

Age UK Focus Group Summary

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Introduction

Community engagement is a key part of effective public health practice. Currently, public health are redesigning a number of prevention services and were interested in seeking the views of community members on a number of health topics to help inform this redesign. A focus group was held on the 23 August 2018 at Age UK and included 10 Age UK volunteers and service users. A short presentation about public health and a selection of public health data from Trafford communities was given before the focus group.

Consent was sought from all participants (See Appendix 1) and the focus group was audio recorded with the agreement of all participants. The purpose of this document is to provide a summary of the issues discussed during the focus group.

Results

A. What makes a community healthy?

- Social interaction/being in contact with other people.
- Intergenerational contact is so important.
 - Several participants commented on groups that mixed older persons and a toddler group and how it was fantastic for the mums/carers and older persons to interact.
- Creating volunteer opportunities for vulnerable young people to help others is important to help build a sense of community. More broadly, the questions is how to get all those people interested in making their communities healthier volunteering.
- Welcoming health services were noted as important for making a community healthy.
 - One participant noted that their family practice is very welcoming and have links to walking groups and opportunities to participate in research groups. The practice really monitors their health and always seems to suggest things (e.g., activities, services).
 - Others noted that many older persons don't want to go to the doctor as they perceive they are being a burden and don't want to bother them. Part of

this is from media messages about the NHS being pushed to the limit. This creates a barrier for people accessing services when they are really needed.

- Social cohesion is key and getting people into work is so important. We need to think about examples from countries that provide a basic income and how that might work in the UK.

B. Key Health Issues in Trafford

- Poverty: participants felt that poverty was a consistent impact on the health and wellbeing of Trafford residents and health care demands.
- The difference in life expectancy was noted as a very deep concern by participants and that they are aware of different parts of Trafford having social and health issues.
- Alcohol was noted as a big issue.
 - Many have witnessed alcohol related violence and note that people come in from different areas to cause trouble.
 - Some noted concerns about the policies around the number of bars and that this impacts on their perceptions of safety such as feeling unsafe to go for a walk.
 - Others noted that some types of drinking establishments can bring gentrification, particularly in areas where businesses are struggling.
 - Hopelessness from worklessness/intergenerational worklessness could contribute to more drinking and increasing the likelihood of problem drinking so those underlying issues need to be tackled.
- Child development was noted as a concern because of the impacts of poverty/parenting capacity. Kids have a lack of basic skills and that affects their health later on. Unhealthy eating starts at a young age and continues on through life.
- Unhealthy eating might come from parents struggling to get by and not having time due to working multiple jobs.

C. Views on Prevention Priorities

- Physical activity is such a priority. It is important for classes for older persons to help with balance, retaining muscle mass and building flexibility.
 - One participants noted how wonderful their posture and stability class was and how it provided confidence for them getting out further.



- Screening was noted as important but barriers to access these services need to be addressed (e.g., mobility, accessing services, awareness)
- Social programs should be part of (and can be a way into) prevention programmes.
 - One participant noted the impact that a walking football programme had on getting people out and building their confidence (as well as providing social opportunities).
 - One participant noted that with their anxiety they could have easily stayed home but a coffee morning helped them meet social needs and then through that they were able to access postural stability courses.
 - Falls prevention classes don't just build strength but help with mobility and then people can move on to 'regular' exercises classes.
- Being connected to prevention and wellbeing activities is important as it means someone will check on you if you don't come.

D. Barriers to Prevention Services

- Awareness was noted as a key issue as many people in the community (especially those who are more isolated or don't get out) won't know about programmes.
 - While leaflets are important, word of mouth through organisations such as Age UK, as well as through community assets such as churches (e.g., coffee mornings) are important to link people into services.
 - Participants noted that many things aren't on the internet and that it isn't always the best way to learn about things.
 - The GP surgery was noted as a key hub that most people are connected with so that needs to be an opportunity for connecting people to prevention services.
- Carers may struggle to access services if they are too busy with their caring responsibilities.
- Having the courage to access services can be difficult (e.g. going to a new place on your own). There needs to be someone to help with that if needed (at least initially).
- It is important to understand the issues in people's lives such as poverty and mental health concerns if you want to help people change their behaviours.

Appendix 1: Consent Form

Information for participants

Thank you for considering participating in this focus group which will take place on 23rd August, 2018. This information sheet outlines the purpose of the focus group and provides a description of your involvement and rights as a participant, if you agree to take part.

1. What is the project about?

The purpose of this project is to help inform the development of prevention services in Trafford Council. Prevention services are important as they stop disease from happening by reducing or stopping exposure to risk factors. For example, careful weight control prevents obesity which in itself is a risk factor for many conditions including heart disease and diabetes. We are also interested in your perspectives about the key health issues in your community.

2. Do I have to take part?

It is up to you to decide whether or not to take part. You do not have to take part if you do not want to. If you do decide to take part I will ask you to sign a consent form which you can sign return to me before the start of the focus group.

3. What will my involvement be?

Your involvement will be taking part in the focus group and providing your perspectives and experiences on the issues in the focus group.

4. How do I withdraw from the study?

You can withdraw from the focus group at any time, without having to give a reason. If any questions during the focus group make you feel uncomfortable, you do not have to answer them and you can withdraw from the focus group at any time for any reason. If you withdraw from the focus group we will not retain the information you have given thus far, unless you are happy for us to do so.

5. What will my information be used for?

I will use the collected information to help develop prevention services within Trafford Council.

6. Will my taking part and my data be kept confidential? Will it be anonymised?

The records from this study will be kept as confidential as possible. Only myself and my supervisor (Director of Public Health - Eleanor Roaf) will have access to the files and any audio tapes. Your data will be anonymised – your name will not be used in any reports or publications resulting from the study. All digital files, transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants.

7. What if I have a question or complaint?

If you have any questions regarding this study please contact darryl.quantz@trafford.gov.uk or by phone on 07460 828462.

If you have any concerns or complaints regarding the conduct of this research, please contact the Director of Public Health: Eleanor.Roaf@trafford.gov.uk or by phone on **0161 912 2000**.

If you are happy to take part in this study, please sign the consent sheet attached.



CONSENT FORM

Trafford Council Prevention Services

PARTICIPATION IN THIS FOCUS GROUP IS VOLUNTARY.

I agree to taking part in the focus group	YES / NO
I understand that I am free to decline to participate in this focus group, or I may withdraw my participation at any point.	YES / NO
I confirm that I have read and understood the information sheet provided for the focus group. I have had the opportunity to consider the information and ask any questions I have.	YES / NO
I understand that my data will be anonymised (no names will ever be used) and data (recordings, transcripts) will be destroyed at the end of the project.	YES / NO
I agree to the focus group being audio recorded.	YES / NO

Please retain a copy of this consent form.

Participant name:

Signature: _____

Date _____

Interviewer name:

Signature: _____

Date _____

For information please contact: Darryl.Quantz@trafford.gov.uk; Tel: 07460 828462



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