we can already see it working in practice, for example in the Family Nurse Partnership programme. The NHS Early Years LifeCheck is less about risk and more about helping parents identify what they’re already doing well and then building on that. NHS LifeCheck needs to give parents the information they need to make choices that will have a positive impact on their children’s health now and in the long term.”

Sheila O’Brien, NHS Early Years LifeCheck Project Lead

The challenge was to target the first NHS Early Years LifeCheck at the stage of development where it could add most value to the support already being provided by a range of child and family services, and have most impact on future health outcomes. In close collaboration with partners at the Department of Health, the decision was taken to focus on the parents and carers of babies aged between five and eight months. For most babies, this is a period of rapid development and change: their first teeth emerge, they move on to solid food, they start moving around and they begin to make sounds. Decisions made at this time have the potential to make a significant difference to the child’s future health outcomes.

The Family Nurse Partnership pilot

Early findings from the pilot of the Family Nurse Partnership initiative support the group’s thinking. The pilot scheme has been

running in 10 sites across England since March 2007. Based on an established model from the USA, the initiative aims to:

- improve pregnancy outcomes;
- promote child health and development; and
- encourage parents to become economically self-sufficient.

Trained nurses and midwives with experience of working with families in the community work with vulnerable, first-time young parents from early pregnancy until their child is two years old. Evidence from the USA, where three large-scale research trials have been carried out, shows significant benefits for parents and children participating in the programme. These include:

- better pre-natal health for mothers;
- fewer injuries to children;

- fewer subsequent pregnancies and longer intervals between births;
- greater involvement among fathers; and
- higher levels of employment.

Findings from the first phase of the UK pilot suggest that the Family Nurse Partnership approach, with its emphasis on prevention and on working with parents in a strengths-based, collaborative way, can also work in the UK. The research shows that the programme has been welcomed by hard-to-reach families and that those participating rate their family nurses highly. Engagement with fathers is good, with nearly half present for at least one nurse visit. There are also early signs that clients are thinking more positively about the future and are better able to cope with pregnancy, labour and parenthood.

Parent focus groups

In July 2007, the Department of Health set out to find out what parents thought about the NHS Early Years LifeCheck concept.²² The key research objectives were to identify:

- the potential appeal of the NHS LifeCheck, especially to parents/carers living in deprived circumstances;
- the tool's perceived relevance and usefulness;
- what areas the tool should cover and how it should be presented;
- how and when parents would like to access the tool; and
- what parents expect to get out of the tool and what, if any, follow-up they would need.

“The Family Nurse Partnership has shown us how well a structured strengths-based approach can work. The learnings from the initial stages of the programme are feeding into the development of the NHS Early Years LifeCheck. We know that behaviour change only happens when people want to change. It's about guiding, rather than directing, and helping people to really understand what's stopping them from making more positive choices about their own health and well-being. I think as the tool evolves, we'll be able to do that more and more effectively.”

Kate Billingham, Family Nurse Partnership Project Director

²² Cragg Ross Dawson, *NHS Early Years LifeCheck: Research to help inform its development*, July 2007.

Methodology

Ten 90-minute discussions were held with groups of between seven and nine parents/carers and parents-to-be. Of the 10 groups, eight included parents from social groups C2DE, reflecting the emphasis on addressing health inequalities and developing a tool that would appeal to parents who might not otherwise access health services. In most groups, social groups D and E were consulted separately, and each D or E group included at least three people from homes where the head of the household had been out of work for three months or longer.

The groups were also split by gender, with eight made up of mothers (including single mothers) and two of fathers. The female-only groups were split into the following age bands: 16–19-year-olds, 20–24-year-olds and 25 years and over. One group was made up of Pakistani Muslim women and one of Afro-Caribbean women. The two male-only groups consisted of fathers who had children aged two or under and were themselves aged between 20 and 30.

The research team also carried out four hour-long individual in-depth interviews with the parents of children with special needs. The fieldwork was carried out in Otley, Bradford, Birmingham, Sutton Coldfield, London and Purley.

Attitudes to pregnancy and parenting

In addition to meeting the key research objectives set out above, the research team was able to gather input on participants' attitudes to pregnancy and parenting, how they accessed information and their experiences of the health services, providing a useful overall context for the NHS Early Years LifeCheck.

Mothers and fathers both agreed that becoming a parent was a life-changing experience, but not an easy one. Most mothers would have liked more guidance on looking after their baby – particularly in the early days. Some said they had felt isolated after giving birth. Those women who were pregnant at the time were very much focused on staying healthy and on childbirth, and they found it difficult to think in detail about parenting. All parents and parents-to-be believed that they had a major part to play in ensuring their children's well-being:

'All acknowledged that, as parents, they had a fundamental role to play in their children's well-being. They knew that children were influenced by their parents' habits and lifestyles, relationships and moods, and consequently they claimed to try and set good examples.'²³

²³ *ibid.*, p.23.

“Although some parents had anxieties about the internet, we felt that an online tool had the potential to deliver benefits beyond informing users about their health and well-being. It’s about empowering parents and raising their aspirations and introducing them to all the other resources the internet has to offer, at the same time as complementing the support they can access via child and family services.”

Sheila O’Brien, NHS Early Years Project Lead

Information about pregnancy came from a range of sources. Most BC1s had talked to health professionals, family and friends, and had read books and magazines. DEs preferred talking to reading, and relied more on health visitors, family and friends for advice. Parents in this group tended not to regard the internet as a potential source of information. Some could not access it, or were not confident users.

Participants’ experiences of health professionals varied considerably:

‘Some valued their relationships with midwives and health visitors; others alleged that they seldom visited, did not pass on information, or were disinterested. There was a widespread desire for more one-to-one support.’²⁴

There is no way of knowing whether these negative perceptions are justified, but what did emerge unequivocally from the research was the desire for more support, and access to more sources of information.

²⁴ *ibid.*, p.25.

²⁵ *ibid.*, p.27.

The following is the perspective of a mother from social group B or C1 who is from the North West, aged 25+ and has a child under the age of two:

‘Even if I am as sure as I can be that they’re fine, I’d like someone to say, “Yes, they’re fine”. Or, “No, they’re not”, and then fix it. Especially for first time mums, and younger mums as well... to give them a bit more reassurance, a bit more confidence.’²⁵

Views on the NHS LifeCheck concept

The research team moved on to ask participants for their views on the NHS LifeCheck concept and how they saw it working in practice. Generally, the NHS Early Years LifeCheck was seen as a good idea, with interest strongest among C2DEs and first-time parents. Most hoped that the NHS Early Years LifeCheck would be incorporated into routine ante-natal care.

Some responses were contradictory, however. While all the parents supported the tool's stated aims of identifying children's health and development needs early on and helping parents to improve their own health and lifestyles for the sake of their children, some reacted negatively to the idea of the tool as a kind of questionnaire, with some fearing that their answers could be used against them.

The following extract is the view of a father from social group D or E who is from the South East, aged between 20 and 30 and has a child under the age of two:

'This is a way to case the joint, to see that there isn't a rottweiler running around the living room. Obviously the likes of us and most other people are decent parents, but some people either can't cope or aren't very nice people, so this is a way of keeping track.'²⁶

They also struggled to understand the focus of the tool, and seemed confused by the fact that it contained questions both about their own health and that of their child. It was clear that, for the majority of parents, questions about their children's health took priority. Some struggled with the linear, questionnaire-style format, which they did not see as an appropriate way of eliciting information on sensitive issues such as parenting, relationships and drug and alcohol use.

'They resented the fact that it demanded responses to difficult questions in just a few, often set, words, leaving no room for expression or individuality. They did not imagine being able to explain themselves or their family situations properly using such a vehicle.'²⁷

Perhaps partly as a result of this, participants felt very strongly that the NHS LifeCheck should be delivered by a health professional. However, given that the overarching aim of the NHS LifeCheck initiative is to provide a universal service, this was not felt to be practicable. The research findings have helped to influence the content of the tool, ensuring a strong focus on the child. At the same time, the project team has focused on making the content, design and language of the tool as user-friendly and engaging as possible, as well as providing an initial tranche of children's centres with the support and resources they need to provide an environment where parents feel comfortable and happy using the tool (see below under 'Next steps').

Many – particularly the more vulnerable mothers – felt the NHS Early Years LifeCheck should comprise a rolling programme of reviews at different stages of their child's development. There was also the feeling that, where necessary, parents should be given appropriate personal support and counselling. Participants welcomed the idea of a tool that could help them to identify next steps and, in particular, provide contacts and further support.

²⁶ *ibid.*, p.31.

²⁷ *ibid.*, p.34.

Scoping the NHS Early Years LifeCheck: key research

Cragg Ross Dawson, *NHS Early Years LifeCheck: Research to help inform its development*, July 2007.

Developing the NHS Early Years LifeCheck

The research findings summarised above formed the basis for the development of the NHS Early Years LifeCheck tool. The project team worked closely with colleagues from within the Department of Health, and drew heavily on *Birth to five*,²⁸ the Department's existing guidance for parents that provides up-to-date information on all aspects of child health and well-being, as well as signposting other sources of support and advice.

The tool is divided into nine topic areas, which reflect the priorities identified by parents during the early research and cover the areas parents are likely to find themselves discussing with health professionals during this period. The topic areas are as follows:

- development
- talking together
- playing and learning
- feeding
- healthy teeth
- safety
- sleep
- immunisations
- becoming a parent.



"Birth to five is an important source of information for parents. It's widely available and very accessible. So it was vital to ensure that the NHS Early Years LifeCheck tool was putting out messages that were consistent with and reinforced what the Department was already saying to parents."

Sheila O'Brien, NHS Early Years LifeCheck Project Lead

²⁸ Department of Health, *Birth to five* (2007 edition).

“It’s important not to ‘score’ parents. The challenge was to develop a tool that gave easy-to-understand information in a way that acknowledged the strengths parents already had, while encouraging and supporting them to take small steps towards making positive choices.”

Sheila O’Brien, NHS Early Years LifeCheck Project Lead

Parents are invited to work through a series of questions relating to each of the topics. Rather than the narrowly focused, prescriptive questions rejected by participants in the early research, each screen offers a snippet of information about the topic, then asks users to select from a list of statements the one that best describes their situation. Parents are free to skip questions.

At the end of this first step, users are taken to a ‘results’ page, which summarises those areas where they are doing well and those where they may wish to find out more information. Parents can then choose to see

more detailed feedback on specific topics. They may be prompted to think about actions they can take themselves, or be directed to sources of further information. Throughout, the tool takes a strengths-based approach, focusing on providing information where needed rather than on pointing out problem areas.

The tool will be delivered online, with the aim of making it as accessible as possible. It is hoped that using NHS Early Years LifeCheck will encourage parents who might not otherwise explore the internet to look for further sources of information and advice.

“We recognise that some parents will still want to work through the NHS LifeCheck tool in a supportive environment, such as a children’s centre. But making it available online means we’re giving parents control over when and how they use the tool and, by extension, over their child’s health and well-being. Encouraging people to use new technology is about empowering them, giving them new skills and helping to raise their aspirations.”

Sheila O’Brien, NHS Early Years LifeCheck Project Lead

Expert input

Parentline Plus is a national charity that works for and with parents, offering a range of free support and advice including a helpline, email support and a range of regional group sessions and workshops. The charity was asked to provide input during the early stages of the NHS Early Years LifeCheck concept, and again once an initial version of the tool had been developed. This included an opportunity to work through the tool and give detailed feedback on its content, language and design. Parentline Plus felt that the tool had the potential to be a valuable resource for parents, provided priority was given to creating settings where parents could use it in comfort and privacy.

I CAN works to help all children, and in particular those with speech, language and communication difficulties, develop the skills they need to communicate effectively. I CAN's expert speech and language therapists and educationalists developed questions for the 'Talking together' and 'Play and learning' sections, along with answers that provided parents with practical, realistic information on how to support their child's development in these areas. The charity also provided feedback and input on the overall concept, stressing the need for clear and effective signposting to other services.

"The NHS Early Years LifeCheck is a good concept. At Parentline Plus, we're in favour of anything that helps parents feel more confident about what they are doing rather than worrying about what they're not doing, so we support the strengths-based approach. Over the course of our involvement with the tool, we've seen it change and evolve. It's definitely been a worthwhile process."

Hilary Chamberlain, Policy Manager, Parentline Plus

"Our expertise is based on our professional knowledge and our experience of working with parents and developing resources that help them enhance their child's communication development. We regularly get feedback from our users on the readability and usability of the information we give them. The questions for the NHS Early Years LifeCheck were formulated with this feedback in mind."

Kate Freeman, Professional Adviser, I CAN

Developing the NHS Early Years LifeCheck: key research

Birth to five: 2007 edition, Department of Health, 2007.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074924

Testing the NHS Early Years LifeCheck

Feedback from parents and children's centres

In spring 2008, an initial version of the NHS Early Years LifeCheck was piloted in 22 children's centres in Coventry and Warwickshire, Hull, North Lincolnshire and North East Lincolnshire. The pilots were co-ordinated through the Learning Network.

The People Partnership was commissioned to carry out qualitative research²⁹ at four of the pilot children's centres, with the aim of assessing attitudes to the NHS Early Years LifeCheck among both parents and carers and community and health professionals, and identifying ways in which it could be adapted and improved ahead of a national launch.

Methodology

The team observed parents and carers and centre staff, and carried out short ad hoc interviews. These looked at how the tool was being promoted and at levels of awareness, as well as users' experiences of the tool and its impact on their attitudes to behaviour change. In-depth, one-on-one interviews with centre staff focused on identifying those factors that would encourage or inhibit take-up of the tool. Finally, the team held group discussions with parents and carers. Around half of the parents and carers were first-timers, and at least one member of each group was a lone parent. Participants came from a range of ethnic backgrounds and all were from the C2, D or E social groups.

Reactions to NHS LifeCheck: community and health professionals

Overall, reactions to the tool were very positive. Community and health professionals working in the children's centres identified a need for guidance on engaging the most vulnerable parents and carers (including those who are not currently attending children's centres) and of working in partnership with local authorities and health services. They also called for training to be made available to as wide a range of children's centre staff as possible, and for support and guidance on practical issues such as the provision of appropriate technology and creating an environment that would help parents and carers to get the most out of the tool.

²⁹ The People Partnership, Early Years LifeCheck: Qualitative research, June 2008.

'Children's centre staff suggested a wide range of approaches to engaging parents and carers of five-to-eight-month-olds, including:

- **At key times such as immunisation/ baby clinics/ weigh ins**
- **Prior to developmental checks (if these are early enough)**
- **By health visitors and other community professionals**
- **By GPs/at GPs' surgeries**
- **At children's centres**
- **At other local baby groups**
- **Online via other relevant websites such as Cow & Gate, retailer baby clubs, etc**
- **Using in-home outreach visits by trusted intermediaries for the most vulnerable parents.**^{#30}

Some staff felt that the NHS Early Years LifeCheck had acted as a catalyst for building stronger relationships with local health services.

'Significantly, as the pilot progressed, it was reported that... relationships [with health visitors] had greatly improved and, indeed, the EYLC [Early Years LifeCheck] was felt to have provided a valuable catalyst and focus for working together, which it was felt would continue going forward whatever happened in relation to the EYLC...

...It has enriched the relationship between the health visitors and the children's centres in the area – it has been a focus and forced us to work together...

...We've found it really useful establishing contacts which have been limited until now – I would say LifeCheck has really enriched the relationship.^{#31}

There was consistent praise for the online format of the tool, and some evidence that it had helped to increase some users' confidence in dealing with technology. All children's centre staff felt that the format was easy to use. Where the tool had not been completed, the key reasons cited were:

- lack of time/too much hassle;
- no perceived need/benefit; and
- uncertainty about what it entailed.

This suggests that reassurance about speed of completion and clear communication of the benefits of completion will be essential. See below under 'Next steps' for more information about how the Department of Health plans to support children's centres and other professionals to work with the tool.

³⁰ *ibid.*, p.11.

³¹ *ibid.*, p.23.

Reactions to NHS LifeCheck: parents and carers

Among parents and carers, reactions to the tool were also favourable, with the most positive responses coming from younger, less experienced parents and carers, those from the most deprived backgrounds and those lacking support networks. This group included recent immigrants and fathers.

Most found the tool quick and straightforward to complete, although some parents and carers failed to realise that they needed to select a topic or topics from the 'results' page and click on it in order to see more information and links. Where users did reach this final stage, they were keen to see more detailed information. There was some evidence that working through the tool had triggered changes in behaviour among users, for example buying a drinking cup or registering with a dentist.

Parents and carers did raise some very specific concerns:

'... there were consistent requests for more overt reassurance about all children developing at different rates, especially in relation to teeth, crawling, and feeding issues, where it can be easy for first time parents and carers to start to worry over delayed development.'

³² *ibid.*, p.46.

³³ The People Partnership, Early Years LifeCheck: Qualitative research among key stakeholders, June 2008.

"They should remind you that all babies are different. I got really worried because he hasn't got any teeth yet and it made me think he should have them by now, he's seven months."

There was also some evidence of frustration over problems being identified when they were not yet relevant. This was specifically in relation to safety where it flagged up lack of purchases of equipment such as stair gate, not locking up medicines when the baby was not necessarily crawling/mobile.

"Things like the stair gate question – if you get a negative dot because you haven't got one but it's because the baby isn't crawling yet, there should be some way of screening that out so you don't get a negative for the wrong reason."³²

These responses underline the need for a strengths-based approach that focuses on what parents are doing well.

Feedback from stakeholders

The People Partnership also carried out 15 one-hour interviews with stakeholders from government, professional bodies including the Royal College of Paediatrics and Child Health, research and policy institutes and parenting networks.³³ The aim was to assess responses to the NHS Early Years LifeCheck, to find out how stakeholders expected the tool to work in practice and how their organisation might promote and support it.

Across this broad sample, there was strong enthusiasm and support for the NHS Early Years LifeCheck.

'Stakeholders felt that key strengths of the NHS Early Years LifeCheck included:

- **excellent summary of the full range of information/advice for this age**
- **clear focus on babies aged five to eight months**
- **encouraging positive behaviour changes**
- **a low key approach, not anxiety inducing, optimistic/positive**
- **leading parents on to other relevant more detailed information sources, and**
- **providing an opportunity for parents to discuss issues raised with health professionals.**

There were also felt to be important benefits for health professionals including:

- **reinforcement of information already provided**
- **an additional tool/aid to help raise/discuss specific topics especially among "vulnerable" parents, and**

- **facility for provision of reassurance to the "worried well" and hence potential reduction of traffic to health professionals.'**³⁴

Stakeholders felt that the tool had the potential to trigger small changes in behaviour, for example buying a feeding cup or spending more time talking to a baby. In more complex and emotional areas, though, they felt that the tool would be best used alongside professional help and support – rather than as a replacement for it.

Similarly, stakeholders felt that the most vulnerable parents would benefit from using the tool in the context of their wider relationship with health professionals, and from having the opportunity to be introduced to the NHS Early Years LifeCheck in a friendly and unthreatening setting before possibly going on to use it in the privacy of their own home. For this group, too, it was particularly important that the tool maximised positive feedback and avoid raising too many 'issues'.

Children's centres were seen as a key factor in the successful implementation of the tool and, in particular, in encouraging vulnerable parents to use it.

³⁴ *ibid.*, p.7.

'It was felt that the way NHS Early Years LifeCheck is introduced and implemented within the children's centres will be crucial to its success. Key ingredients for success in children's centres were felt to be:

- **be clear about the precise role and benefits of NHS Early Years LifeCheck to parents**
- **ensure ease of use/confidentiality and privacy when accessing the tool within children's centres**
- **make sure all children's centre staff are aware of, feel positive about and believe in NHS Early Years LifeCheck so they can promote it to parents, and**
- **ensure adequate facilitators and trained staff to help parents not only access NHS Early Years LifeCheck, but also provide expert follow up after completion.**³⁵

There was widespread support for the idea of creating separate NHS LifeChecks for mothers and fathers, for a number of reasons:

"Mothers and fathers have different perspectives, different anxieties... mums would focus more on emotional health, lack of sleep, but for dads it may be more about smoking."

"There are lots of complex issues... and lots of sensitive topics so you would have to do two separate ones. They will be far more receptive."

"There could be conflict between the two parents or issues of violence or abuse, so you need to separate them."

"You would need to think about the best way to communicate this to dads... it could be via posters, leaflets, football clubs, dads' websites, phones, places where men go... you would have to take a different approach to talking to mums..."³⁶



³⁵ *ibid.*, p.8.

³⁶ *ibid.*, p.40.

Feedback from fathers

The project team decided to further explore the concept of an NHS LifeCheck for fathers by asking the Fatherhood Institute, an independent think-tank, to evaluate the overall concept, advise on the tool's content, layout, imagery and tone of voice, provide pointers on how health professionals could best promote the tool to fathers and, finally, consider whether there should be a separate NHS LifeCheck tool for fathers.³⁷

'The contribution that fathers make to their children's development, health and wellbeing is important, but services do not do enough to recognise or support them. Research shows that a father's behaviour, beliefs and aspirations can profoundly influence the health and wellbeing of both mother and child in positive and negative ways. Maternity and child health services are used to working mainly with mothers, and this has an impact on their ability to engage with fathers. Fathers should be routinely invited to participate in child health reviews, and should have their needs assessed.'³⁸

The Institute felt that all potential users – and health professionals – would need some persuading of the value of involving fathers in the NHS LifeCheck tool. Suggestions

included developing briefing materials for professionals that emphasised the benefits of involving fathers in their baby's upbringing, including better long-term outcomes for the baby and enhanced confidence for fathers themselves.

'Dads often "defer" to mums on things to do with babies, and think they themselves don't know much. If parents fill it in together, then it's usually the mother's responses that are being recorded.'

Doing this LifeCheck on their own will show most fathers (and mothers) how much they already know about their child.'³⁹

The Institute also raised some specific points about the tool's design, content and language. It was felt that the design should be made more 'masculine', by altering the predominantly pink colourway and creating a simpler, 'cleaner' look, with less female-orientated imagery. Some of the content was felt to be strongly biased towards female users and to assume that decisions about childcare were being made by one parent – by implication, the mother – rather than two. The Institute also recommended changes to the language used in the tool, for example changing 'my baby' to 'our baby'.

³⁷ The Fatherhood Institute, *Early Years LifeCheck Pilot Phase*, May 2008.

³⁸ Department of Health, *The Child Health Promotion Programme: birth and the first five years of life*, 2008, p.9.

³⁹ The Fatherhood Institute, *Early Years LifeCheck pilot phase*, May 2008, p.6.

“There’s a huge amount of evidence pointing to the importance of the role of fathers in a child’s upbringing and in decisions about health. We know that fathers exert significant influence in vital areas like, for example, the decision to breastfeed and the duration of breastfeeding. So it was essential that we gather the evidence we needed to create a tool that effectively engaged with fathers.”

Sheila O’Brien, NHS Early Years LifeCheck Project Lead

Usability and accessibility

Behavioural research consultancy Bunnyfoot looked at the tool’s usability and accessibility with the aim of predicting the kinds of problems and difficulties users might encounter. Feedback from their two usability experts was very positive, with praise for the language used, the ‘engaging, relevant’ imagery and the clear signposting – for example, the number of pages in each section is clearly stated, and images are used consistently within sections.

They also made a number of suggestions, including tweaking headings to create a clearer hierarchy of information, improving navigation through the tool and changing the order of information so that ‘advice’ text appeared after a question rather than before, where it could influence the user’s answer. The slide below shows a representative sample of experts’ comments.⁴⁰

⁴⁰ Bunnyfoot, *Expert Evaluation: NHS Early Years LifeCheck tool*, January 2008, slide 11.

Welcome 2 of 2

Page 16: Sleep

LifeCheck NHS

Welcome

There are 4 main parts:

1. A short series of questions about your baby.
2. From the results screen you can click areas you want to know more about.
3. It will also help you decide what to do next for your baby.
4. At the end there will be links to helpful websites and local services in your area.

The topics covered are:

- * Development * Talk * Playing and learning
- * Feeding * Healthy teeth * Safety
- * Sleep * Immunisations * Being a parent

EARLY YEARS

BACK NEXT

11

Consider making heading text (e.g. 'There are 4 main parts' and 'The topics covered are:') a bigger size than main text. This will increase readability.

Users are kept informed from the start – the format of the tool and topics covered are clearly explained.

Users may try to click on these progress graphics in order to navigate. Consider providing an alternative navigation system to the 'back' and 'next' buttons – allow users to skip through completed questions using this progress bar (see example).

Simple and intuitive navigation mechanism.

Images remain the same on pages that belong to the same topic. This will highlight the type of information the user will expect to see.

m

The tool was also tested with a sample of 12 members of the public: nine women and three men. Ages ranged from 17 to 55, and the group included people from minority ethnic backgrounds, a woman who spoke English as a second language and several people who were currently out of work. Participants were observed as they worked

through the NHS Early Years LifeCheck, and were asked a series of questions about their impressions of the tool and how they thought it could be improved. Bunnyfoot also used 'eye tracking' technology to identify which elements of each page were most successful in grabbing users' attention.

General responses to the tool were overwhelmingly positive:

- **'All users enjoyed using the tool, finding it appealing, intuitive, easy to understand, useful and informative.**
- **Users had mostly no problems interacting with the tool and could easily progress through it. Two very inexperienced users had a couple of problems, but these were due to education rather than problems with the tool explicitly.**
- **Both these users stated they would need a facilitator to assist them through. Even so, these most computer illiterate users still did fairly well and understood the content.**
- **All users liked the use of imagery and appreciated the professionalism of photographs, "smiliness" of babies, and cartoony image at the right.**
- **Users found the information provided easy to understand and informative, and liked the simple tone in which it was written (non-patronising).**
- **The NHS logo made users feel reassured that the information they would get would be up to date, reliable and accurate.**
- **Users were happy to provide accurate and true details and did not worry about confidentiality.**
- **Users particularly liked the information provided on safety, and frequently commented that they had learnt something new (eg cold water in the bath first, plastic on glass).**
- **Users liked the table of results and the way it encouraged them to look further into certain areas without feeling they had "failed".**
- **Most users would use it at home, but would also be happy to use it in the GP surgery or health centre.⁴¹**

The slide on the right⁴² provides a summary of participants' positive reactions to the tool and also illustrates how Bunnyfoot was able to translate participants' feedback into recommendations for enhancing those areas of the tool identified as being in need of improvement. Other comments concerned the following:

- **Navigation** – participants suggested adding a complete topic list to the 'Welcome' page.
- **Imagery** – use the same image or images consistently throughout a section in order to help users to site themselves within the tool.

⁴¹ Bunnyfoot, *User Testing Report: NHS Early Years LifeCheck*, January 2008, slides 6 and 7.

⁴² *ibid.*, slide 15.

- **Questions** – avoid ambiguity and give people the choice of selecting 'None of the above apply'.

Homepage



All users liked the homepage and found it enticing with good use of images and clear **start** button.

The NHS logo gives confidence that information will be reliable, up-to-date and accurate.

No user noticed or used **F11** to view in full-screen.
Recommendation:
 Consider increasing the text size of the F11 option if this is considered important.

Users liked the image of the babies but one thought they were all males, while another felt that the black baby had been segregated (further behind, with a different colored bib).

Recommendation:
 Put a ribbon in the hair of a baby to clarify girl, and consider possible problems with the perceived segregation of the black baby – perhaps put one of the white males further back in the image?

Although no user commented on this, it is not necessary to show the progress bar on the homepage.

Recommendation:
 Remove progress bar from the homepage, or at least ensure that all boxes are faded out.

One user questioned why the site was geared towards 5-8 month olds.

Recommendation:
 Provide an explanation about why the tool is targeted to the 5-8 month age group – perhaps using a hover over box over the 5-8 months icon.

- **Results** – provide a clearer explanation of what users should do once they reach this stage.

Bunnyfoot also looked at how the NHS Early Years LifeCheck could be made more accessible to users with disabilities, in particular those with visual impairments, and those using computers without certain software, such as JavaScript. The guidance also covered areas that would improve readability and clarity for all users, such as ensuring that all links are clear and can stand alone, giving each page a unique and meaningful title and making downloadable documents available in a range of formats.

Testing the NHS Early Years LifeCheck: key research

The People Partnership, Early Years LifeCheck qualitative research, June 2008.

The People Partnership, Early Years LifeCheck qualitative research among key stakeholders, June 2008.

The Fatherhood Institute, Early Years LifeCheck pilot phase, May 2008.

Bunnyfoot, *Expert Evaluation: NHS Early Years LifeCheck tool*, January 2008.

Bunnyfoot, *User Testing Report: NHS Early Years LifeCheck*, February 2008.

Bunnyfoot, *Accessibility Best Wins: NHS LifeChecks – Early Years*, January 2008.

Next steps

As a result of this feedback, some significant changes have been made to the tool. The results pages and routes to action in particular have been made simpler and more user-friendly. An external design agency has been commissioned to develop a revised version of the tool, which will include a 'save and return' function. The idea of a 'twin-track' approach, with different versions of the same tool for mothers and fathers, is also being developed, and forms part of the brief given to the agency. These changes to the design and navigation will be tested with focus groups in late 2008.

There will be a phased roll-out – initially to 83 local authorities, with national roll-out to follow in 2009. Of the initial tranche of 83, 70 are Spearhead local authorities – that is, they are among the most deprived in the country.

At the same time, the Department of Health is working to ensure that the NHS Early Years LifeCheck is properly promoted and that local authorities are given the support they need to implement it effectively. The 83 local authorities involved in the initial roll-out have each been given £70,000 to invest in, for example, new technology or creating areas where parents can use NHS Early Years LifeCheck in comfort and privacy. This reflects the key role that children's centres are expected to play in the delivery of the tool. The funding is being distributed through Communities for Health, which was set up in the wake of the *Choosing Health* White Paper⁴³ to provide financial support for small-scale, frontline health projects.

⁴³ Department of Health, *Choosing Health: Making healthy choices easier*, 2004.

A draft support package for local authorities, which includes practical guidance on supporting parents through the NHS LifeCheck process, has been developed, and a full support package will be available in 2009. A series of events is being held for the 83 initial local authorities, and a reference group comprised of representatives from the authorities has been set up to provide targeted input on implementation and roll-out. A stakeholder symposium, held in November 2008, captured input from a range of organisations (including the Royal College of Nursing and primary care trusts) which will inform the development of a range of training products.

The NHS Teen LifeCheck



'Difficult transitions have always existed, like that from primary to secondary school. Recent 14–19 reforms mean that young people now face increasingly complex decisions as they approach the age of 14. Those decisions can have a dramatic effect on young people's future wellbeing and on their ability to contribute to wider society and the economy. It is in all of our interests to help them make the right choices.'⁴⁴

Scoping the NHS Teen LifeCheck

The transition from primary to secondary education and the early secondary years can be a challenging time for young people. Evidence also points to the fact that behavioural patterns developed during adolescence can have a major impact on people's health in later life.

The idea of a 'personal health MOT', focusing on both physical and emotional health and giving young people the information and

support they need to make positive choices, was first floated in the *Youth Matters* Green Paper, published in July 2005.

'... to support young people through the transition from primary to secondary school, we also want to explore the scope for offering 12–13-year-olds a "personal health MOT". This would offer young people the opportunity to explore their physical and emotional wellbeing...'⁴⁵

The subsequent consultation, which ran until November 2005, attracted nearly 20,000 responses, a number of which included views on the concept of a 'personal health MOT'. Reactions to the idea of providing young people with information, advice and guidance on a range of health behaviours were positive. These responses fed into the development of the NHS Teen LifeCheck.

At the same time, the Department of Health asked the National Youth Agency to run a small, separate consultation exercise focusing specifically on the health aspects of the Green Paper.⁴⁶

⁴⁴ HM Government, *Youth Matters* Green Paper, 2005, p.7.

⁴⁵ *ibid.*, p.53.

⁴⁶ National Youth Agency, *Youth Matters: Young people's views on the issues raised in the DfES Green Paper*, 2005.

The exercise involved 39 young people aged between 13 and 15. Participants came from a diverse range of ethnic backgrounds and were all considered to be 'at risk'. Again, there was widespread support for the 'health MOT' concept. Young people identified a number of priority topics, including:

- stress (including depression, fear and mental abuse);
- family life;
- school life (including bullying and fighting);
- sex and contraception;
- general physical health; and
- drugs.

Confidentiality was a high priority, with participants keen to know more about how their privacy would be protected.

Following the publication of *Our health, our care, our say* in 2006,⁴⁷ the Government published its response to the Youth Matters consultation, *Youth Matters: Next Steps*.⁴⁸ This report states the Government's

commitment to giving young people the help and support they need to optimise their health and therefore their life chances, and to piloting the NHS Teen LifeCheck.

Online access

The decision to make the tool primarily accessible online is backed by statistics pointing to high levels of internet use among the target audience.

'The UK Children Go Online project... [found] that three quarters of households with children in the UK had domestic internet access, and 98 per cent of 9–19-year-olds had used the internet (Livingstone and Bober, 2004)... These figures are much higher than the equivalent figures for the adult population... Children and young people are, therefore, "ahead" in the internet adoption curve.'⁴⁹

"When developing the NHS Teen LifeCheck, we were really keen to reach out to and support young people in a way that they could relate to by making innovative use of modern technology."

Michelle Wiseman, NHS Teen LifeCheck Project Lead

⁴⁷ Department of Health, *Our health, our care, our say*, 2006.

⁴⁸ Department for Education and Skills, *Youth Matters: Next Steps*, 2006.

⁴⁹ London School of Economics, *Internet literacy among children and young people: findings from the UK Children Go Online survey*, February 2005, p.7.

This report, carried out by the London School of Economics, also found that, while social class had an impact on internet access, with middle-class children more likely to be able to access the internet at home, it did not affect levels of internet use.

Scoping the NHS Teen LifeCheck: key research

HM Government, *Youth Matters* Green Paper, July 2005.

www.dcsf.gov.uk/publications/youth/

Developing the NHS Teen LifeCheck

Young people from a diverse range of backgrounds have been involved at every stage of the NHS Teen LifeCheck's development. For the pilot tool, groups of young people took part in workshops, providing input on design, content and language. This initial version of the tool, targeted at 11–14-year-olds and in particular at the most vulnerable, was then piloted between February and September 2007 in four Teenage Health Demonstration Sites areas in Bolton, London (Hackney), Northumberland and Portsmouth.

In Bolton, the tool was initially promoted exclusively by the Healthy Schools Team, working with schools and pupil referral units. Subsequently the approach was widened to include other settings, such as youth clubs and leisure centres. The other three sites adopted this broader approach from the start. All sites used a range of approaches, including local radio campaigns and developing promotional materials for health professionals, to raise awareness across the whole target audience.

Evaluation by the Social Science Research Unit

The Social Science Research Unit, part of the Institute of Education at the University of London, evaluated responses to the pilot, gathering them from both young people and stakeholders.⁵⁰ The tool was made available both via its own dedicated website and on the Teenage Health Freak, L8R and Need2Know sites.

At this stage, the tool comprised a 12-page quiz on various aspects of health behaviour, including healthy eating, exercise, drugs and alcohol and sexual health. Users could choose from a number of possible responses and follow hyperlinks to relevant websites. At the end of the quiz, users received a 'personal profile' summarising their results and providing further links to sources of health information.

⁵⁰ Social Science Research Unit, *NHS Teen LifeCheck Evaluation: Final Report*, March 2008.

The research aimed to identify young people's awareness of the NHS Teen LifeCheck, assess their reactions and measure its impact on their attitudes and behaviour. It also aimed to find out how professionals working with young people viewed the tool and what approaches would be most effective in engaging young people.

The research team used questionnaires to gather information from young people aged 11–14 in schools and pupil referral units in the four Teenage Health Demonstration Site areas. They also held a series of focus groups designed to include young people from a wide range of different backgrounds, with a particular emphasis on those at risk of disadvantage, covering an age range from 9 to 18. The research team also looked at the number of hits on www.teenlifecheck.co.uk and at data gathered from the site's user feedback page.

Overall, the Unit's findings were positive. Subject to certain changes being made, young people felt that the NHS Teen LifeCheck should become a permanent website. They also felt that the issues covered were relevant and that much of the tool was clear and easy to use. Parents and professional stakeholders saw the tool as a useful resource and said they would be happy to recommend it.

Questionnaires: the need for promotion

The information gathered in the questionnaires suggests that effective promotion is essential for increasing understanding and raising awareness of the NHS Teen LifeCheck and encouraging take-up.

- **'Nearly 3,000 young people took part in the school survey. Of these, just under a third reported having heard of the Teen LifeCheck (TLC); however, only 17% could correctly identify what it was. There was significantly greater awareness of the TLC amongst boys and those living in deprived areas. Awareness was primarily gained through schools; local promotional activities had variable success. Timing and type of promotion work is likely to have influenced findings.**
- **Usage of the TLC varied, with 11% of the survey participants having completed the full TLC quiz.**
- **Full completion of the TLC was significantly increased after young people had the site explained to them in advance, either by a teacher or a fellow pupil...**

- The greatest awareness and usage of the TLC was achieved by the Bolton Teenage Health Demonstration Site. This appears to have been the result of intensive promotional activities and demonstration of the site in schools.
- Two thirds of those who completed the TLC said it encouraged them to eat more healthily but only 3% said it would encourage them to access services [see table overleaf for more on behaviour change]. The latter may be a result of limited knowledge of/ engagement with aspects of the TLC beyond the main quiz or it may reflect the perceived lack of need for services.
- On the whole, the young people who had used the TLC were positive about the content of the site. Most found the site “a little useful”, with a quarter saying it was “very useful”. Two thirds would recommend the site to a friend.⁵¹

⁵¹ *ibid.*, p.14.

The table shows what kinds of changes young people were prompted to make to their behaviour after using the NHS Teen LifeCheck. The figures compare the responses

of those young people who worked through the whole tool and those who looked at it or completed only a few of the questions.⁵²

Things the TLC encouraged young people to do

Encouraged...	YP who had completed all the TLC	Looked at it or completed a few questions
N	267	217
Eat more healthily	67%	61%
More active/sports	49%	54%
Think about your health	43%	39%
Feel better about yourself	43%	40%
Not smoking	42%	35%
Not start drinking alcohol	39%	29%
Not use drugs	39%	34%
Do nothing	32%	27%
Feel better about school	29%	32%
Talk to friends	24%	24%
Use a condom	24%	26%
Delay first sex	23%	25%
Talk to someone about worries	20%	20%
Change your behaviour	14%	16%
Talk to parents or carers	10%	16%
Talk to someone about bullying	9%	19%
Talk to someone about contraception	9%	12%
Use of other health websites	7%	8%
Seek help from local health service	3%	3%
Ring a helpline	2%	3%

⁵² *ibid.*, p.13.

The focus groups: testing the tool with diverse audiences

A total of 44 focus group sessions were held across the four sites between May and July 2007, and involved over 150 young people. The scope was deliberately extended to include 10 and 16 year-olds, with the aim of thoroughly testing the 'age-appropriateness' of the tool's content and exploring the idea of widening the target age range.

The focus groups included significant numbers of young people from groups known to be at increased risk of disadvantage: for example, 24 per cent of participants were from black and minority ethnic backgrounds, and 22 per cent attended a pupil referral unit and 14 per cent a special needs school. Dedicated focus groups were held with particularly 'hard to reach' young people such as travellers and looked after children, and one session was held in a school for children with complex learning needs and moderate learning difficulties.

Again, responses to the pilot version of the NHS Teen LifeCheck were generally positive.

- **'Young people viewed the TLC as a tool designed to improve health. The majority, including those in target groups, were positive about it as a concept...**
- **Most participants were happy with the range of subjects covered in the main quiz. Participants wanted more/better choices of responses in the quiz, and less dense text and use of lists...**
- **In general participants were happy to consider using the TLC in most types of settings; privacy was their key concern.'**⁵³

"There's a huge difference between a 10-year-old and a 16-year-old when it comes to information needs and levels of understanding. By involving young people at every stage, we were able to develop a good understanding of exactly who we should be targeting and how best to reach them."

Michelle Wiseman, NHS Teen LifeCheck Project Lead

⁵³ *ibid.*, p.23.

However, there was felt to be some scope for improvement.

- **'The content of [some] parts of the quiz attracted more criticism, particularly the personal profile...**
- **...Young people felt [the TLC] could be made much more attractive and engaging. The design and presentation of some of the hyperlinks was found to be uninviting.**
- **Young people wanted the TLC to be able to give a personal/individualised response. This included the response to their quiz score and to questions they wanted to ask.**
- **Participants wanted the tone of the TLC to be more positive and to feel more inclusive of those not engaging in risk taking behaviour.**⁵⁴

The main reason for users' negative reactions to the personal profile was that feedback for all areas was provided on a single page. Some found this overwhelming, and the presentation unappealing.

Feedback from stakeholders

With stakeholders, the team used two routes to gather information: parent focus groups, and interviews with professional stakeholders. Of the four parent groups, three were predominantly positive about the pilot NHS Teen LifeCheck tool. Those parents who responded negatively felt that resources would be better spent on expanding a more personal, direct source of advice and guidance for young people, such as ChildLine. There were also concerns about the appropriateness of some of the content, for example on smoking, alcohol and sexual health, for younger users.

The stakeholders comprised the local co-ordinators of each of the four Teenage Health Demonstration Sites areas and stakeholders from health, educational and youth work settings. Participants expressed a need for greater clarity regarding the aims of the tool, and stressed the importance of promoting it effectively, particularly given the number of other initiatives competing for young people's time and attention. They suggested a number of ways in which the tool could be publicised and promoted.



⁵⁴ *ibid.*, p.23.

- **'National co-ordination and marketing consistency to ensure the same message was put across (cf. the Teenage Pregnancy Strategy).**
- **To support schools and pupil referral units, in the following ways: build the TLC into the curriculum; provide lesson plans for PHSE teachers and teacher information about the concept behind tool; provide posters and other publicity materials for schools.**
- **To link up with the National Healthy Schools Programme e.g. joint work with schools working towards National Healthy School Status.**
- **To provide an introduction pack for every 11-year-old coming up from a primary school that included information on the TLC within that.**
- **To familiarise young people with the tool and its links in school and community settings, so young people can then use the tool on their own.**
- **To promote in combination with other attractions at (big) community events.'**⁵⁵

While the overall concept of the NHS Teen LifeCheck was seen as a good one, more work was needed to ensure that the design and content really reflected young people's needs and that it would be available in settings where users' confidentiality would be protected.

Stakeholders felt that the tool needed to be targeted more tightly at a specific age range and that this should be reflected in the choice of imagery. Some felt that both the language and the imagery used were trying too hard to be 'streetwise'. Stakeholders also felt strongly that the personal profile delivered at the end of the tool should do more to reinforce existing good health behaviours.

'Empowering messages would be useful, as would messages concerning relapse prevention, "you're not drinking at the moment but if things start getting out of hand you might want to go and get help from this kind of place".'⁵⁶

There was some concern that the tool as it stood could be problematic for some groups of young people.

⁵⁵ *ibid.*, p.29.

⁵⁶ *ibid.*, p.31.

“The TLC is literacy dependent... What about our young people with learning disabilities, what about our young people who have poor literacy and numeracy skills? Because it then isn’t confidential and their personal profile isn’t confidential, it relies on someone working through that with them and then the meaning of the tool changes...”
(Local stakeholder)

“There’s nothing in [it] for lesbian and gay/bisexual young people is there? It doesn’t speak to them in any way, shape or form, [or] heterosexual young people who will be growing up in friendship groups that will have a young person that will be lesbian, gay or bisexual at some point...” (Local stakeholder)⁵⁷

Stakeholders also spoke about the potential need for support to cope with ‘emotional fall-out’ from using the tool, and for the need for clear signposting to high quality local services.

National Children’s Bureau focus groups

The National Children’s Bureau held six focus groups with young people aged 10 to 16, to explore their feelings about the NHS Teen LifeCheck.⁵⁸

- Would it encourage them to make positive changes to their lifestyles?
- Does it meet the needs of different groups of young people?
- How and when would they like to access it, and how should it be promoted?
- Does it cover the right topics? Are there any missing areas they would like to see added?

Reactions to the pilot tool were generally positive with participants – including young people from a range of ethnic backgrounds and young people in care and from secure settings – agreeing that the NHS Teen LifeCheck could have a positive impact on knowledge, attitudes and behaviour.

The groups’ key recommendations for improving the tool included:

- avoiding making negative assumptions about young people’s habits and behaviour;
- reinforcing the positive choices that young people were already making;
- introducing more colour, movement and sound;

⁵⁷ *ibid.*, p.32.

⁵⁸ National Children’s Bureau, *Teen LifeCheck – Phase 2 consultation report*, August 2007.

- increasing accessibility by adding audio and allowing users to change font sizes; and
- adding new topics such as puberty, getting into trouble (with the police, school or family), anti-social behaviour and youth crime, family breakdown/problems, child abuse, money management and relationships.

Revising the NHS Teen LifeCheck tool

These findings formed the basis for an extensive revamp of the tool. The NHS Teen LifeCheck now comprises 14 multiple choice questions covering areas including healthy eating, exercise, safe sex, drugs and alcohol, bullying, family, neighbourhood safety and self-esteem. A personalised results page invites users to find out more. Clicking on the button leads to a page of more in-depth information, and gives users the opportunity to set personal goals and access further sources of guidance and support.

The Department of Health also drew on input from the Maypole Youth Centre in Birmingham. Groups of young people gave detailed feedback on the tone and language used and took part in workshops alongside designers, directly inputting into the look and feel of the revised tool.

The main changes made to the tool include:

- **Front page:** a 'splash' page welcomes users to the tool rather than asking them to input information straight away, and clearly states its purpose.
- **Gender:** in response to concerns raised by lesbian, gay, bisexual and transgender groups, the finished tool will allow users to choose not to state their gender.
- **Accessibility:** the tool now features audio throughout and the font size has been increased, improving accessibility for visually impaired users and making the tool generally more engaging.
- **New look and feel:** the new tool is bolder, more colourful and more visually appealing, with more illustrations, photos and videos.
- **More interactivity:** young people can now use the tool to set their own health and well-being goals.
- **Stronger call to action:** feedback pages have been completely redesigned. They are now broken down into shorter, discrete, digestible sections, and the tool now includes 'top tips' highlighting simple, practical steps that young people can take to boost their health and well-being.

- **Feedback on positives as well as negatives:** previously, users only got feedback where they selected a 'risky' behaviour option. Now users get feedback on low-risk as well as high-risk options, reinforcing positive behaviour.
- **Speaking the right language:** all text in the new version of the tool has been checked and cleared with young people aged 12–15.
- **'Save and return':** users can work through the tool over the course of a number of sessions, picking up where they left off each time (note that this functionality will be implemented in time for the national launch).
- **Extra topics:** including dealing with family issues, feeling safe in the neighbourhood and being a victim of crime.
- **Video:** the revised tool includes video clips of young people talking about their own experiences, reflecting young people's calls for messages to be communicated visually throughout the tool.

In the light of the pilot findings as well as further discussions with key stakeholders, the Department of Health decided to target the revised tool at 12–15-year-olds, with a particular focus on 13–14-year-olds (the main users of the pilot tool).

Developing the NHS Teen LifeCheck: key research

Social Science Research Unit, *Teen LifeCheck Evaluation: Final Report*, March 2008.

www.ioe.ac.uk/ssru/reports/TLC%20Report.pdf

National Children's Bureau, *Teen LifeCheck – Phase 2 consultation report*, August 2007.

Testing the NHS Teen LifeCheck

Behavioural research consultancy Bunnyfoot have tested the revamped tool with young people, using eye-tracking technology to explore exactly how users respond to the tool and provide detailed feedback on its strengths and weaknesses.

"It was clear from the pilot that the majority of young people using the tool were aged 13 or 14. We needed to ensure that the content in the NHS Teen LifeCheck would be equally relevant and appropriate to everyone using the tool, hence the decision to focus on 12–15-year-olds."

Michelle Wiseman, NHS Teen LifeCheck Project Lead

Participants were asked for their general impressions of the tool, their views on how they would like to access and use it, and their recommendations as to how it could be further improved. Most users found the tool appealing, easy to use and informative, and liked the style, presentation and choice of images. Navigation was simple. The NHS logo provided reassurance that the information

provided would be up to date, reliable and accurate. Users were also happy to provide accurate information about themselves and felt confident that their privacy would be protected.

The slide below captures a cross-section of participants' reactions to the look and feel of the tool and the language used.⁵⁹

Initial thoughts – positives...

"I like the writing and the pictures. The writing is sort of random and cartoony. I like the colours too"

"Its nice and bright – I like it. The writing is big and sharp."

"I really like it – it is bright and the pictures are great"

"Bright, colourful, eye catching. Easy to read"

"It is eye catching. It is designed in a good way. The pictures, etc. Make me want to look at it. It is toned at the right level for teenagers"

"I like it. The pictures are good and it looks sort of cartoony – perhaps not serious enough though if someone has serious problems"

"I like how it is presented, the Graffiti looks cool."

"I like the way they use different boys and girls – some happy, some mixed. Bold writing for the title, not too much info. Easy to read. The images are good and the colours are bright. The writing really stands out"

"Good colours, and the pictures look good. The style and writing is good for teenagers"

"Its cool, I like the pictures. I would definitely want to have a go at that."

"It is quite colourful, it will definitely appeal to teenagers."

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⁵⁹ Bunnyfoot, *User Testing Report: NHS Teen LifeCheck*, June 2008, slide 11.

Users also made some recommendations as to how the usability of the tool could be improved.

- **'Audio was expected to appear on the feedback pages too.'**
- **Clicking the back button on the browser causes the user to be taken right out of the application – this was annoying and frustrating.**
- **The symbol for muting sound on the video is not obvious – users would expect a speaker.**
- **Users felt that the button name "Games, Support & Advice" was a bit misleading.⁶⁰**

Users also said that they would prefer the audio function to be delivered by video clips of 'real' young people rather than a computerised version.

Bunnyfoot's own usability experts have also worked through the tool and come up with a list of detailed recommendations for maximising the user experience.⁶¹ These include ensuring that all questions are phrased consistently, that all 'clickable' elements on the page are clearly indicated and that internal links between pages are consistent, and tweaking the audio function so that it has to be switched on once only, at the start of the tool, rather than on each page.

Bunnyfoot's findings have now been fed into the version of the tool that is currently being piloted. For example, the tool now includes a revised audio function that uses footage of 'real' young people.

Testing the NHS Teen LifeCheck: key research

Bunnyfoot, *User Testing Report: NHS Teen LifeCheck*, June 2008.

Bunnyfoot, *Expert Evaluation: NHS Teen LifeCheck*, May 2008.

Next steps

A mini-pilot is currently under way across the four Teenage Health Demonstration Sites areas. The research team is using a qualitative, interview-based approach to explore the responses of young people and the health professionals who work with them to the revamped tool, and to measure the willingness of those professionals to promote the tool to the target audience.

⁶⁰ *ibid.*, slide 7.

⁶¹ Bunnyfoot, *Expert Evaluation: NHS Teen LifeCheck*, May 2008.

Initial findings

Early findings from the mini-pilot show that the NHS Teen LifeCheck has been positively received by both young people and stakeholders. Both audiences felt that the look and feel of the site was engaging, appealing and relevant to the target audience, and agreed (to differing extents) that the site was useful. Most users found the site straightforward and easy to navigate. Most young people were happy to answer all 14 questions in a single sitting. Stakeholders stated that they would be happy to play a role in promoting the NHS Teen LifeCheck.

Raising awareness

Users agreed that the tool would help to raise awareness of the issues covered. Young people were particularly interested in the areas covered in the 'Your feelings' section of the tool as the issues included in 'Your lifestyle' are also covered through other channels (for example, school).

Signposting to further support/information

The further support and information services were seen as helpful and relevant, and showed the potential for the tool to become a one-stop shop for information and advice. However, it is important that these aspects of the tool are made more prominent.

Supporting behaviour change

All young people saw the process of working through the NHS Teen LifeCheck as helping to set clear parameters regarding what was 'right' and 'wrong'. For those who were already motivated and thinking about change, the site provided an effective source of support to change their behaviour.

For those young people who were not already motivated and were dabbling in more risky behaviours, the site, while not actively prompting change, did raise awareness of the risks associated with their behaviour. There was evidence to suggest that this awareness was leading to a shift in attitude among some respondents, particularly in 'lifestyle' areas such as food, exercise and bullying.

The site had least impact on behaviour change among those young people for whom negative health behaviours had already become the norm. Stakeholders felt that these more entrenched young people would need extra facilitation to bring about behaviour change, rather than relying on the tool alone. However, the NHS Teen LifeCheck was still seen as a useful way of initiating ongoing conversations on a range of health and well-being issues with this group. This reflects one of the key underlying principles of the NHS LifeCheck initiative – that it should not be seen as a stand-alone intervention but as part of a package of information and support.

Recommendations for future development

The findings identified a number of possible areas for development. These include:

- Moving the 'Your feelings' questions closer to the front of the tool, reflecting users' positive response to these topics.
- Making the 'support' elements (for example 'top tips', goal-setting, additional links) more visible in order to support behaviour change.
- Adding an email service, to provide further support for behaviour change. However, the idea of texting was rejected by most ('too close to home', not confidential enough).
- Exploring additional interactive hooks that could encourage young people to return to the tool.

The tool will be rolled out to the most deprived areas of England towards the end of 2008 and nationally early in 2009.



The NHS Mid-life LifeCheck



'People [in mid-life] may feel that they gain by the process [of transition], especially if they initiated or felt in control of it... There are two main tasks that an individual has to undertake to move successfully through a transition: taking control by understanding the process, and acquiring the necessary knowledge; this can then be a basis for action.'⁶²

Scoping the NHS Mid-life LifeCheck

Taking action at local level

In 2005, the National Institute for Health and Clinical Excellence (NICE) pulled together learnings from eight pilot projects run by the Health Development Agency between 2001 and 2003. These projects aimed to promote a better understanding of mid-life (defined as the years between 50 and 65) and to identify how people could best be supported to improve their health and well-being during this period. *Taking Action at Local Level*⁶³ highlights a range of research pointing to the benefits of targeting people at this point in their lives.

'The period between ages 50 and 65 is becoming recognised as a period of mid-life transition, when people start to address a range of issues in their lives that may be health-focused, but may also relate to income, occupation, community role, family and friends (Bowers *et al.*, 2003).

The second Wanless report *Securing good health for the whole population* (Wanless, 2004) highlights the case for longer-term investment in public health in the light of changes in the demographic structure, and the likely impact an ageing population could have on demand for services in the NHS. The White Paper *Choosing health* (DH, 2004a) identifies the value of supporting health improvements among people in mid-life as a way of promoting health and well-being in older people.

People in areas of deprivation, whose health is more likely to be affected by increased morbidity, may have fewer opportunities to address these mid-life issues. The Government's plan *Tackling health inequalities* (DH, 2003a) identifies targeting people aged 50+ as an effective strategy for increasing life expectancy and narrowing the gap in life expectancy between unskilled and professional groups.

⁶² National Institute for Health and Clinical Excellence, *Taking action at local level: a resource for improving health and wellbeing in mid-life. Part 1: Developing local strategies*, 2005, p.13.

⁶³ *ibid.*

A series of reports have recommended a whole-systems approach that supports the development of opportunities and services to meet the different needs and priorities of older people, including those in mid-life (BGOP, 2002; Audit Commission, 2004).⁶⁴

The report demonstrates how supporting people in mid-life can help in the delivery of a number of the objectives set out in the Department of Health's National Service Frameworks. These include reducing risk factors for coronary heart disease and addressing health inequalities in this area, and reducing the difference in life expectancy between those from disadvantaged backgrounds and the rest of the population.

It also explicitly supports the concept of empowering people by putting them in control of the decision-making process.

'[How individuals experience transitions] can be influenced by past experiences, personal preferences, and their own degree of involvement in the change. The extent to which change is a result of personal choice or has been imposed has a strong influence on how an individual deals with the process of transition. People may feel that they gain by the process, especially if they initiated or felt in control of it. If the change is imposed

or is considered a loss, then there is more resistance to the transition. There are two main tasks that an individual has to undertake to move successfully through a transition: taking control by understanding the process, and acquiring the necessary knowledge; this can then be a basis for action (Adams *et al.*, 1976)⁶⁵

'There is evidence based on multi-level research designs that empowering initiatives can lead to health outcomes and that empowerment is a viable public health strategy.'⁶⁶

The health trainer initiative

The 2004 Government White Paper *Choosing Health*⁶⁷ proposed the creation of a new role, whose objectives would be to improve health and reduce health inequalities. Accredited health trainers will be drawn from local communities and trained to reach out to those who want to adopt healthier lifestyles but who would otherwise have little contact with health services.

'The role of the health trainer encompasses much more than advice and support. It involves training people in skills to actively set their own behavioural goals and manage their own behaviour and, more broadly, events and circumstances in their lives that they would like to change. In targeting those people who would like to change behaviours relevant to their health, and have previously been hard to reach via other services, the health trainer has the potential to reduce health inequalities.'⁶⁸

⁶⁴ *ibid.*, p.2.

⁶⁵ *ibid.*, p.13.

⁶⁶ World Health Organisation Regional Office for Europe's Health Evidence Network February 2006 quoted in Public Health Action Support Team, *Literature Review and Website Modules: Mid-life LifeCheck Development*, 2007, p.40.

⁶⁷ Department of Health, *Choosing Health: Making healthy choices easier*, 2004.

⁶⁸ British Psychological Society, *Improving Health: Changing Behaviour. NHS Health Trainer Handbook*, 2008, p.4.

Health trainers will use a range of tried and tested techniques to help people make long-term, positive changes to their behaviour. This idea of giving people the information and support they need to make their own informed choices about their health and some of the techniques which will be used by health trainers have fed directly into the development of the NHS Mid-life LifeCheck tool (see below). The tool also uses open questions and encourages people to take control and set their own priorities rather than simply telling them what to do.

‘Helping the client to think about their health behaviours and what *they* are worried about, or what *they* believe, means that it is the client who decides what is important and relevant to themselves, and which behaviour they want to change. This will make behaviour change and maintenance more likely to succeed.’⁶⁹

Scoping the NHS Mid-life LifeCheck: key research

National Institute for Health and Clinical Excellence, *Taking action at local level: a resource for improving health and wellbeing in mid-life. Part 1: Developing local strategies*, 2005.

Developing the NHS Mid-life LifeCheck

The tool was developed using a combination of expertise from within the Department of Health and elsewhere, including academic, professional and voluntary sector organisations. It focuses on assessing modifiable risk factors including smoking, healthy eating, alcohol use, physical activity and emotional well-being. Users are given detailed feedback and are helped to set realistic, motivating personal goals. The NHS Mid-life LifeCheck also provides links to further sources of information and support.

“One of the key principles underlying the development of the tool was the need to reduce health inequalities. That meant making the tool as accessible and user-friendly as possible, by keeping the language simple and the number of questions to a minimum. We wanted to produce something that would get people to the results as quickly as possible and then motivate them to consider changes to their lifestyle that will improve their health and well-being.”

Paula Cooze, NHS Mid-life LifeCheck Project Lead

⁶⁹ *ibid.*, p.13.

Exploring the NHS LifeCheck concept: Sheffield Hallam University

The Faculty of Health and Well-being at Sheffield Hallam University gathered information from over 400 participants about key aspects of the NHS Mid-life LifeCheck concept, including content, format and any anticipated barriers to engagement.⁷⁰ The findings suggested that potential users wanted three distinct types of information from the tool.

‘Diagnostic information: LifeCheck should inform the user about potential health problems, which might otherwise have gone undiagnosed. This is a top level screening however, and LifeCheck cannot hope to screen for all possible illness.

Directive information: LifeCheck should provide a mechanism to support users in seeking further information, or making lifestyle changes according to risk factors

identified within the tool. LifeCheck should also help to prioritise lifestyle changes for people who have more than one area of potential improvement.

Public information: As an initiative, supported by the Government and health services, LifeCheck will communicate the message that the health of people within the target age range is important and valuable.’⁷¹

Flexibility was seen as essential: potential users wanted the freedom to use the sections of the tool that were most relevant to their individual circumstances and priorities. Similarly, they wanted personalised feedback: evidence that NHS LifeCheck had ‘listened’ to them. There was a clear consensus that users should generally expect to complete the NHS LifeCheck themselves, and that the internet should be the main channel.

Defining the content: University of Westminster

The University of Westminster’s Health and Well-being Network was tasked with

“Putting the tool online is a way of opening up access to it as widely as possible. What marks NHS LifeCheck out from other online tools is the fact that it’s completely impartial and commercial-free, and free at the point of access.”

Paula Cooze, NHS Mid-life LifeCheck Project Lead

⁷⁰ Sheffield Hallam University, *A Potential NHS LifeCheck Tool: Evaluation and Development Project*, executive summary, 2007.

⁷¹ *ibid.*, p.4.

identifying the areas to be covered by the NHS Mid-life LifeCheck and developing an initial set of questions.⁷² The Network took as its starting point what it describes as ‘the ultimate health outcome’, premature mortality, defined as death before 75 years of age.⁷³ The team then surveyed the existing research and literature to identify the major contributory factors to premature death.

‘... we found that they clustered together into the following groups: clinical conditions, including hypertension, diabetes, high cholesterol, obesity and clinical depression; behavioural risk factors including smoking, low fruit and vegetable intake, high alcohol consumption and low physical activity; emotional and social risk factors including stress, low social support, poor self-assessed perception of health and low optimism.’⁷⁴

These are modifiable risk factors, but there are also modulating factors – unchangeable

individual characteristics that also have a significant impact on health outcomes. These include:

- gender
- age
- socio-economic status
- ethnicity
- family history
- personal medical history.

The research team therefore recommended that the tool should also cover these areas.

Questions themselves were developed based on a further survey of existing materials, and endorsed or amended by expert reviewers. The aim was to elicit as much information from tool users as possible in the most economical way. So, for example, a question about levels of fruit and vegetable consumption was included as the research

“It’s essential that we’re putting out consistent messages. So, for example, for the questions on alcohol units we’ve used the existing Department of Health ‘Know Your Limits’ calculator and for the questions on physical activity we’ve used the Chief Medical Officer’s standards. This way, NHS Mid-life LifeCheck reinforces the work that’s already being done to promote health and well-being, and vice versa.”

Paula Cooze, NHS Mid-life LifeCheck Project Lead

⁷² University of Westminster, *The Mid-life LifeCheck: development of item content*, 2007.

⁷³ *ibid.*, p.6.

⁷⁴ *ibid.*, p.6.

suggests that this is a useful general indicator of the healthiness – or otherwise – of a person’s diet.

Based on these findings, the team suggested that more detailed modules, with further questions and more in-depth information and feedback, be developed in the following areas:

- smoking
- fruit, vegetable and salad intake
- physical activity
- alcohol consumption
- clinical depression
- stress
- social support
- optimism.

They also developed a simple scoring system, again based on established good practice.



Behaviour planning: PHAST and the British Psychological Society

The section on behaviour planning draws on the findings of a literature review carried out by Dr Cecilia Pyper of the Public Health Action Support Team (PHAST) with the aim of identifying best practice in how to communicate with the public about modifiable health risks, and how to encourage people to reduce those risks by changing their behaviour.⁷⁵

⁷⁵ Public Health Action Support Team, *Literature Review and Website Modules: Mid-life LifeCheck Development*, 2007.

The decision was taken to adopt the model also being used in *Improving Health: Changing Behaviour. NHS Health Trainer Handbook* written by the British Psychological Society's Health Psychology Team.⁷⁶ The guidance is rooted in the belief that people will only change their behaviour when they are ready to, and that the role of the health trainer – or NHS LifeCheck – is to provide them with the information they need to make an informed decision and encourage them to examine their own thoughts and feelings about their health and well-being.

'Some people want to change but, because they can't see how to change, they don't feel able to make the first move.'

There is a technique called motivational interviewing that you can use to help clients decide if, what and how they want to change. The emphasis is on the client being in control and making decisions, with the Health Trainer encouraging and prompting them to explore their feelings and ideas around changing their behaviour.

Several sections in this handbook use ideas and techniques that are used in motivational interviewing, for example, the cost/benefit analysis. The *client* works out the advantages and disadvantages of changing their behaviour and the advantages and disadvantages of not changing their behaviour.⁷⁷

By adopting the same model as the health trainers, the NHS Mid-life LifeCheck will be able to reinforce their work, and vice versa.

Emotional well-being: PHAST and University of Westminster

Based on its review of the evidence, PHAST also recommended that the NHS Mid-life LifeCheck tool include a section on emotional well-being. The review cites evidence showing links between anxiety and depression and coronary heart disease and hypertension, and between stress and a range of physical health problems including some types of ulcers, asthma and arthritis.⁷⁸

"Inconsistent messages – particularly relating to behaviour change – provide people with an excuse for not taking action."

Paula Cooze, NHS Mid-life LifeCheck Project Lead

⁷⁶ British Psychological Society, *Improving Health: Changing Behaviour. NHS Health Trainer Handbook*, 2008.

⁷⁷ *ibid.*, p.14.

⁷⁸ Public Health Action Support Team, *Literature Review and Website Modules: Mid-life LifeCheck Development*, 2007, pp.41–2.



The recommendation to make emotional well-being one of the main strands of the tool is also supported by evidence quoted in the *NHS Health Trainer Handbook*.

'The beliefs that people hold about their capabilities, therefore, affect whether they make good or poor use of the skills they possess. Self-doubts can easily overrule the best of skills.'

Once an action has been taken, highly self-efficacious persons invest more effort and persist longer than those with low self-efficacy. When set-backs occur, the former recover more quickly and maintain the commitment to their goals.

People with an optimistic sense of self-efficacy, however, visualise success scenarios that guide the action and let them persevere in the face of obstacles.'⁷⁹

The NHS LifeCheck project team contracted the University of Westminster to develop a scoring system for the new section. Market research company FreshMinds was commissioned to gather 400 responses to the target questions from a sample that represented the tool's target audience. The responses suggested that three of the potential questions – on depression, stress and levels of optimism – generated information that provided a clear indicator of respondents' health and well-being. Responses to a fourth question, on social isolation, did not contribute any additional information to the assessment of risk, and the question was therefore removed from the tool.⁸⁰

Assessing cardio-vascular risk

The project team is working with partners to develop content that reflects the main risks faced by people aged between 45 and 60. This includes a section on cardio-vascular risk assessment, which is currently under development.

⁷⁹ British Psychological Society, *Improving Health: Changing Behaviour. NHS Health Trainer Handbook*, 2008, p.68.

⁸⁰ University of Westminster, *The Mid-life LifeCheck: Additional detail for scoring and feedback provision in relation to emotional well-being items*, 17th July, 2008.

Developing the NHS Mid-life LifeCheck: key research

Sheffield Hallam University, *A Potential NHS LifeCheck Tool: Evaluation and Development Project*, executive summary, 2007.

University of Westminster, *The Mid-life LifeCheck: development of item content*, 2007.

British Psychological Society, *Improving Health: Changing Behaviour. NHS Health Trainer Handbook*, 2008.

Public Health Action Support Team, *Literature Review and Website Modules: Mid-life LifeCheck Development*, 2007.

University of Westminster, *The Mid-life LifeCheck: Additional detail for scoring and feedback provision in relation to emotional well-being items*, 17th July, 2008.

Testing the NHS Mid-life LifeCheck

Usability

NHS Choices developed an initial click-through version of the tool. Behavioural research consultancy Bunnyfoot carried out usability testing in early 2008, including using eye-tracking technology to see exactly how users reacted to each screen. The image on page 67 shows how users carried out their initial scan of the tool's home page.⁸¹



“The evidence shows that people from disadvantaged backgrounds are more at risk from heart disease. We therefore needed to address this if the NHS Mid-life LifeCheck was to meet its goal of reducing health inequalities.”

Paula Cooze, NHS Mid-life LifeCheck Project Lead

⁸¹ Bunnyfoot, *User Testing Report: Mid-life LifeCheck*, February 2008, slide 15.

Homepage



15

Gazeplots for individual users show the common areas for initial scanning



Recommendations for improving the tool included:

- avoiding abrupt changes in imagery (for example, from pictures of people at the bottom of the target age range to people at the top) and using consistent imagery within sections to help users locate where they are in the tool;⁸²
- increasing the size of the 'Back' and 'Next' buttons on each screen to improve navigation and accessibility;
- ensuring consistency of layout and presentation through, for example, using the same colour and font for questions throughout the tool, giving each page a short introduction and using icons to indicate the topic; and
- reducing the word count on some pages and simplifying the language, as shown on page 69.⁸³

⁸² *ibid.*, slide 2.

⁸³ *ibid.*, slide 17.

Participants were also asked to give their overall impressions, suggest improvements and state how and where they would prefer to access the tool.

The slide below shows how participants responded to the 'Welcome' page, giving detailed feedback on content, imagery and navigation.

Most participants in the research enjoyed using the tool, finding it intuitive, easy to understand and informative. They welcomed the idea of being able to print out and take away a summary of their results. While most said they would be unlikely to come back and work through the tool again, they recognised that the page providing information about local services would be a useful way of following up any health issues identified.

The screenshot shows the 'Welcome' page of the NHS LifeCheck tool. The page features the NHS logo, a 'Welcome' header, a group photo of diverse people, and several paragraphs of text explaining the tool's purpose and privacy policy. A 'next' button is visible at the bottom right. The text 'MID LIFE' is partially visible at the bottom right. A navigation instruction 'To go back press ← on keyboard' is at the bottom center.

LifeCheck NHS

Welcome

This NHS LifeCheck has been specifically designed for the mid-life stage when you will be experiencing changes such as ageing parents, and a greater sense of self-awareness. It's a great time to take stock!

By 'doing a NHS LifeCheck' – answering a short questionnaire on your lifestyle and health, you will be able to get a personalised set of results, and offered the opportunity to plan changes to enhance your health and well-being.

All your answers are private and no one can see your personal details. We won't ask you for your name or address – any answers that you give will only be used to give you information and to improve this NHS LifeCheck.

For answering as many questions as possible as this will enable the fullest results. Then work through the behaviour change pages to start planning for a new you!

Remember, no one can see your personal details.

next

MID LIFE

To go back press ← on keyboard

Screen 2


User Feedback Callouts:

- Users found the information on the Welcome page was well written, clear, and easy to understand. Most were reassured by the double confirmation that answers provided would be private
- Significant contrast between this image and the one on the homepage – look older than 60. Consider changing to a younger image (maybe using the four from the homepage?)
- All users spotted and understood that they clicked next to continue

LifeCheck **NHS**

This is actually two sentences – change to paragraph

How you feel



Do you agree with the following sentence?

“When times are difficult, I generally look forward to my future. I usually expect the best, or at least expect more good things than bad things to happen to me.”

- I strongly agree
- I agree
- I neither agree nor disagree
- I disagree
- I strongly disagree

Users need to read this at least twice to understand what it says – simplify

I feel optimistic for the future

To go back press ← on keyboard **next**

MID LIFE

Screen 17

The copy in the slide above now reads ‘Do you agree with the following sentence: When times are difficult, I remain optimistic for the future.’ The tool was also evaluated by Bunnyfoot’s usability experts.⁸⁴ Their findings were extremely positive.

‘NHS Mid-life LifeCheck is a useful and informative tool, helping and motivating individuals to improve health and well-being for themselves through a series of interactive screens and questions. The language used is informative and encouraging, and overall the tool performs well in terms of usability.’⁸⁵

⁸⁴ Bunnyfoot, *Expert Evaluation: Mid-life LifeCheck tool*, January 2008.

⁸⁵ *ibid.*, slide 5.

They also praised the tool for its ease of navigation and its clear emphasis on privacy and confidentiality which, they felt, would encourage users to 'open up' and answer questions fully and honestly. Action points included ensuring complete consistency in punctuation and presentation and improving accessibility by using something other than differences in colour to highlight different options.

Behaviour change: The People Partnership

The project team also commissioned The People Partnership to look specifically at the behaviour planning section of the tool.⁸⁶ The research team carried out 60 hour-long face-to-face interviews with people aged between 45 and 60 and followed these up two weeks later with a 20-minute phone interview designed to measure the impact of the tool. Participants were split equally between the five sections of the tool, with 12 people each responding to the sections on smoking, alcohol, physical activity, healthy eating and emotional well-being.

The sample consisted of 30 men and 30 women. Three-quarters of the participants came from social groups C2, D and E, and three-quarters lived in urban areas. The group included people from minority ethnic backgrounds, people with children still living at home, people who were acting as main carers for another person and people who were either homeless or living in temporary accommodation.

Participants were generally receptive to and interested in the concept of the NHS Mid-life LifeCheck tool. They were positive about the idea of taking responsibility for their own health and well-being, and found the information provided by the tool accessible and easy to understand. Although the sample included a number of people who did not ordinarily use computers, there was a generally favourable reaction to the online format, although findings did suggest that a small minority of the least IT literate would be likely to 'self-select out' of completing the tool.

Testing the NHS Mid-life LifeCheck: key research

Bunnyfoot, *User Testing Report: Mid-life LifeCheck*, February 2008.

Bunnyfoot, *Expert Evaluation: Mid-life LifeCheck tool*, January 2008.

The People Partnership, *MLLC End User Research*, June 2008.

“A chance to think about things differently”

“Changes your perspective on things”

“Helps identify very specific actionable steps that can be taken to improve health behaviours”

⁸⁶ The People Partnership, *MLLC End User Research*, June 2008.

“Sense that small changes can make a big difference”

“Puts known information into an actionable format”

“Helps focus the mind”

“Makes an insurmountable task seem do-able”

“It was really quick and easy to complete the whole thing – it only took me about 20 minutes.”⁸⁷

Participants agreed that mid-life was a good point at which to take stock and think about making positive changes that could impact on their health and well-being in the longer term.

“I’m aware that I couldn’t go on as I have been”

“Age has got a lot to do with it, now I’m more serious and feel I really need to do something”

“I can’t get away with it any more and I want to enjoy the rest of my life.”⁸⁸

However, it was clear that, in order to make positive changes, people needed to have a certain level of motivation already. They were also more likely to make changes if they had a good support system behind them.

The research pointed to a number of ways in which the tool could optimise the likelihood of users actually setting realistic, motivating personal goals.

- **‘... focusing on “small steps to make a big change” is a valuable approach**
- **... highlighting the likelihood that a change in one area of health behaviour is likely to impact positively on other areas**
- **... setting the scene and stressing the importance of making a commitment by**
 - **thinking about it in a relevant way**
 - **talking to key others about it**
 - **actually writing down a precise plan of intent**
- **... illustrating the whole process at the beginning of the MLLC [Mid-life LifeCheck] so that individuals get an idea of the overall idea before embarking on it**
- **... differentiat[ing] the development of the plan of intent from the recording and monitoring elements of the process**
- **... making the actual plan as simple, straightforward and flexible as possible in order to maximise likelihood it will actually be followed**

⁸⁷ *ibid.*, p.20.

⁸⁸ *ibid.*, p.21

through

- ... developing a recording and monitoring approach by providing examples/case studies
- ... highlighting the potential rewards of behaviour change, whether internal and/or external
- ... review[ing] progress on an ongoing basis and adapt the plan accordingly
- ... presenting the process as ongoing and relating to lifestyle going forward, rather than simply as a one off exercise in order to meet a single specific goal.⁸⁹

Participants also cited the need for support, whether from friends and family, online sources of information, or healthcare or community professionals, including health trainers. They also felt that the way the NHS Mid-life LifeCheck was presented and marketed would be critical to its success.

'It was felt essential that MLLC be communicated as a check for everyone in the age group, rather than allowing it to be perceived as only for those who had overt signs of ill-health and/or those

who consciously felt they needed it...

... It was felt to be important that the ways in which MLLC is different from/better than and/or can work in conjunction with what already exists should also be overtly highlighted for example:

- flexible – can use at any time, anywhere
- free personalised
- can monitor progress
- coach for a lifetime not just a one off
- use in conjunction with other local support and, if relevant, health professionals.⁹⁰

The research indicated that the NHS Mid-life LifeCheck has the capacity to change people's behaviour. It also suggested that effective marketing, and embedding the tool within the broad range of services and support already available, will be essential if it is to succeed in triggering behaviour change.

⁸⁹ *ibid.*, p.15.

⁹⁰ *ibid.*, p.17

Next steps

Following testing by both Bunnyfoot and The People Partnership, the NHS Mid-life LifeCheck is being redesigned by an external creative agency. The NHS LifeCheck project team has asked Stoke-based charity the Beth Johnson Foundation to set up reference groups to monitor the effectiveness and appropriateness of the revised NHS Mid-life LifeCheck as it is developed. The Foundation works to improve older people's quality of life by commissioning and supporting research and disseminating good practice.

The groups are drawn from the local area, which faces considerable socio-economic deprivation. They include people with mental health problems, including anxiety and depression, and many who would not otherwise be regular IT users. The groups have spent face-to-face time with the agency responsible for the redesign of the tool, providing not only valuable input on design and usability but also useful insights into general attitudes to technology and internet use.

The Foundation's CEO, Alan Hatton-Yeo, and its strategic lead are also providing expert input into stakeholder groups. These groups met at a symposium on 6 November to discuss the implementation of all three NHS LifeCheck tools and look at how they can complement existing Department of Health initiatives such as the Children and Families Inclusion Programme and support the delivery of the relevant PSA targets (see Appendix).

Focus groups have also been set up to provide ad hoc feedback on the tool's evolving content and design. The idea is that these groups will provide a fresh perspective, which can then be fed into the work of the established reference group.

The NHS Mid-life LifeCheck will be accessible via the NHS Choices website. A series of pilots planned for early 2009 will look not only at the effectiveness and appropriateness of the tool, but also at how the Department of Health can encourage take-up by building partnerships with community organisations. For example, the Department has commissioned the regeneration team at Bristol City Council to design a pilot that will involve various different local faith groups and target social groups C2, D and E at the same time. The aim of the pilot is both to find out how specific groups respond to the tool and to explore ways in which community groups can help to promote and publicise the NHS Mid-life LifeCheck.

The NHS LifeCheck project team is currently considering a number of cardio-vascular risk assessment tools for inclusion in the NHS Mid-life LifeCheck. The team is also looking at whether the target age range for the tool should be expanded to include 40–45-year-olds.

“Our involvement with the NHS LifeCheck tool is ongoing. We will support the roll-out, looking at areas like how the tool is advertised, and how best to encourage take-up. We also hope to draw on our expertise in inter-generational work to look at how lessons from the Mid-life tool can be shared – potentially, we see this as a model for learning for the whole family.”

Alan Hatton-Yeo, CEO, Beth Johnson Foundation

“We didn’t want the reference group to turn into an expert group. Once people get used to the tool, there’s a danger that they’ll stop seeing potential problems. The focus groups mean that we’ve got regular access to people who’re seeing the tool for the first time. Their input is invaluable.”

Paula Cooze, NHS Mid-life LifeCheck Project Lead

Updating the evidence base



This document provides a summary of the research carried out and evidence gathered up to the date of publication, December 2008. With research and testing ongoing on all three tools, the Department of Health plans to produce an updated version of this evidence base in summer 2009. This will include all evidence and research gathered up to the point of roll-out.

The revised evidence base will be available online at www.dh.gov.uk/lifecheck

Appendix: Public Service Agreement targets



The following table shows how the NHS Early Years, Teen and Mid-life LifeChecks support a range of Public Service Agreement (PSA) targets.

PSA delivery agreement	Indicator	Background	Spectrum of influence				
			High	_____		Low	
1. Halve the number of children in poverty by 2010/11, on the way to eradicating child poverty by 2012	3. Children in relative-low-income households and material deprivation	Child deprivation questions. Leisure equipment, facilities to play safely, swimming once a month, hobby or leisure activity, play group, nursery, toddler group at least once a week for pre-school children		EYLC	TLC		
10. Raise the educational achievement of all children and young people	1. Early years foundation stage attainment	Contributing factor is early years development and family input	EYLC				
	3. Proportion achieving Level 5 in both English and mathematics at Key Stage 3	Evidence of health and link to educational achievement			TLC		
	4. Proportion achieving five A*–C GCSEs (or equivalent) including GCSEs in both English and mathematics, at Key Stage 4	See above			TLC		
11. Narrow the gap in educational achievement between children from low-income backgrounds and their peers	1. Early years achievement gap at early years foundation stage attainment	Personal social and emotional development, physical development, communication		EYLC			
	5. Proportion of children in care achieving five A*–C GCSEs (or equivalent) at Key Stage 4	Relative educational achievement of children in care demands multi-agency priority and support			TLC		

Key: NHS Early Years LifeCheck (EYLC) NHS Teen LifeCheck (TLC) NHS Mid-life LifeCheck (MLLC)

PSA delivery agreement	Indicator	Background	Spectrum of influence				
			High	←————→			Low
12. Improve the health and well-being of children and young people	1. Prevalence of breastfeeding at six – eight weeks	EYLC can assist people with information for their second, and any further children				EYLC	
	2. Percentage of pupils who have school lunches	Healthy eating and improvements in school food		TLC			
	3. Levels of childhood obesity	Advice on feeding, exercise, activity levels and healthy eating	TLC	EYLC			
	4. Emotional health and well-being, and child and adolescent mental health services (CAMHS)	Emotional health section				TLC	
13. Improve children and young people's safety	1. Percentage of children who have experienced bullying	Specific bullying questions	TLC				
	3. Emergency hospital admissions caused by unintentional and deliberate injuries to children and young people	Specific safety questions		EYLC			
14. Increase the number of children and young people on the path to success	2. More participation in positive activities	Information about positive activities such as physical activity		TLC			
	3. Young people's substance misuse			TLC			
	4. Reduce the under-18 conception rate	Specific questions on this area		TLC			
	5. Reduce the number of first-time entrants to the criminal justice system aged 10–17	The more actively engaged young people are, the less likely they are to commit crime				TLC	

Key: NHS Early Years LifeCheck (EYLC) NHS Teen LifeCheck (TLC) NHS Mid-life LifeCheck (MLLC)

PSA delivery agreement	Indicator	Background	Spectrum of influence				
			High	_____			Low
17. Tackle poverty and promote greater independence and well-being in later life	1. The employment rate of those aged 50–69 and the difference between this and the overall employment rate	Healthy people are more likely to stay employed and have a lower risk of losing work due to ill-health		MLLC			
	3. Healthy life expectancy at age 65				MLLC		EYLC TLC
18. Promote better health and well-being for all	1. All-age, all-cause mortality (AAACM) rate	Focus on ill-health prevention and the promotion of good health, and tackling health inequalities	EYLC TLC MLLC				
	2. Gap in AAACM between Spearhead groups and national average	LifeChecks have been developed with this target audience in mind	EYLC TLC MLLC				
	3. Smoking prevalence	Direct questions		MLLC TLC			
	5. Proportion of people with depression and/or anxiety disorders who are offered psychological therapies	Emotional health section looks at low-level stress				MLLC	
19. Ensure better care for all	5. People with long-term conditions supported to be independent and in control of their condition	Encourages people with long-term conditions to check out plans before embarking on them		MLLC			

Key: NHS Early Years LifeCheck (EYLC) NHS Teen LifeCheck (TLC) NHS Mid-life LifeCheck (MLLC)

PSA delivery agreement	Indicator	Background	Spectrum of influence				
			High ←				→ Low
21. Build more cohesive, empowering and active communities	3. Percentage of people who feel they belong to their neighbourhood	By being more active, people will be engaging more with their local area, forming social networks and having a stronger bond with their local community			EYLC TLC MLLC		
	4. Percentage of people who feel they can influence decisions affecting their local area	See above				MLLC	
	5. Thriving third sector. An index of: 1) percentage of people who engage in formal volunteering on a regular basis	See above				MLLC	
	6. Percentage of people who participate in culture or sport	Arts, architecture and historic environment, museums and archives, libraries, sport	MLLC				

Key: NHS Early Years LifeCheck (EYLC) NHS Teen LifeCheck (TLC) NHS Mid-life LifeCheck (MLLC)



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