



University of
Salford
MANCHESTER

Evaluation of the Everybody Can Programme (Active Tameside)

Executive Summary and Project Report

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1 Background and Literature Review

1.1 Background

The Everybody Can Programme [formally LiveWell supported services programme], run by Active Tameside, is designed to provide people with a disability or additional needs with an opportunity to live a healthy and active lifestyle. With a focus on increasing overall levels of independence, the programme aims to develop cognitive, life and social skills, in addition to supporting continuous improvement in health and wellbeing – all whilst placing great emphasis on fun. The purpose of this commissioned research was to gain a greater understanding of how the Everybody Can programme enables the development of life and social skills for those who attend the programme, the impact that attending has on levels of physical activity, and how newly developed skills and abilities may transfer into daily life. The project also aims to establish the acceptability of the programme to service users and caregivers, and explore the associated outcomes of participating in the programme on health, wellbeing and overall independence. The research findings will be used to identify barriers and facilitators to positive outcomes, and provide recommendations to promote the continued development of the Everybody Can programme.

1.2 The Everybody Can programme

The majority of attendees are referred via social care, with specific programmes that accommodate both children and adults (the majority of those who take part are over the age of 14). Using a person-centred approach service users are supported, upon entry to the programme, in creating a personalised care plan tailored to their individual needs. This care plan reflects what they would like to achieve through attending the programme and outlines how 'Everybody Can' can help them accomplish these goals.

Throughout the week a varied programme of activities takes place related to both life skills (e.g. cooking, travel, social discussions) and being physically active (e.g. gym sessions, dancing, walking, swimming, sports etc.). Service users are able to participate in activities of their own preference, and are actively supported throughout these by a staffed support team. The Everybody Can programme also aims to support individuals into employment, with opportunities to build employability skills (reading, writing, communication), and some service users engaging in work-based placements arranged through the programme.

1.3 Brief overview of the literature

It is well documented that individuals with disabilities and additional needs are at significant risk of adverse life outcomes compared to non-disabled individuals. Those living with a disability are exposed to higher rates of mortality and comorbidity, increased risk of socioeconomic disadvantage, and typically experience an overall poorer quality of life (Emerson et al., 2009). Most notably, physical and intellectual disabilities are often associated with comorbid mental and physical health conditions and restricted physical activity that are not specifically related to the presence of disability (Rimmer, Rowland & Yamaki, 2007).

Community-based support services are designed to help those with disabilities overcome these apparent inequalities and achieve greater and more fulfilling life outcomes. Whilst historically support services for those with physical and intellectual disabilities were very much institutionalised, in recent decades a shift towards community-based support has led to momentous improvements in service user outcomes (Mansell, Beadle-Brown, Macdonald & Ashman, 2003). Research has shown community support programmes as having the proven potential to enhance overall quality of life – particularly in respect to adaptive behaviours, social inclusion and physical health outcomes (Kim, Larson & Lakin, 2001; Kozma, Mansell & Beadle-Brown, 2009; Lemmi et al., 2015). A defining characteristic of successful programmes has been found to be the level of service user engagement in meaningful activities and relationships (reflective of real-world tasks and interactions), guided by person-centred active support (Stancliffe, Jones, Mansell & Lowe, 2008). For instance, rather than carers simply making and serving breakfast, active support would maximise service user involvement by reducing this activity down into more accessible tasks. With its more holistic and inclusive approach, active community support therefore has the potential to reduce sedentary behaviours and the associated health consequences and assist the user in developing capability dependent work-based skills. Essentially, the principles of active community support are focused on building skillsets that serve to empower the individual, improve independence and enable greater community integration.

2 Study Objectives

1. To evaluate the health and wellbeing impacts of the Everybody Can programme for people with disabilities
2. To establish the impact the Everybody Can programme has on the development of life and social skills
3. To evaluate the physical activity impacts of the programme for people with disabilities
4. To provide recommendations in respect of the programme and its on-going evaluation

3 Research Methodology

In order to address these objectives, the research strategy included two small scale evaluation event days – involving a series of interactive tasks, along with some semi-structured interviews. In order to maximise caregiver responses, caregivers received a question and answer sheet via post, which reflected the same research questions under evaluation in the events days. A service user questionnaire session was also used to gather demographic information relative to the study.

3.1 Ethics

Ethical approval was obtained from the University of Salford Research Ethics panel for the School of Health Sciences & Health and Society (HSR1718-006). A memorandum of understanding was in place with Active Tameside, with respect to the proper observations of informed consent, need for anonymity, participant right to withdraw, and confidential handling of research data. Information sheets were distributed one week prior to the first event, inviting service users and their caregivers to attend the research activities, and providing full details of the nature of the research project. Two different information sheets and consent forms were used to allow inclusion of those with and without capacity to consent (*see appendix 8.2 & 8.3*). Consent for those lacking capacity to consent for themselves was sought from their caregivers prior to the event days. Active staff governed which service users required caregiver consent and documented those that had returned their forms and therefore able to take part. All other service users were invited to complete the consent form on the day of the event, prior to the collecting of any data. Both service users and Active staff were reminded that participants were free to withdraw from the study at any point

during the research event and that all data would remain anonymous. As the evaluation days and questionnaire session were scheduled during normal support hours, alternative non-research activities were run alongside the research events so that service users did not feel obliged to take part. On the evaluation day service users were reminded that taking part was not compulsory, and should they choose not to participate, this would not impact on the service they receive going forward. Any caregiver answer sheets that were posted out were attached to an additional information sheet and consent form, to ensure full informed consent was taken at each stage of the project.

All original data was gathered and removed from the setting by the researchers and stored in a locked cupboard at the University of Salford. Any transcribed data was backed up and stored on a password-encrypted computer. All data will be stored for a period of three years, following which, if no follow-up is required, the data will be destroyed.

3.2 Sampling and recruitment

Service users were internally recruited from those currently attending the Everybody Can supported service programme. Letters introducing the study (see *appendix 8.4*) and information sheets were distributed directly to the service users, one week prior to the research events, for them to take home and consider their involvement along with their caregivers. Caregivers were also invited to take part, both to gain the caregiver perspective, and to ensure inclusivity of service users unable to provide informed consent for themselves. There were no restrictions based on length of attendance, age, or any other demographic detail. Evaluation events were scheduled within normal service hours due to travel needs (many service users rely on supported travel arrangements and so would not be able to attend the out of programme hours). Participation was dependent on those attending the programme on the day of the events, with approximately 30 service users present on a typical day.

3.3 Design, materials and procedure

3.3.1 Questionnaire session

A questionnaire session was organised with the purpose of gathering data relating to physical activity, emotional wellbeing, level of independence and readiness to work

(see appendix 8.5). This session took place within the ordinary Everybody Can programme schedule, alongside regular support activities. Service users were supported to complete the questionnaire by the research assistants and Active staff after prior consent was taken.

3.3.2 Evaluation days

The events took place within the Everybody Can programme at Active Medlock leisure centre in Tameside.

Small scale evaluation techniques were used. These are designed to be fun and inclusive, encouraging participant engagement by way of exploring the research topic via a range of interactive tasks and activities. They typically require a much less structured environment, making them well suited to community-based research. The field of disability research has recognised the need for more participatory research designs that include the views and opinions of those affected by disability (Gilbert, 2004). In employing a participatory research approach, this study was able to overcome many of the barriers associated with research with people with disabilities. As small scale evaluation techniques are formed using easily adaptable activities, and not restricted to specific questions, they are more likely to capture rich qualitative data based on the aspects of the programme that are most impactful to the service user.

3.3.2.1 Evaluation day materials

The small scale evaluation activities were devised from the evidence-based methods presented in the “*regeneration through community assessment and action*” research tool (Development Focus, 2006¹). Examples of the methods used within the current project are:

- **Bar charts** – participants stick a sticker on the category within the bar chart that best represents them e.g. ‘*how long have you been attending the Everybody Can programme?*’ (see fig. 1)
- **Body maps** – a particular question is presented e.g. ‘*how has the Everybody*

1

http://www.developmentfocus.org.uk/Development_Focus/Training_files/participatory%20methods.pdf

Can programme made you feel about yourself? Participants work together to draw around each other, before exploring the positive and negative aspects of the issue and writing them directly into the body map.

- **Voting** – participants post a token into a container that fits their answer e.g. *“what is your favourite activity?”* with containers depicting the various activities on offer within the programme.
- **Evaluation person** – participants are asked to write down what they enjoy about the programme, something that they have gained and something that they would like to change. Answers are written onto post-it notes and stuck onto the appropriate place on the evaluation person. (see fig. 2).
- **Cluster diagrams** – opinions around a particular topic are written on post-it notes and grouped into common themes e.g. *“how has the Everybody Can programme impacted on your levels of physical activity?”* (see fig. 3)
- **Line task** – participants are asked to consider the goals they would like to achieve and place a sticker on a timeline to represent how much progress they have made towards meeting this goal. This opens up the narrative to discuss the barriers and facilitators to this progress, which are then documented in cluster diagrams. (see fig. 4)
- **Sorting task** – participants place flashcards depicting different types of living skills (i.e. cooking, washing up, public transport) onto the correct segment of a poster depending on whether they are able to complete the task independently, with some help, or not at all. Cluster diagrams are used to further explore the barriers to independence. (see fig. 5)
- **Wall building activity** – used to examine barriers and facilitators to a particular topic e.g. *“how has the Everybody Can programme helped your work-based skills and employability? What hurdles do you still need to overcome to achieve your employability goals?”* Positive answers are written onto brick shaped cut outs and stuck together to form a ‘wall’ representing progress, whilst barriers to progress are written onto rock shaped cut outs to form a visual blockade of rubble. (see fig. 6)

Figure 1. Examples of bar chart tasks [Note: LiveWell is now called Everybody Can]

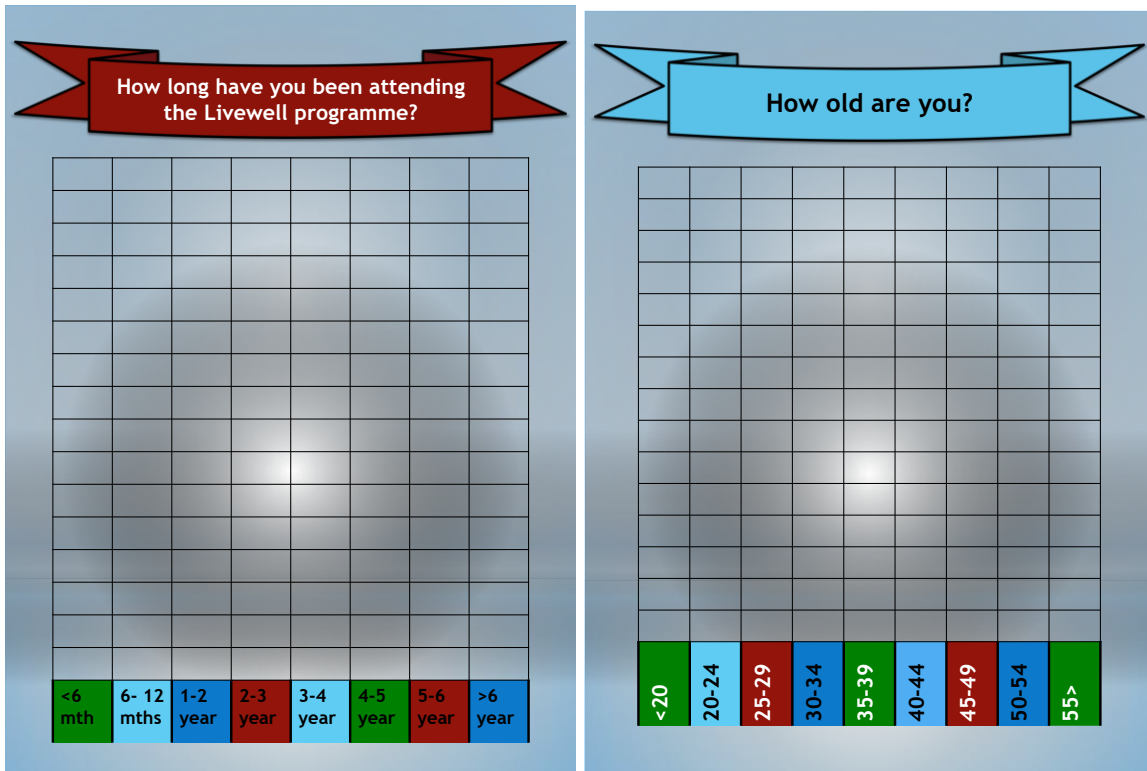


Fig.2 Example of the evaluation person task



Fig 3. Example of clustering tasks [Note: LiveWell is now called Everybody Can]

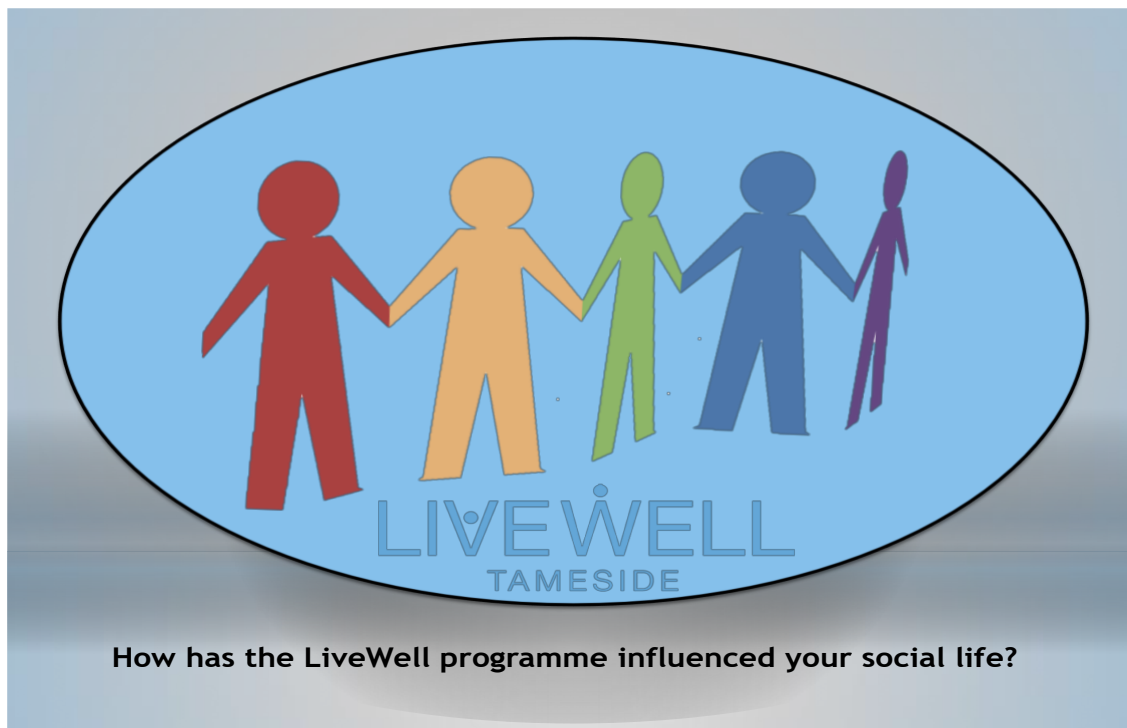
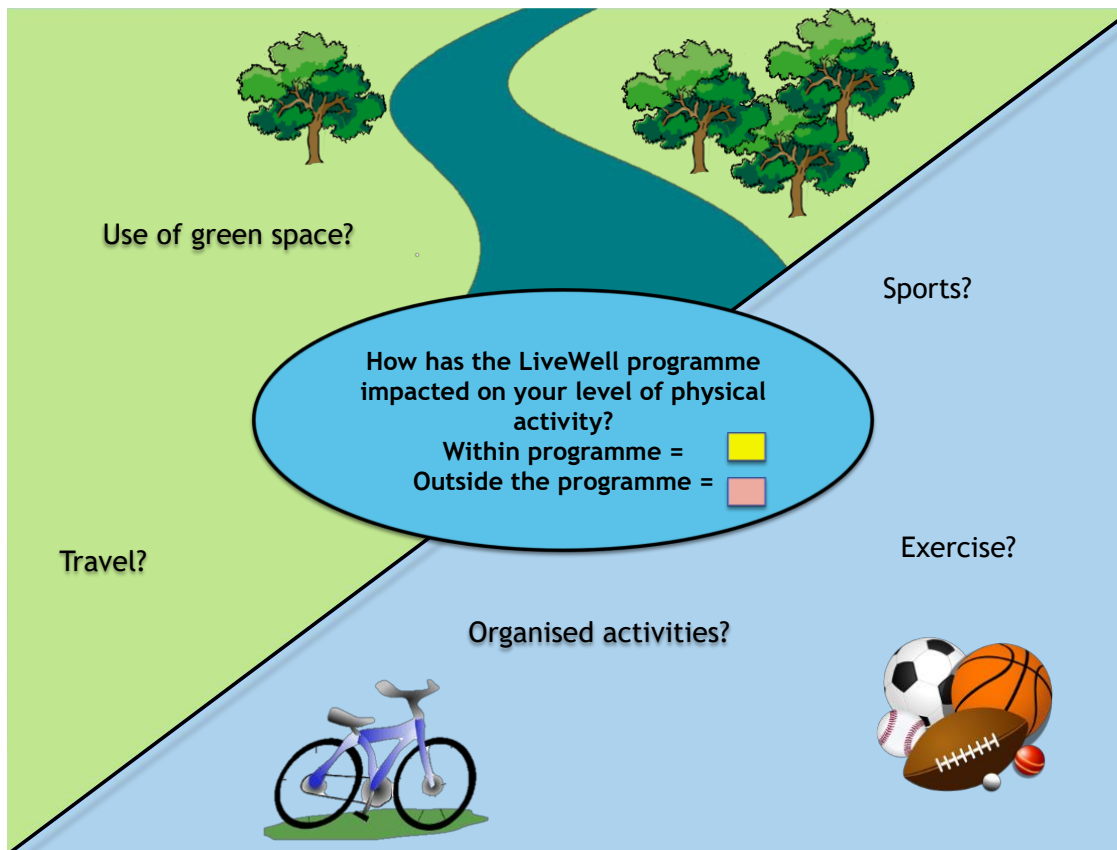


Fig 4. Example of a line task [Note: LiveWell is now called Everybody Can]

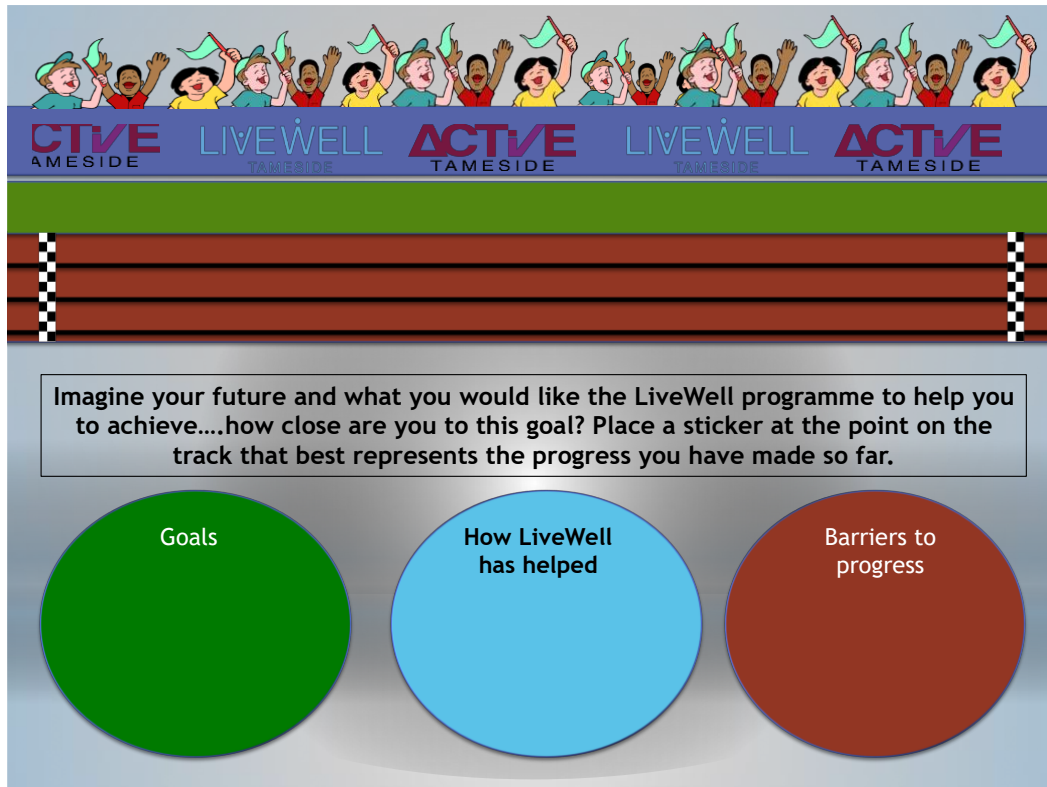


Fig 5. Example of a sorting task [Note: LiveWell is now called Everybody Can]

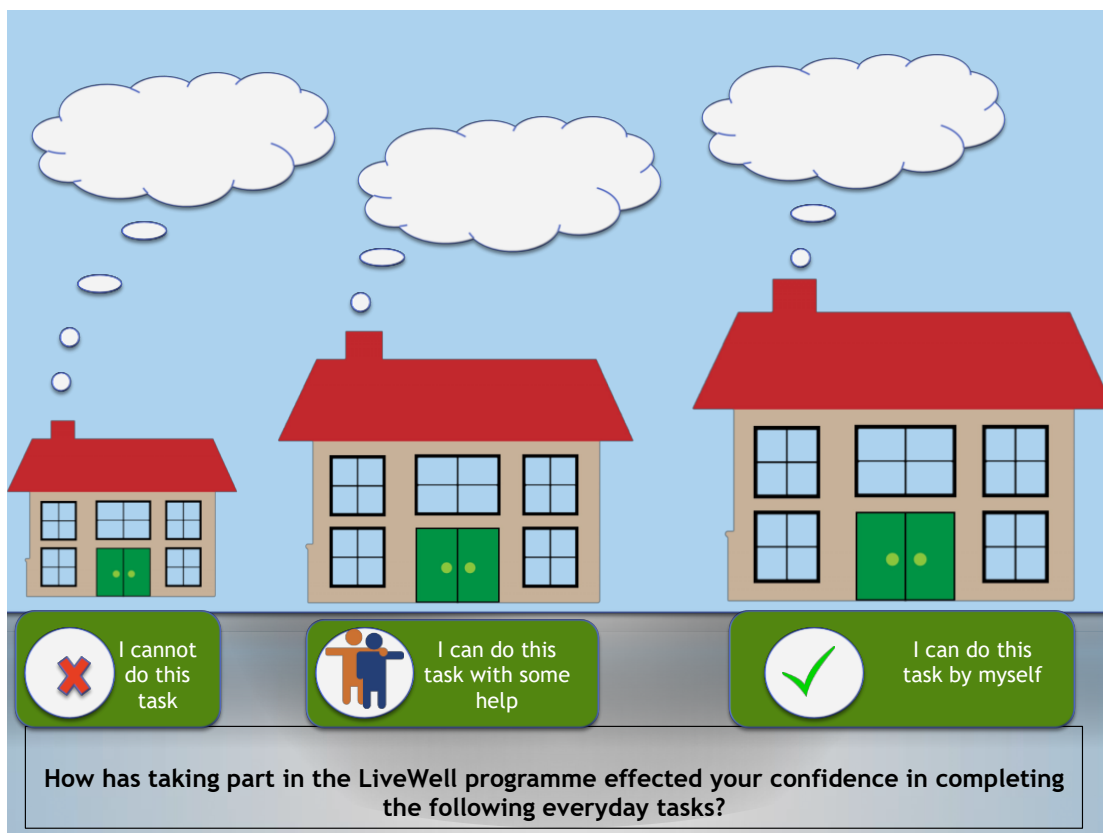
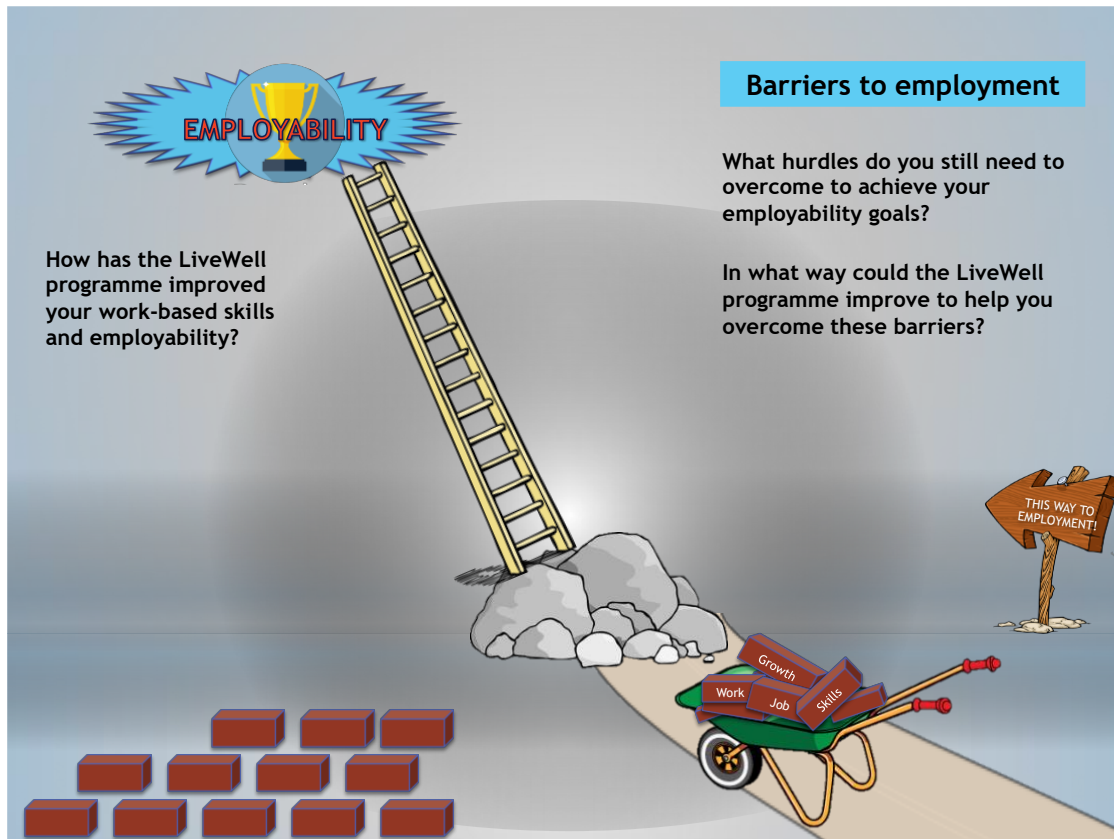


Fig 6. Example of a wall building task [Note: LiveWell is now called Everybody Can]



3.3.2.2 Full list of questions used on evaluation days

- How old are you?
- How long have you been attending the LiveWell (now called Everybody Can) programme?
- How many days per week do you attend the LiveWell (now called Everybody Can) programme?
- What is your favorite LiveWell (now called Everybody Can) activity? And why?
- Something you enjoy? Something that made you think? Something you have gained? Something you would throw away?
- How has the LiveWell (now called Everybody Can) programme influenced your social life?
- How has the LiveWell (now called Everybody Can) programme impacted on your level of physical activity? Within the programme? Outside the programme?
- How has taking part in the LiveWell (now called Everybody Can) programme

effected your confidence in completing the following everyday tasks?

- How has attending the LiveWell (now called Everybody Can) programme made you feel about yourself?
- Are you currently in employment?
- Tell us about the type of job you do.
- How has the LiveWell (now called Everybody Can) programme improved your work-based skills and employability?
- What hurdles do you still need to overcome to achieve your employability goals? In what way could the LiveWell (now called Everybody Can) programme improve to help you overcome these barriers?

3.3.2.3 Caregiver question and answer sheets

In addition to exploring service user perception of the Everybody Can programme, the study also sought to gather the views and opinions of caregivers. Caregiver answer sheets were developed that reflected the same research questions put forth to the service users in the interactive evaluation tasks (see *appendix 8.6*). A caregiver/parent session was scheduled following the 2nd event day, and caregivers were invited by letter prior to the event. As caregivers arrived to collect the service users, they were invited to engage in the research activities by documenting their answers on the pre-printed answer sheet. In order to maximise caregiver responses, Q & A sheets along with consent forms were distributed via post to be completed and returned to the evaluation team at a later date.

3.3.2.4 Semi structured interviews

During the event days a number of participants (service users and caregivers) were invited to take part in semi structured interviews. All interviews were conducted in an informal manner in a quiet section of the room, and recorded by digital Dictaphone. A full interview guide can be found in *appendix 8.7*.

3.3.2.5 Procedure for event days

One week prior to the event days an introductory session, led by the research assistant, was held at Active Medlock with attendees of the Everybody Can programme. The purpose of the introductory session was to sustain the principles of participatory research and involve service users and Active support staff in the

development of the research materials. This also offered an opportunity for the services users to become accustomed with a member of the research team, and for Active staff to understand their role within the event days.

The event days themselves were organised by Active staff in the same room that is used for regular Everybody Can support sessions and ran from 11am-3pm on both evaluation days. The event days were led by the research team on the 1st event day (n=3), with an additional 4 research assistants present on the 2nd event day to facilitate more in depth discussion (n=7). The research team conferred with Active staff regarding consent, and any service users that had not provided consent were identified to the research team.

Active staff were briefed prior to both sessions on using the evaluation tools and appropriate exploratory questions, before commencing the evaluation event. Participants were invited to take part in the interactive evaluation activities, using stickers and post-it notes to document their answers and comments on the pre-printed activity posters. The research team and Active staff were on hand to support the service users with writing their answers where necessary.

Towards the end of the 2nd session, those caregivers in attendance were introduced to the event by the evaluation team and offered the opportunity to observe the evaluation events in action. Caregiver Q & A sheets and consent forms were distributed, and caregivers were given the option of completing these immediately, or returning them to the evaluation team via post or the Active staff. Caregivers present were also invited to share their views via interview on the day of the event.

3.3.3 Analysis

Service user and caregiver data gathered via the event days and caregiver question and answer sheets was analysed via thematic analysis. The semi structured interviews were transcribed before being incorporated into the same analysis.

Questionnaire data, where possible, was examined in terms of each question/category, using the guidance for the questionnaire in relation to the analysis. This maximised the amount of useable data, as a number of questionnaires were only partially completed, in addition to allowing a richer interpretation of the data.

4 Summary of main Findings

4.1 Small Scale evaluation

4.1.1 Summary of bar chart outcomes

Examination of the bar chart data gathered during the small scale evaluation days showed that the large majority of the respondents were between 20-30 years old (see *fig. 7*). Most service users had been attending the Everybody Can programme for over 4 years (see *fig. 8.*), with attendance ranging from 1 to 5 days per week (see *fig 9.*).

Fig. 7. Age range data for those who completed the bar chart task

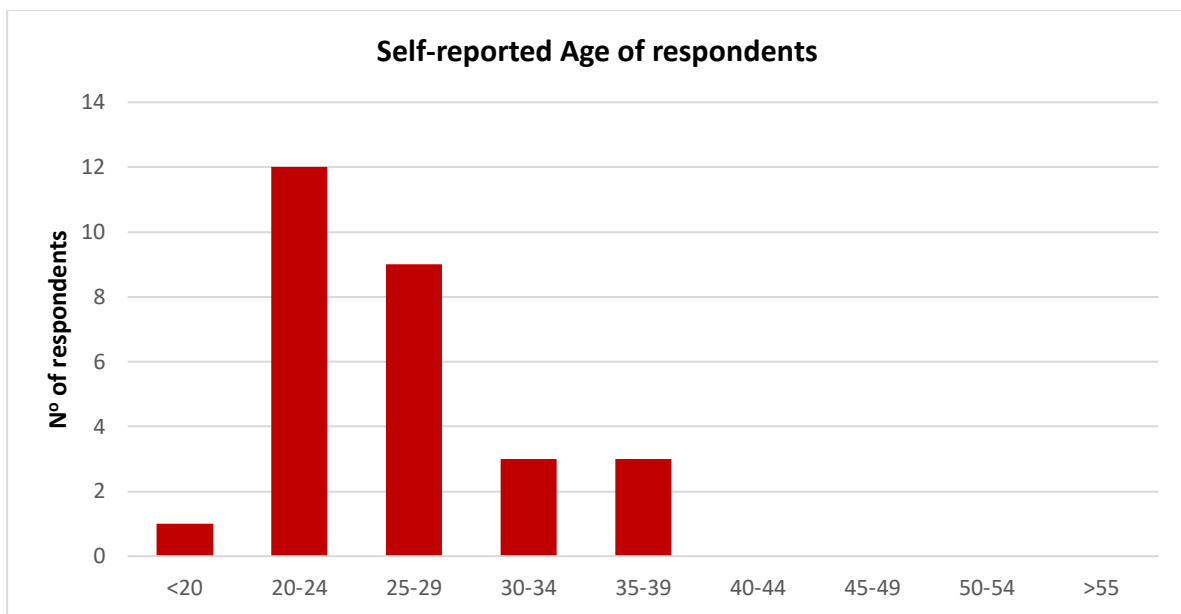


Fig. 8. Bar chart data showing years of attendance

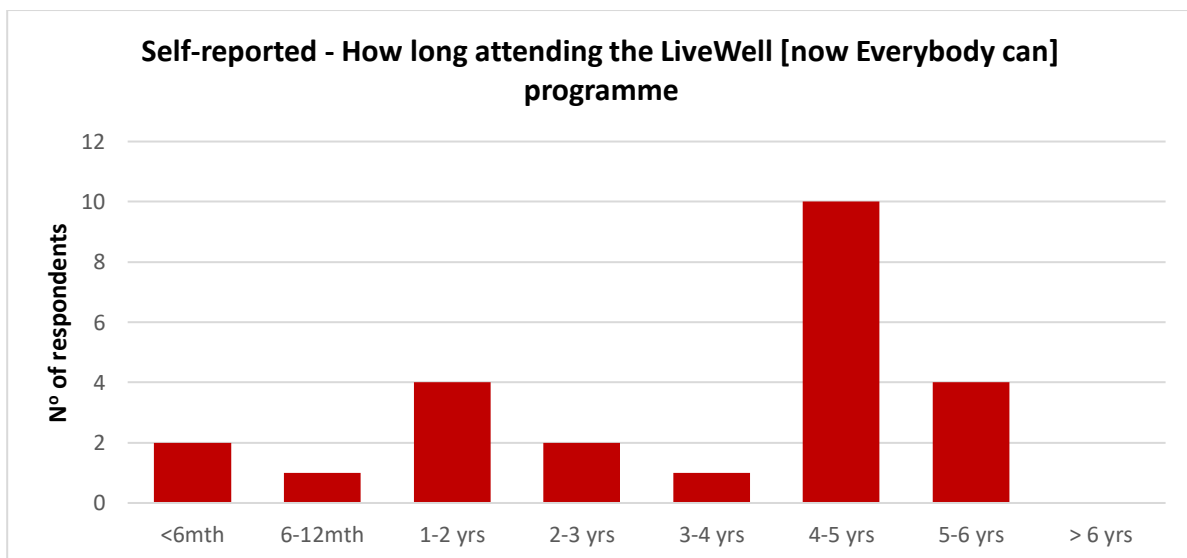
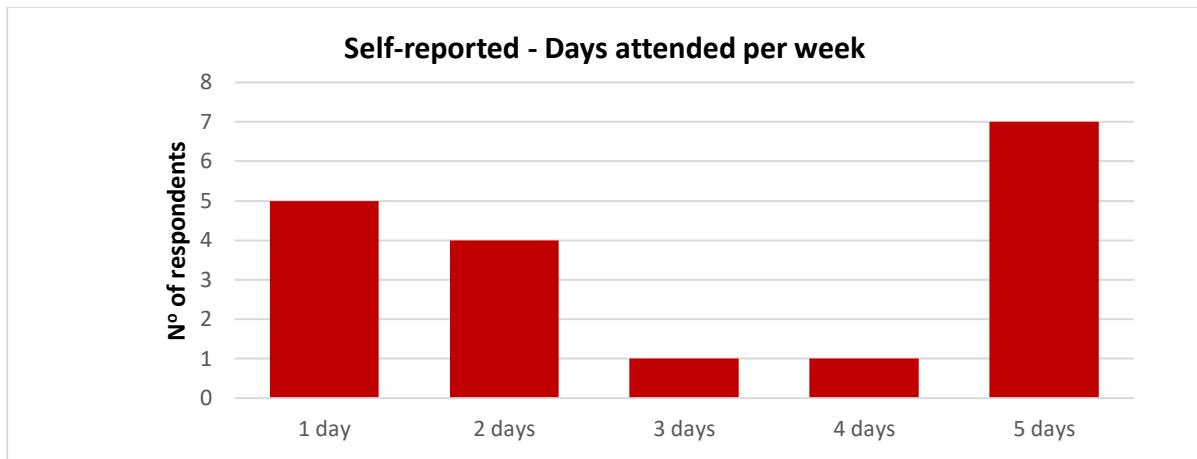
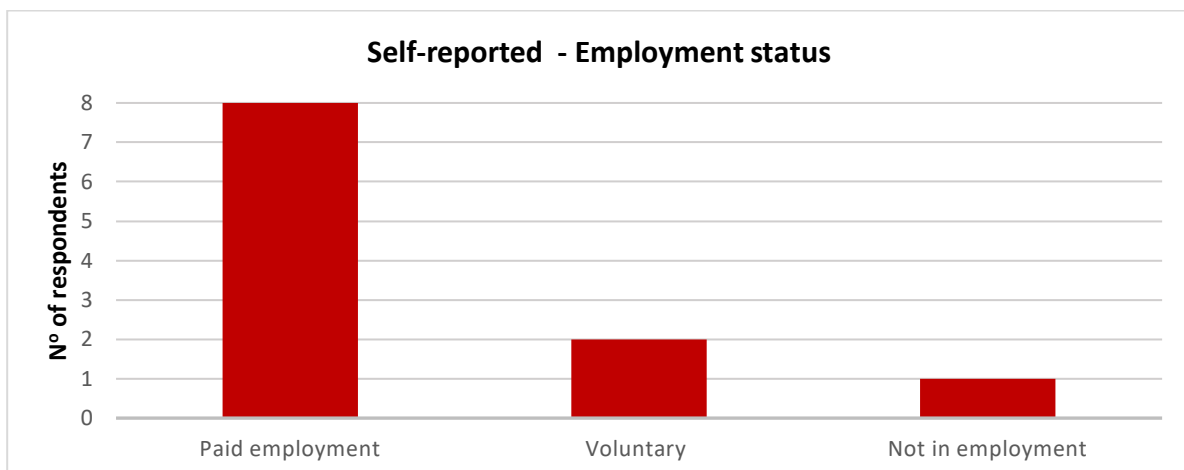


Fig. 9. Number of days attended each week



The bar chart data detailing the employment status of respondents (see *figure 10 below*) revealed that most service users that completed this task reported that they had successfully gained paid employment (n=8), whilst only 1 reported they were not employed. However, the low number of participants that engaged in this task suggest that service users were reluctant or unclear as to how this question related to them i.e. those with a strong concept of employability may have been more inclined to engage in this task.

Fig. 10. Bar chart data showing employment status of respondents

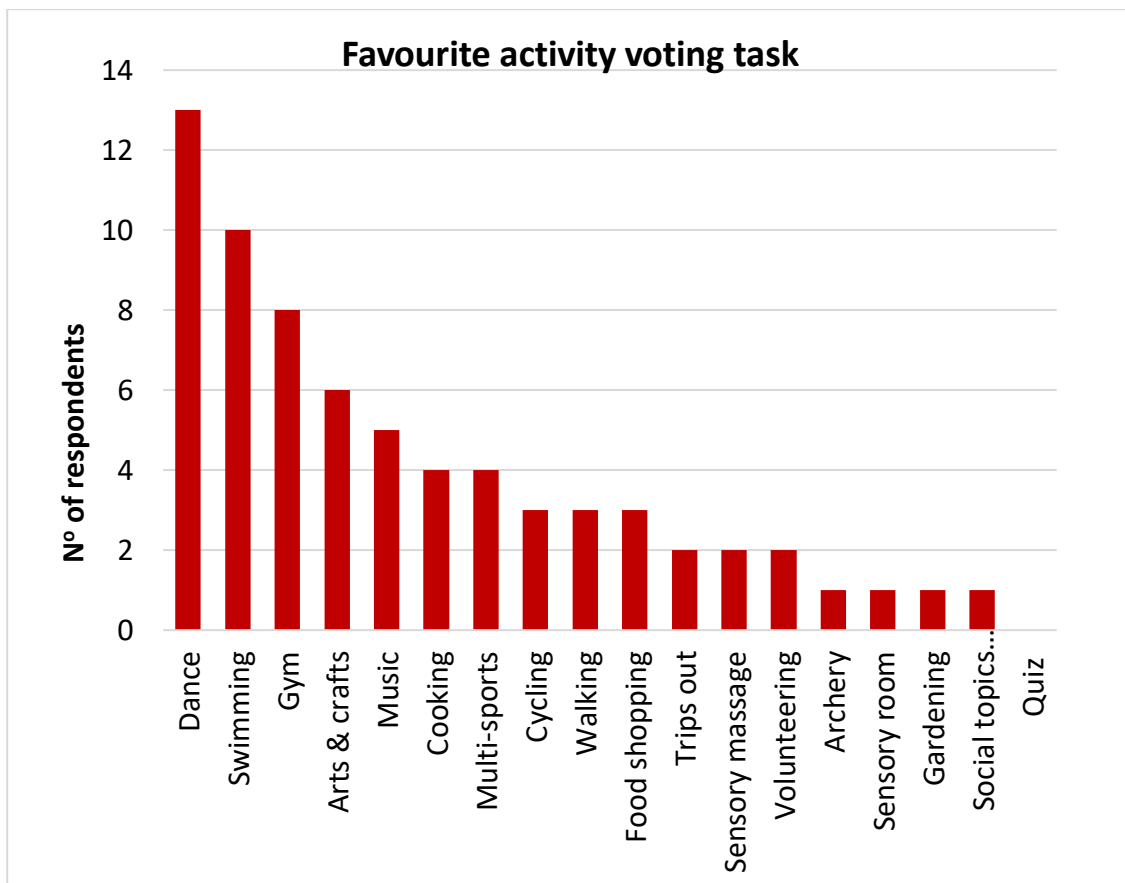


4.1.2 Summary of voting task

The results of the voting task showed a positive reflection of the activities on offer at the Everybody Can programme (see *figure 11 below*). The spread of responses across the range of activities suggests that the programme is catering for a wide range of

interests and is inclusive of different levels of physical ability. Vigorous activities such as dancing, swimming and gym sessions emerged as the most preferred activities, with 45% of respondents electing these as favourites. Notably, activities specifically related to building life skills such as cooking and food shopping fared relatively well in the voting, thus demonstrating that such household tasks are not only relevant to growing independence but can also be a source of enjoyment. Low impact activities seemed to be less popular, with the quiz session failing to get any votes, whilst social topics, gardening, and archery received just one vote each. *It should be noted that voting may have been influenced by activities that participants had been part of more recently.*

Fig. 11. Results of favourite activities voting task

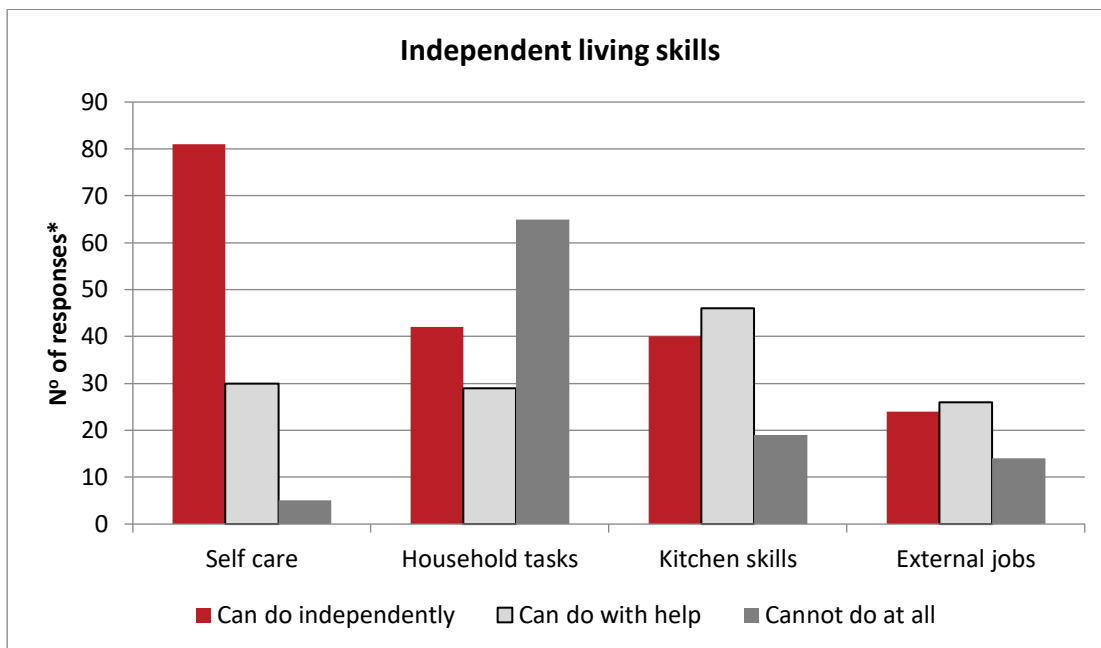


4.1.3 Summary of independent living skills task

The independent living skills task revealed that a large proportion of respondents achieved a good level of independence in terms of self-care (see Figure 12 below). Kitchen skills commonly required the most assistance, although this also seemed to show a good balance of independent skills being utilised. There were fewer responses

to external jobs (including gardening, pet care, travel, and putting the bins out) however participants indicated that they were able to complete the majority of these tasks either independently or with some help. Most significantly, the evaluation responses revealed that many attendees felt that they were unable to contribute towards household tasks – a result that may reflect either the physical disability constraints, or a lack of motivation/opportunity to participate in these particular tasks.

Fig. 12. Responses to independent living skills task

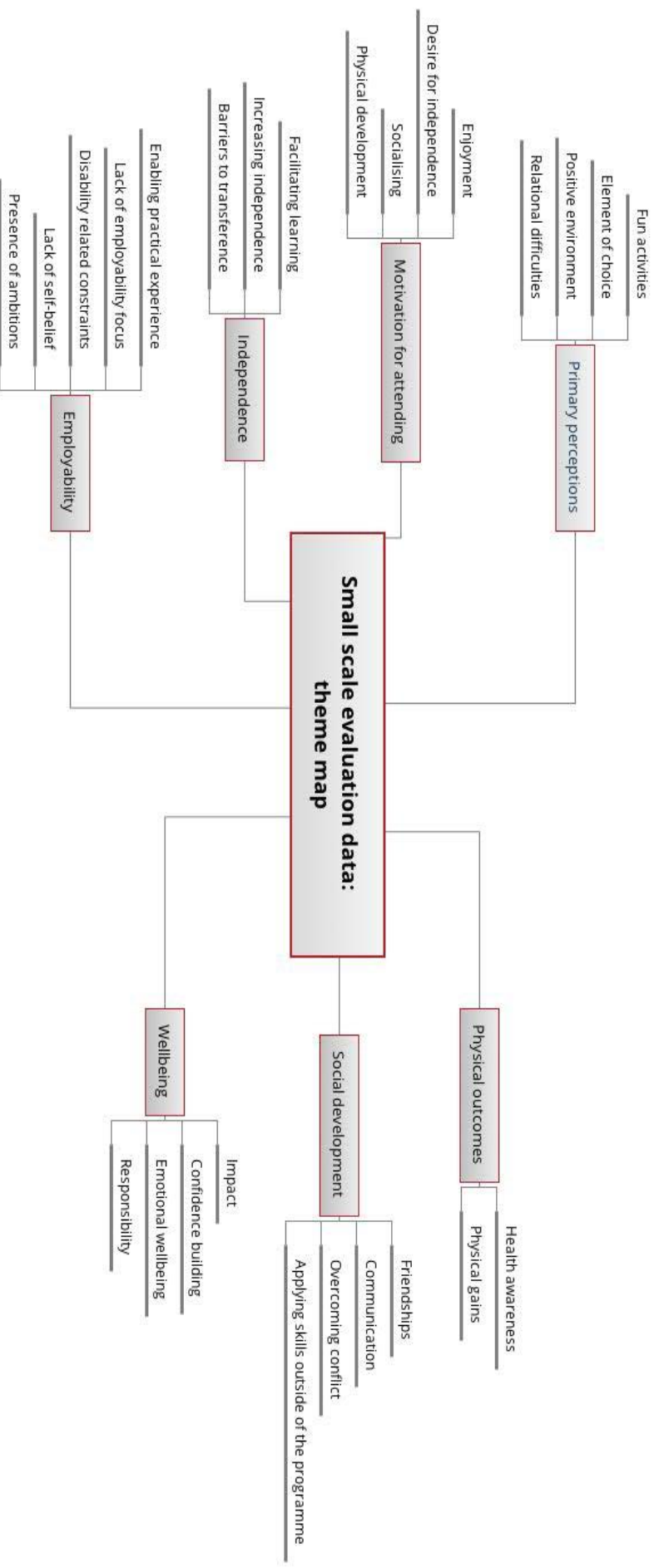


*Participants could provide more than one response in each category dependent on capabilities (i.e. kitchen skills: washing up / food prep / etc).

4.1.4 Thematic analysis

Figure 13 below represents the seven main themes that emerged from the small scale evaluation data: *primary perceptions, motivation for attending, independence, employability, physical outcomes, social development, and wellbeing*. Each theme comprises a number of subthemes that are further discussed in the following section.

Fig. 13. Theme map of small scale evaluation data



4.1.5 Main theme 1 – Primary perceptions

A primary intention of the evaluation was to gain a greater understanding of the subjective experience of Everybody Can attendees. In doing so, four clear subthemes emerged relating to the primary perceptions of the programme – three of which emphasised strengths of the programme, whilst one highlighted how social conflict between service users was perceived as having the potential to negatively impact on the experience of service users while attending the programme.

Fun activities – A theme that became immediately apparent, was a unanimously positive reflection of the activities on offer within the programme. Service users consistently reported that they enjoyed the range of activities on offer, with attendees often naming swimming and dancing as their favourite Everybody Can activities.

- *“I like swimming because it’s fun”*
- *“swimming cos I love dunking everybody and splashing”*
- *“I like to get out and ride a bike”*
- *“sports – fun”*
- *“moving being jolly”*

Element of choice – Service users seemed to appreciate the ability to select the activities that they wanted to engage in. Not only did this represent the diverse range of appropriate activities that are on offer, but the element of choice also seemed to instil a sense of independence.

- *“get to pick the different sports you like”*
- *“everything is different”*
- *“good choice”*
- *“getting involved and doing different things”*
- *(I enjoy) “lots of different things –*
- *“choice what can do”*

Positive environment – A broader perception of the service emerged, with service users indicating a positive impact on a more holistic level that was not explicitly linked to activities. More specifically, this related to how being in attendance of the Everybody Can programme made them feel, thus reflecting the positive environment achieved by

the service.

- *“I am happy when I come to Medlock”*
- *“feel good”*
- *(I enjoy) “being here. I like being at Medlock”*
- *“I look forward to coming here”*
- *“makes me pleased”*

Relational difficulties – Although criticisms of the service were few, some service users reported arguing, bad language and difficult social interactions had the potential to negatively impact on how they felt about the programme.

- *“swearing”*
- *“arguing”*
- *“shouting”*
- *“don’t like being wound up”*
- *“respecting personal space”*
- *“I don’t like it when people are aggressive”*

4.1.6 Main theme 2 – Motivation for attending

The second overarching theme related to service users’ (and their caregivers’) expectations and motivations for joining the Everybody Can programme. Attendees were able to delineate clear motivations for their initial desire to participate in the programme. These motivations fell into four distinctive sub-themes: *enjoyment, desire for independence, socialising and physical development.*

Enjoyment – Many participants described a primary motivation as seeking an opportunity to engage in a fun programme. Enjoyment seemed to be a recurrent theme expressed throughout both the service user and caregiver input.

- *“good time”*
- *“goals: having fun, ”*
- *“have fun”*
- *“enjoyment”*

Desire for independence – A prominent sub-theme emerged highlighting a willingness to achieve a greater level of independence as a motivating factor in service user’s initial enrolment in the Everybody Can programme. It was evident that this desire for independence was identified as an intrinsic quality within the service users themselves, with attendees often stating that they wanted to be able to do more things for themselves. The significance of this sub-theme is twofold; in addition to demonstrating the existence of independence as a motivational factor within the individual, it also serves to highlight preconceived perceptions of the Everybody Can programme. That is, there seemed to be strong expectations surrounding practical independent skills that influenced service users’ motivation for attending.

- *“to do things myself”*
- *“do my own shopping”*
- *“to become more independent”*
- *“more independence”*

Socialising – A particularly common sub-theme related to the use of the programme for social purposes. Many participants, including their caregivers, saw the programme as an ideal opportunity to make new friends, and interact with other people with similar needs. From a practical perspective, caregivers identified the potential of the programme in not just forming fulfilling friendships, but as an opportunity to develop key social skills.

- *“make new friends”*
- *“socialising, talking to people”*
- *“meet people. Get out”*
- *“social skills”*
- *“interaction with others with similar needs”*
- *“maintain social activities”*

Physical development – Physical development gains were recognised as a key motivator that drew interest in attending the Everybody Can programme. Service users clearly viewed the programme as a suitable opportunity to help them improve or maintain their fitness. Physical health seemed important to this cohort and was a primary factor driving initial attendance.

- *“going to the gym”*
- *“get fit”*
- *“fitness”*
- *“maintain physical activities”*
- *“help to lose weight. Get fit”*
- *“to become healthier and mobility skills to improve”*

4.1.7 Main theme 3 – Independence

The Everybody Can strategy emphasises the development of life skills and independent living as a primary objective of the programme. As such, an essential part of the current evaluation sought to establish how attending the programme impacted on service user levels of independence - particularly in terms of skill building and how these abilities transferred into daily life. Two sub-themes offered strong support for the effectiveness of the programme in developing practical life skills, whilst one further sub-theme identified barriers to applying these skills outside of the programme.

Facilitating learning – The evaluation data revealed that service users perceived that the programme actively facilitated learning. That is, attendees recognised that the service offered opportunity for skill-based learning, with a clear awareness of the practical tasks that they wished to achieve through participating in the programme.

- *“learned writing”*
- *“learnt from coming here - learnt to make cakes”*
- *“coming to SS has helped you to learn how to clean”*
- *“learnt to cook from coming here”*
- *“learnt how to wash the pots in the café”*
- *“learnt to put the bins out and what goes in each bin”*

Increasing independence – Both service users and caregivers reported that the Everybody Can programme definitively had a positive impact on levels of independence. This perception went beyond a simple increase in service users’ sense of agency, with attendees able to specifically identify practical applications of life skills that had occurred as a direct outcome of attending the programme.

- *“now I can get the bus to college on my own”*
- *“independent doing things for myself”*
- *“I can go shopping at home now”*
- *“more independent dressing after swimming”*
- *“going shopping – I couldn’t do it alone before”*
- *“more independent, not relying on her support staff”*
- *“I’ve learnt to push myself in my chair more, cos before my mum would do it”*

Barriers to independence – A recurring and significant sub-theme emphasised a perceived lack of opportunity for autonomous behaviours that hindered the application of life skills outside of the programme. Whilst many of the comments expressly stated that participants felt capable of completing tasks, household activities were typically taken as the responsibility of the caregiver.

- *“mom does it” (hoovering) allowed”*
- *“I don’t Hoover cos nana does it”*
- *“Shopping my mum won’t let me do it – finances”*
- *“I can’t touch the oven – I’m not allowed”*
- *“I can do it but my mum does it!”*
- *“Mum does it but I could do it” (food prep)*
- *“I can’t touch the oven – I’m not allowed”*

4.1.8 Main theme 4 – Employability

A complex and somewhat conflictive main theme communicated the impact that programme attendance had on employability, as well as service user perceptions of their employability status. Whilst some service users reported that the programme had successfully supported them into employment, further sub-themes identified contrasting views. One sub-theme suggested an apparent lack of focus on employability being perceived by those attending, while disability constraints and lack

of personal self-belief were highlighted as significant barriers to employment. Finally, ambition within service users was identified as a fifth and final sub-theme.

Enabling practical experience – Some service users reported that attending the Everybody Can programme had aided their progression into work. Specifically, these service users were able to identify practical skills that they had developed during their time at Everybody Can that had directly facilitated their move into employment.

- *“learnt how to wash the pots in the café”*
- *“I gained experience cleaning in the gym which helped me get my job”*
- *“I worked at Medlock which helped me get a job at Oxford park cleaning”*
- *“it helped me get a job”*

Perceived lack of employability focus – Some attendees perceived that there was a lack of focus on employability within the programme. This ranged from participants expressly stating the belief that the programme did not assist users in developing work-based skills, to a more ambiguous uncertainty in regards to pathways to employment.

- *“not employability”*
- *“I don’t know what to look for”*
- *“don’t have time to look”*
- *“too many options”*
- *“jobs are hard to find”*

Disability related constraints – Understandably, service users and caregivers often stated disability related constraints as a major barrier to employment.

- *“mobility”*
- *“Eyesight poor. People not understanding me”*
- *“profound learning difficulties*
- *preventing this”*
- *“soon gets frustrated if can’t do something first time”*

Lack of self-belief – Whilst acknowledging the disability constraints, many service users named intrapersonal factors as primary reasons that were holding them back from seeking employment. A common statement was fear, or lack of confidence that prevented attendees from actively seeking work – thus indicating that from the service user perspective the notion of attainable employability was not explicitly related to physical capabilities.

- *“being shy”*
- *“confident”*
- *“afraid of getting fired”*

Presence of ambitions – Throughout the evaluation event a number of service users spoke passionately of their future aspirations. Despite the acknowledgement of their disability and intrapersonal factors that were presenting barriers to employment, the service users were able to name specific work-based interests. This ambition demonstrates that some attendees are work-minded, and thus presents a useful opportunity to harness employability potential i.e. designing work-based development according to interest.

- *“One day I want to work in children”*
- *“I want to be boss of Medlock – SkyHigh again”*
- *“I’m good at organizing people”*
- *“(LiveWell [now Everybody Can] makes me think about) “being a model”*
- *“I think I could be an actor”*
- *“(goal) “swimming job”*
- *“I’d like to be a DJ”*
- *“one day I’d like to work with”*
- *“get job as bricklayer”*
- *“work again – PAID”*

4.1.9 Main theme 5 – Physical outcomes

A dominant theme depicted the physical outcomes that were associated with attending the Everybody Can programme. This theme was categorised into two well-defined and well evidenced sub-themes that emphasised the development of health awareness in

relation to programme activities, and the actual physical gains that had occurred as a result of attending.

Health awareness – Service users demonstrated a good understanding of how the activities within the programme could impact on their physical health. Rather than simply perceiving sessions such as swimming, gym and cooking as means of entertainment, it was evident that the service users related programme activities to specific health benefits.

- *“swimming makes me healthy”*
- *“it makes me healthy”*
- *“gym because it keeps you strong”*
- *“so I can keep fit and health”*
- *“conscious of what he eats and doesn’t seem to eat as much”*

Physical gains – In addition to health awareness, service users reported actual health outcomes that had arisen through attending the Everybody Can programme. Attendees often stated an improvement in physical capabilities (disability-related and non-disability related), general fitness, and weight loss as physical outcomes of programme attendance.

- *“feeling strong and fit”*
- *“helped lose weight”*
- *“building strength in right shoulder”*
- *“healthier and fitter, able to walk further”*
- *“playing has improved coordination”*
- *“coordination has improved since joining the programme”*
- *“improved his sensory and physical needs”*

4.1.10 Main theme 6 – Social development

The sixth main theme portrayed the highly positive impact that attending the programme had on social development. This theme was not just restricted to evaluation tasks that specifically explored social impact, but was readily apparent

throughout the data. Sub-themes identified friendships, the development of soft-skills and the ability to overcome social conflict as positive outcomes. Most crucially, one further sub-theme demonstrated the transition of these social skills into community living outside of the programme.

Friendships – Developing and maintaining friendships was evidently very important to service users. The Everybody Can programme was acknowledged as a good opportunity to make new friends, and clearly provided an environment that allowed attendees to foster these newfound relationships.

- *“catching up with your friends”*
- *“I’ve met new friends”*
- *“to be good friend”*
- *“met new friends”*
- *“made friends – all are friends”*
- *“made lots of friends”*

Communication – Service users said that the Everybody Can programme had helped them improve their communication skills. In addition to developing cognitive skills such as listening, service users also seemed to gain a better understanding of appropriate language and an awareness of interpersonal boundaries during social interactions.

- *“getting involved and doing different things helped me improve listening skills”*
- *“speaking to friends and staff differently”*
- *“communication”*
- *“listening skills”*

Overcoming conflict – The data revealed a positive impact on the service users ability to cope with social conflict. As well as developing direct conflict resolution skills, language such as ‘I tell the staff’ or ‘try to ignore it’ also demonstrates suppressive ways that service users have learnt to manage non-direct conflict whilst at the programme.

- *“learnt to get along better”* *head in – argument. I try to*
- *“when people are aggressive. I* *ignore it”*
- *tell the staff”* • *“I’ve learnt how to deal with*
- *“I don’t like people doing my* *conflict”*

Applying skills outside of the programme – There was strong evidence of the application of learned social skills outside of the programme. Social skills developed through programme attendance were used to maintain Everybody Can friendships outside the programme, as well as aiding their ability to interact and make new friends within the larger community.

- *“I go out on the bus with people* • *“made a friend in the gym-*
- *from the centre”* *comes to chat to him”*
- *“see friends from here at the* • *Makes friends with complete*
- *football”* *strangers”*
- *“helped talking to people* • *“encouraged to get out and*
- *outside”* *make friends”*

4.1.11 Main theme 7 – Wellbeing

The final theme conveys the effect that programme attendance had on broader aspects of wellbeing. A wholly positive impression was observed throughout the evaluation data, with service users and caregivers very expressive in communicating the extent to which the programme had impacted on wellbeing. This theme comprises four sub-themes: *impact*, *confidence*, *emotional wellbeing* and *responsibility*.

Impact – Most poignantly, there was a vivid account of just how much service users relied on the Everybody Can programme – particularly in terms of social isolation, with one caregiver describing the impact as ‘immense’. There was a clear acknowledgement that without the programme the service users would have limited opportunities to engage with the community, and would resultantly experience a much poorer quality of life.

- *“100% better than when she started in September”*
- *“This has been immense. (He) would be like a caged lion at home if he did not have this variety of support”*
- *“it honestly is the highlight of her life”*
- *“without this daily interaction, daily life would be a lot poorer”*
- *“loves going out, not stuck at home”*

Confidence building – A common sub-theme highlighted a distinct increase in confidence, which influenced service users’ ability to engage in daily activities. This was identified as a direct outcome of attending the Everybody Can programme.

- *“confident to take part”*
- *“used to be quite shy and now say what you think. The staff have given confidence to do*
- *that”*
- *“confidence in self”*
- *(gained) “I have confidence to go out at home”*

Emotional wellbeing – The service users indicated that they sometimes relied on the Everybody Can programme for their emotional needs. Specifically it was widely identified as a source of emotional support rather than simply active support.

- *“safe and secure”*
- *“feel better within myself”*
- *“I can talk to people when things happen at home”*

Responsibility – The sense of responsibility that the programme aims to instil in the service users seemed to influence how service users felt about themselves. Having a purpose, such as a job or even holding responsibility for a particular activity, appeared to be an active component in not only encouraging independence but in building personal wellbeing.

- “I feel like I’m doing a good job”
- (I enjoy) “getting paid from work”
- “I like feeling responsible”
- (I enjoy) “helping at Aquafit”
- “I like doing things myself”

4.2 Questionnaire data

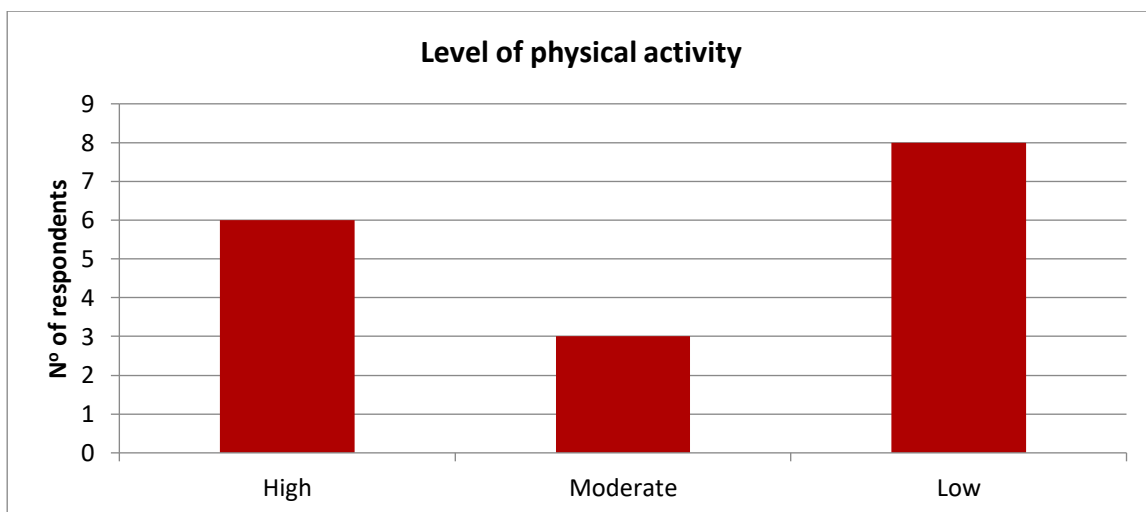
The questionnaire session was completed by a total of 17 service users. This number was less than anticipated, however participation was largely dictated by programme attendance on the day. Given the relatively low number of respondents, interpretation of this data is limited, yet it does offer some useful information relating to the current physical, emotional and life-ready status of this cohort.

4.2.1 Level of physical activity

The physical activity questionnaire showed that the majority of respondents reported having either low or high levels of physical activity (see *Figure 14 below*). There were only 18% (n=3) of service users that fell into the category of moderate physical activity.

It is worthy of note that the tendency for participants to score at either ends of the spectrum would be expected if the programme facilitated activity that is capability dependent. That is, those with less debilitating disabilities may be more able to access the vigorous activities on offer through the programme, whereas those in the low activity bracket may be more restricted by their actual disability.

Fig. 14. Graph based on International Physical Activity Questionnaire



4.2.2 Independence

The data gathered from the Waisman Activities of Daily Living Scale (W-ADL) largely mirrored that of the small scale evaluation independent living skills task. The majority of participants rated themselves as self-competent at completing personal care tasks such as grooming, dressing and bathing, whilst kitchen based activities (mixing and cooking food/preparing complete meal) tended to require assistance from a caregiver. Household tasks again appeared to be the activities that participants stated that they were not able to do at all, with 67% (n= 10) of respondents reporting that they cannot do 'laundry, washing and drying', and 71% (n= 10) unable to do simple household repairs. The average score based on completed questionnaires was 15.4 with a range of 7-24 (W-ADL scoring range 0-28), suggesting that overall levels of independent living were mid-range.

Table 1: Participants level of independence based on the Waisman Activities of Daily Living Scale (W-ADL)

	Can do independently % (N)	Can do with help % (N)	Cannot do at all % (N)
1. Making your own bed	67% (10)	7% (1)	27% (4)
2. Doing household tasks, including picking things up around the house, putting things away, light housecleaning, etc.	53% (8)	27% (4)	20% (3)
3. Doing errands, including shopping in stores	29% (4)	50% (7)	21% (3)
4. Doing home repairs, including simple repairs around the house, non-technical in nature; for example, changing light bulbs or repairing a loose screw	7% (1)	21% (3)	71% (10)
5. Doing laundry, washing and drying	13% (2)	20% (3)	67% (10)
6. Washing/bathing	71% (10)	29% (4)	0% (0)
7. Grooming, brushing teeth, combing and/or brushing hair	81% (13)	19% (3)	0% (0)
8. Dressing and undressing	79% (11)	21% (3)	0% (0)
9. Preparing simple foods requiring no mixing or cooking, including sandwiches, cold cereal, etc.	50% (8)	19% (3)	31% (5)
10. Mixing and cooking simple foods, fry eggs, make pancakes, heat food in microwave, etc.	13% (2)	73% (11)	13% (2)
11. Preparing complete meal	8% (1)	69% (9)	23% (3)
12. Setting and clearing the table	64% (9)	14% (2)	21% (3)
13. Washing dishes (including using a dishwasher)	60% (9)	20% (3)	20% (3)
14. Banking and managing daily finances, including keeping track of cash, checking account, paying bills, etc.	14% (2)	64% (9)	21% (3)

4.2.3 Readiness to work

Participants' feelings around their readiness to work were assessed using the Work Readiness Scale. Three participants already in employment were excluded from the dataset. The scale is scored on a scale of 13-65 with higher scores representing better/increased readiness to work.

The average score based on completed questionnaires was calculated at 39.1 with a range of 14-58. What was most apparent about the readiness to work data was the respondents' perception that they should look for a job (45%, n=5) – thus demonstrating that they believed themselves to be capable – versus the fact that many participants stated that they were not actively looking for a job.

Table 2. Data based on participant responses on the Work Readiness Scale

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
	% (N)	% (N)	% (N)	% (N)	% (N)
My friends are happy that I am looking for a job	9% (1)	36% (4)	18% (2)	18% (2)	18% (2)
I am very confident that I will find a job	27% (3)	27% (3)	9% (1)	9% (1)	27% (3)
I want a job because it will get me out of the house	36% (4)	9% (1)	18% (2)	0% (0)	36% (4)
I am trying to find a job	27% (3)	9% (1)	18% (2)	0% (0)	45% (5)
It is a waste of time looking for a job because I don't need to have one	18% (2)	27% (3)	9% (1)	9% (1)	36% (4)
I have family members who encourage me to find a job	18% (2)	18% (2)	36% (4)	0% (0)	27% (3)
I want a job because I will learn new skills	36% (4)	18% (2)	9% (1)	0% (0)	36% (4)
I am not serious about finding a job	27% (3)	9% (1)	18% (2)	18% (2)	27% (3)
My family want to help me find a job	36% (4)	9% (1)	27% (3)	0% (0)	27% (3)
I have started to do some things to help me look for a job	9% (1)	36% (4)	9% (1)	9% (1)	36% (4)
Anyone can talk about wanting a job but I am getting out there and really searching	9% (1)	36% (4)	9% (1)	9% (1)	36% (4)
Sometimes I think I should try to find a job	45% (5)	9% (1)	18% (2)	9% (1)	18% (2)
I am actively job searching	9% (1)	27% (3)	18% (2)	9% (1)	36% (4)

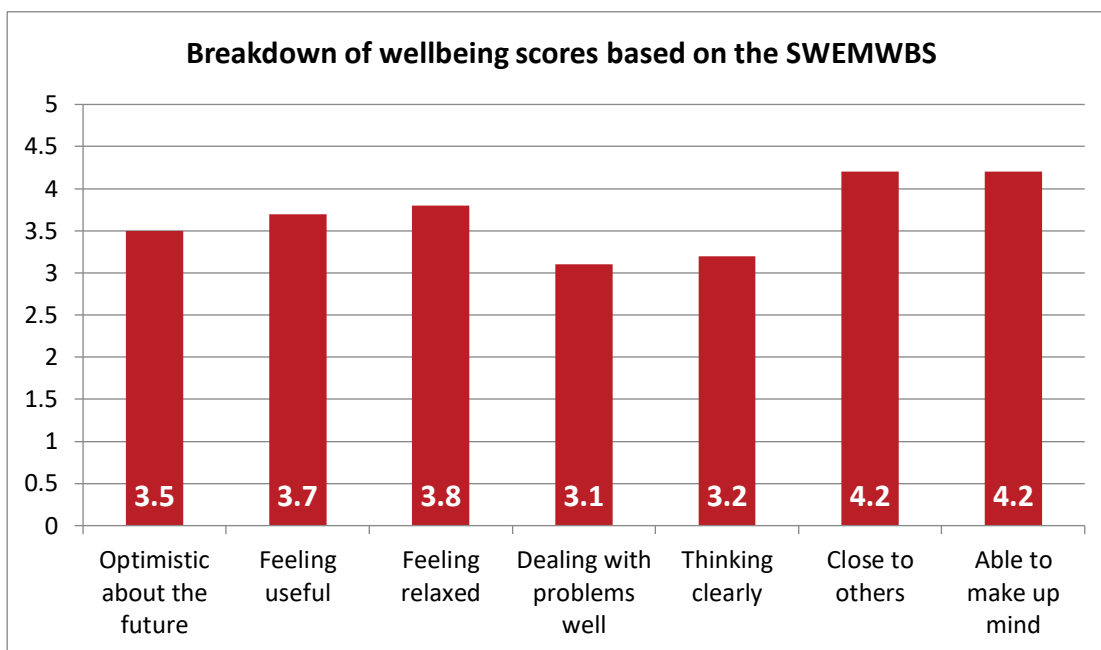
4.2.4 Wellbeing

To assess the complex construct of emotional wellbeing three measures were used to offer a more thorough analysis of overall wellbeing: the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS), the ONS Subjective Wellbeing Scale and the

Generalised Trust Question. The results of the data, across all three measures returned a very positive impression of the emotional wellbeing of this cohort:

The SWEMWBS (scored on a scale of 7-35) indicated that responses were in line with that of national averages, with a mean score of 23.4, and a range of 13.3-30.7 (national average 23.6). Scores based on the seven questions used in the SWEMWBS can be viewed in *figure 15*.

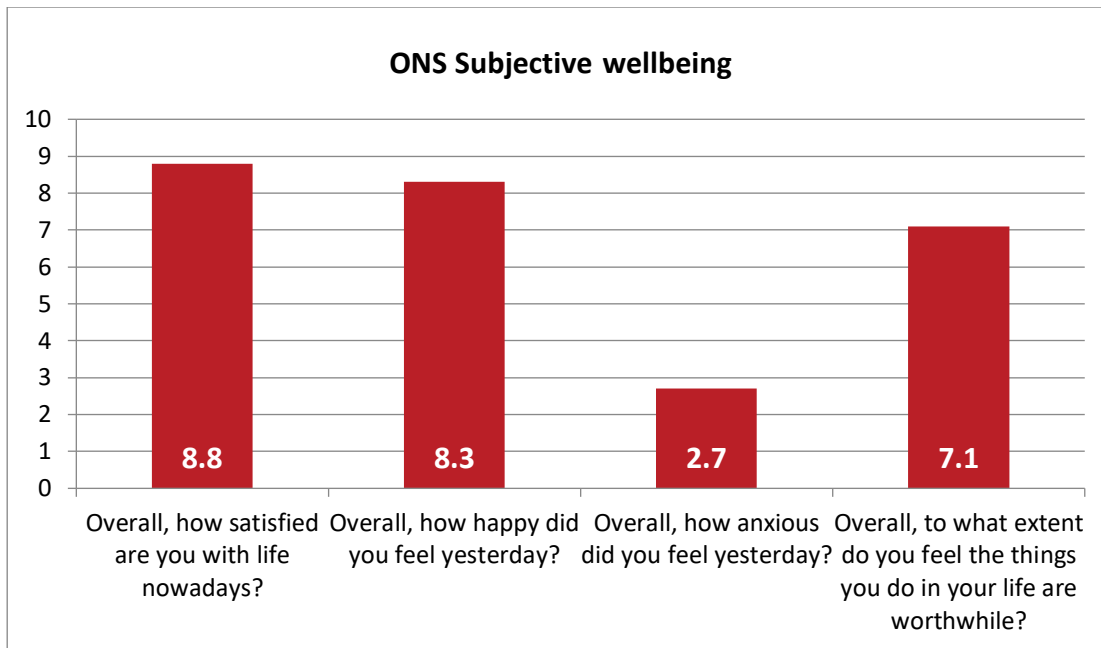
Fig. 15. Breakdown of wellbeing scores based on the SWEMWBS



Note: scores based on a scale of 1-5, with higher scores representing greater wellbeing.

Participants exceeded the national average on some of the OSN measure of subjective wellbeing, with mean scores of 8.8 for life satisfaction (national average, 7.7), and 8.3 for happiness (national average, 7.5). Additionally, feelings of worthwhileness (7.1) were relatively high although slightly below the national average of 7.9. See *figure 16 below*.

Note: Due to the number who completed the questionnaire (n=10) it was not possible to get a meaningful score on the Generalised Trust Question.

Fig. 16. ONS Subjective Wellbeing scores per question

Note: Scores based on a scale of 0-10. Higher scores reflect greater wellbeing, except in the case of 'anxious feelings', where lower scores are indicative of greater subjective wellbeing

5 Conclusion

The current study sought to assess the impact of attending the Everybody Can programme from the perspective of service users and their caregivers. Using a range of small-scale evaluation activities, structured questionnaires and a small number of semi-structured interviews, the evaluation aimed to capture the subjective experience of the service user, and establish the self-reported effects on physical and psychosocial outcomes.

Throughout the small-scale evaluation data indicated a unanimously positive impression of the Everybody Can environment. It was clear that the concept of the programme was well regarded, with service users and their caregivers holding strong expectations of what they hoped to achieve through attending the programme. Attendees had strong views about how much they enjoyed attending the Everybody Can sessions. Of particular note, activities such as swimming, dancing and gym, were all well endorsed. Service users also positively rated the wide variety of activities on offer, and appreciated the sense of autonomy that they achieved through being able to select the activities that they participated in during Everybody Can sessions.

It was clear from the small-scale evaluation data that attendees relied on the

programme for much more than simply providing a fun and active environment. For service users programme attendance seemed to have become a fundamental part of their lives, and in support of this the small number of caregivers who took part reported that they perceived that service user quality of life would be much poorer without attendance. Not only was attending the programme associated with fun activities and friendships, service users also evidently relied on the programme to provide a source of emotional support. Attendees and caregivers reported improved self-confidence through attending the programme, a concept that is widely acknowledged as impacting on healthy life choices, and promoting positive social and emotional wellbeing (McCullough, Huebner & Laughlin, 2000). Although only a small number of service users completed the questionnaire (n=17) data showed that on the whole they supported the evaluation data, with levels of wellbeing being in line with national averages. Furthermore, service users reported average life satisfaction and happiness scores that exceeded those of national figures. These results are quite notable as physical and intellectual disabilities are typically associated with poorer quality of life compared to the non-disabled population. It is important to note that pre-post programme comparisons were unavailable so these findings must not be considered conclusive, however taken together with the evaluation data they represent the supportive atmosphere and service users positive impressions of the Everybody Can environment.

A key factor driving initial engagement in the programme was to meet new people and build social skills – needs which were apparently well met through programme attendance. The Everybody Can programme appeared to have a positive impact on social development, with service users forming firm friendships, and attendees of the programme self-reporting significant improvements in their communication skills. There was a wide acknowledgement of the application of these learnt social skills outside of the programme, and how these had impacted positively on service users' integration into the community. The social environment created during sessions was reported to generate some episodes of interpersonal conflict, and indeed relational difficulties were identified as the only undesirable consequence of attending the programme. However, resultantly service users reported conflict resolution skills, suggesting that the occurrence of difficult social interactions may have had a positive influence on social competency.

The physical health benefits of the Everybody Can programme were well acknowledged by both service users and their caregivers. A primary aim of the programme is to promote an active lifestyle, with the ultimate intention of reducing health risks associated with sedentary behaviour. The small-scale evaluation showed that service users perceived improvements in physical health, including definitive physical gains that had occurred as a direct result of participating in the programme. Service users identified weight loss, greater mobility and coordination, and overall general fitness as physical outcomes of programme attendance. It is important to note that these gains were linked to both disability-related and non-disability related physical capabilities. In addition, it was evident that the service users associated programme activities with specific health benefits, rather than simply as a means of entertainment. For instance, gym sessions were acknowledged as building strength, and health eating linked to maintaining a healthy weight. Such health awareness is key to positive behaviour change, and demonstrates that some service users had a focus on the health benefits that they would like to achieve.

The questionnaire session, although responses were relatively limited, indicated that 45% (n=8) of those who completed it reported low levels of physical activity. Whilst this figure may initially seem high, it is important to consider the physical capabilities of this cohort – as in a certain degree of inactivity will likely be attributable to disability-related constraints and also to be cautious due to the low sample size. On the other hand, a further 35% (N=6) of respondents reported high levels of activity, suggesting that this group were able to engage well in the vigorous activities provided by the programme. Whilst these findings provide a descriptive snapshot of current activity levels, it would be beneficial to see if these levels of physical activity change upon entry to the programme, and progress over time, particularly given the self-reported physical health outcomes portrayed within the small-scale evaluation data.

What was evident from examining the evaluation data was that many service users possessed a desire to achieve a greater level of independence. This was stated by the service users themselves, with many participants stating their motivations for attending in terms of wanting to gain a specific skill or experience – thus further validating the concept of the programme. In line with this some Everybody Can activities that were based around living skills (cooking and food shopping) were rated

by some service users as their favourite activity. The principles of active support seemed to be well established within the service, with an increase in independence noted as a primary aim of attending the programme. This included the development of practical life skills such as writing, cooking and travelling, to learning to become more self-sufficient in applying these skills independently. Some of the service users reported that skills that they had learnt at Everybody Can had transferred into areas of daily life outside the programme – for instance, travelling on public transport, going shopping, pushing themselves in their wheelchair etc., with these participants stating that these gains were directly attributed to attending the Everybody Can programme.

However, whilst there was clear evidence of the programme facilitating learning, the evaluation data highlighted certain barriers to the application of learnt skills within the home environment. Although service users and their caregivers reported a good level of independence outside of the programme in terms of self-care activities (e.g. grooming, bathing) and kitchen skills (e.g. food prep, washing up), there seemed to be limited engagement in household tasks (e.g. hoovering and laundry). This was concurrent throughout both the small-scale evaluation living skills task, and the W-ADL questionnaire data. These skills are crucial to unlocking the potential for independent living, minimising care needs and essentially enabling the individual to envisage a more independent future (Healy & Rigby, 1999). Notably, during the evaluation a number of attendees commented that although they felt they had the ability to complete these tasks themselves, that they did not do them as they were viewed as the responsibility of the caregiver. Although it is apparent that the Everybody Can programme is well equipped in developing autonomous behaviours at service level, there is the potential opportunity to further support independent living skills through the promotion of active support strategies at home. For instance, encouraging strategies for capability-dependent participation, thus allowing service users to contribute to household tasks e.g. service user puts clothes on hangers while caregiver assists by placing in wardrobe. With this in mind, it would be beneficial to regularly document the progress of independent life skills to identify focused areas for development in line with service user personal goals.

Finally, the concept of employability returned some incongruent views. Whilst some service users reported that the Everybody Can programme had successfully helped

them gain employment, others perceived there to be a lack of focus on employability. Positive aspects of the programme highlighted the opportunity for practical experience within the service that effectively supported the development of work-based skills. Of those service users who had achieved employment a number stated that the practical application of work-based skills (such as cleaning and organising) had directly enabled their progression into work. Conversely, some attendees appeared uncertain regarding employment pathways and how the Everybody Can programme was helping them develop their employability skills. This may potentially be due to service users' lack of perception of what constitutes employability as some participants identified the programme as facilitating learning, but were unable to identify these learnt skills as work-related tasks. For instance, an individual may not recognise food preparation or tidying up as a work-based skill. Alternatively, attendees may not be attuned to the prospect of seeking employment, and therefore are not actively working towards any specific goals. With this in mind, there may be room for the concept of employability to be further promoted within the programme. Whilst it seems that the programme effectively impacts on employability for some, there is potential to strengthen current employability pathways, by developing service user awareness of their own capabilities and work-related goals.

Whilst there was an awareness of disability-related constraints, service users did not often refer to these as the primary obstacle to employment. Instead, they frequently named intrinsic barriers such as fear or lack of confidence that were impacting on their ability to work. This represents an underlying self-perception that they are essentially capable of expanding their employability skillset, and that attainable employment is not explicitly related to their physical capabilities. Likewise, the questionnaire session revealed that 45% (N=5) of respondents sometimes felt that they should look for a job, further supporting the interpretation that service users (albeit somewhat subconsciously) believe themselves to be capable of work-based activities. However, most promisingly, many service users demonstrated a clear presence of work-based ambition that ran throughout the small-scale evaluation data. A number of participants readily identified their work-based interests and spoke brightly of their employment aspirations – thus presenting a fundamental opportunity with which to better harness employability potential.

5.1 Limitations of the study

The purpose of the current research was to gather service user and caregiver perspectives on the physical and psychosocial impact of the Everybody Can programme. As a community-based project, working within the practicalities of the programme, the study is not without its limitations. As mentioned, the questionnaire sessions relied on attendance on the day, and due to low attendance responses to this part of the research was limited. Similarly, the caregiver data received few responses, as there was limited caregiver attendance on the event days, and only a few caregiver answer sheets were returned via post.

Also, in terms of the questionnaire session, data was collected at a single time-point, thus it is unfeasible to definitively attribute the findings as direct outcomes of the programme, but they help provide added context. Future research should assess pre-post scores based on initial entry into the programme. However, regardless of the lack of comparable statistics, the questionnaire data provides useful information with which to assess the current status of the respondents and contribute towards the on-going evaluation of the service.

6 Recommendations

- **Introduce evaluation measures at service level**

Incorporate evaluation measures into individualised care plans. Specifically the measures of physical activity, independent living skills, work readiness and subjective wellbeing used within this study that have demonstrated their appropriateness within this cohort. This would allow adaptation of care-dependent support, focused on the needs identified within care plans. In addition, in order to contribute to the continued development of the programme, the small-scale activities used within this study can be replicated to facilitate on-going service evaluation.

Going forward, in order to gain a more thorough assessment of how the Everybody Can programme is performing, it would be beneficial for internal monitoring to be introduced – i.e. qualitative sessions, together with quantitative health and wellbeing measures to be examined at baseline (upon entry to the programme) and regular intervals thereafter – thus contributing to the continued development of personalised care plans.

- **Promote active support within the home environment**

Explore ways of integrating programme activities and personal goals into service users' home lives. In conjunction with introducing the aforementioned independent living skills evaluation measures, there is the opportunity to promote the application of life skills at home. Care plans should reflect the areas for development identified within the Living Skills task, with support aimed at increasing service user confidence in completing unfamiliar tasks. Where appropriate, service users should be helped to explore potential adaptations and strategies that will allow them to overcome barriers to applying their skills at home. It may also be beneficial to provide information relating to the principles of active support, including examples of strategies that can be used to help the service user become more proactive in the home.

- **Work-based tasks**

It seems it is necessary to explore the concept of employability further with service users, and to facilitate individuals' awareness of their skills and their relevance to employability. In addition, in order to improve self-concept in relation to employability skills some service users could potentially be encouraged to undertake more specific work-based tasks within the service (e.g. taking the register, clearing away the mats, developing programme material). Holding responsibility for a particular capability-dependent task may help instil a better impression of their own employability potential. Finally, there appears a valuable opportunity to better align service user employability pathways with their specific work-based interests.

- **Conduct a cost-benefit analysis of the service**

Going forward it would be beneficial for the service to conduct or commission a cost-benefit analysis of the service. This would allow for a greater understanding of how the Everybody Can Programme can help reduce demand on social care services and also explore the cost-benefit of the activities. From this the wider impact of the service would be understood.

7 References

Emerson, E., Madden, R., Robertson, J., Graham, H., Hatton, C., & Llewellyn, G. (2009). Intellectual and Physical Disability, Social Mobility, Social Inclusion & Health.

Gilbert, T. (2004). Involving people with learning disabilities in research: issues and possibilities. *Health & social care in the community*, 12(4), 298-308.

Healy, H., & Rigby, P. (1999). Promoting independence for teens and young adults with physical disabilities. *Canadian Journal of Occupational Therapy*, 66(5), 240-250.

Kim, S., Larson, S. A., & Charlie Lakin, K. (2001). Behavioural outcomes of deinstitutionalisation for people with intellectual disability: a review of US studies conducted between 1980 and 1999. *Journal of Intellectual and Developmental Disability*, 26(1), 35-50.

Kozma, A., Mansell, J., & Beadle-Brown, J. (2009). Outcomes in different residential settings for people with intellectual disability: a systematic review. *American journal on intellectual and developmental disabilities*, 114(3), 193-222.

Lemmi, V., Gibson, L., Blanchet, K., Suresh Kumar, K., Rath, S., Hartley, S., ... & Kuper, H. (2015). Community-based rehabilitation for people with disabilities in low- and middle-income countries: a systematic review. *Campbell Systematic Reviews*, 15.

Mansell, J., Beadle-Brown, J., Macdonald, S. and Ashman, B. (2003) Resident involvement in activity in small community homes for people with learning disabilities. *Journal of Applied Research in Intellectual Disabilities*, 16(1), 63-74.

McCullough, G., Huebner, E. S., & Laughlin, J. E. (2000). Life events, self-concept, and adolescents' positive subjective well-being. *Psychology in the Schools*, 37(3), 281-290.

Rimmer, J. H., Rowland, J. L., & Yamaki, K. (2007). Obesity and secondary conditions in adolescents with disabilities: addressing the needs of an underserved population. *Journal of Adolescent Health*, 41(3), 224-229.

Stancliffe, R. J., Jones, E., Mansell, J., & Lowe, K. (2008). Active support: A critical review and commentary. *Journal of Intellectual and Developmental Disability*, 33(3), 196-214.

<https://livewelltameside.com/supported-services/>

8 Appendices

8.1 Participant information sheet and consent forms – for adults with capacity

PARTICIPANT INFORMATION SHEET – FOR ADULTS

Title of the Study: Evaluation of support services programme (Active Tameside)

We would like to invite you to take part in a study to evaluate the supported service programme run by Active Tameside. Before you decide you need to understand why the research is being done and what it would involve for you. Please take the time to read the following information carefully. Ask questions if anything you read is not clear or would like more information. Please take at least 24 hours to decide if you would like to take part in this research.

1. What is the supported service programme?

The supported services programme, run by Active Tameside operates primarily from Active Medlock and is designed to provide people with disability or additional needs with an opportunity to live a healthy and active lifestyle. Across the week a varied programme of activities takes place related to both life skills (e.g. cooking and for some paid employment) to those linked to being physically active (e.g. exercise classes or active travel support). The programme works with both children and adults, with the majority of those who take part being over the age of 14.

2. What is the purpose of the study?

The study is being undertaken to gain a better understanding of the supported service programme run by Active Tameside. The service and the number of people taking part in the programme has grown. In order to ensure that those providing the service capture the good work and impact of this service on health and life skills, they have commissioned us to evaluate the service.

3. Why have I been invited to take part?

You have been invited to take part in this study, because you are part of the supported services programme at Active Tameside, or the parent/carer of a service user of the programme.

4. Do I have to take part?

No it is entirely your choice. No one will mind if you do not want to take part in the study, you are free to say no, without any impact on the service you are receiving. Furthermore, in case you change your mind after signing the consent form, you can feel free to withdraw by informing the researchers. As is mentioned before, this will have no impact on the service you are receiving.

5. What will happen to me if I take part?

You will be invited to a research specific session where we will be running a number of research activities to gain your feedback on the value of the Active Tameside supported services provision. The activities are varied, and will involve for example leaving feedback related to questions and activities that are run within the programme as part of small scale evaluation methods. You will also be asked if you and/or your parent/carer would like to take part in a short recorded interview (approx. 20 minutes) to tell us more about your experiences.

As part of the research you are also going to be asked to complete a questionnaire at two time points (which should take no more than 15-20 minutes to complete), to help us to understand about how the programme can impact physical activity, wellbeing and what your perceptions of the programme are.

6. Expenses or payments

No expenses or payments will be made for taking part in this study.

7. What are the possible disadvantages of me taking part?

It is not anticipated that there would be any disadvantages in taking part in the study.

8. What are the potential benefits of taking part?

We cannot promise the study will help you but the information we get from the study will help to increase the understanding of the supported services programme.

9. What if there's a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researcher (researcher name and contact number) who will do their best to answer your questions. However, if you remain dissatisfied and wish to complain formally, please forward your concerns to Prof Susan McAndrew, Chair of the Health Research

Ethical Approval Panel, Room MS1.91, Mary Seacole Building, Frederick Road Campus, University of Salford, Salford, M6 6PU. Tel: 0161 295 2278. E: s.mcandrew@salford.ac.uk

10. Will my taking part in the study be kept confidential?

The research team will protect the data of all participants as it is considered confidential. All electronic data associated with the project will be password protected, accessible by the researchers involved in the project and backed-up at all times. No data will be shared with any other agencies unless anything is disclosed which relates to criminal activity/self-harm or other safeguarding issues.

All information that is collected from you in the research activities will be anonymous. At the event, we will not ask you to provide your name or any contact details, we will only ask you to place a sticker in the box for your age grouping and number of children (if applicable).

All data will be kept in a password protected computer or locked in a filing cabinet.

11. What will happen if I don't carry on with the study?

You are free to withdraw from the study at any time without it affecting your rights. If you withdraw from the study any interview recordings and transcripts will be destroyed. However, other data may be still included in the study, for example, if you have completed and returned a questionnaire, then this will be kept as part of the study data.

12. What will happen to the results of the research study?

The results of this project will be used within a report, which will aim to make recommendations. The results may also be published in academic journals, however all data will be anonymised. Results will be reported as group data. You will not be identified in any report/publication. Any data reported or published will not reveal the identity of individual respondents. A summary of the main findings from the research will be available to you when the study is finished, should you wish.

13. Who is organising or sponsoring the research?

This is a collaborative study between the Department of Public Health of the University of Salford and Active Tameside.

Contact Details:

[name of researcher]

Lecturer in Public Health

University of Salford, Room [xxxx], Allerton Building, Frederick Road Campus,
Manchester M6 6PU.

Tel: xx

E-mail: xx

CONSENT FORM – FOR ADULTS**Title of study: Evaluation of support services programme (Active Tameside)****Name of Researcher:**

Please complete and sign this form **after** you have read and understood the study information sheet. Read the statements below and yes or no, as applicable in the box on the right hand side. As is mentioned in the Participants' invitation form you can take up to 24 hours to consider this invitation before signing the Consent Form attached.

1. I confirm that I have read and understand the study information sheet version 3, dated 16/11/2017 for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily. Yes/No

2. I understand that my participation is voluntary and that I am free to withdraw any time, without giving any reason, and without my rights being affected. Yes/No

3. If I do decide to withdraw I understand this will not impact on any aspects not related to the study and any interview recordings and transcripts will be destroyed. However other data may still be included in the study, for example if I have completed a questionnaire, then this will be kept as part of the study data. Yes/No

4. I understand that my personal details will be kept confidential and not revealed to people outside the research team. I understand that this will be breached if anything related to criminal activity/self-harm or other safeguarding issues is revealed. Yes/No

5. I understand that my anonymised data will be used in the research report other academic publications and conferences presentations. Yes/No

6. I agree to take part in the study: Yes/No

7. I would like to take part in an interview and understand that this will be audio-recorded.

Yes/No

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

8.2 Participant information sheet and consent form - Those over 16 but under 18 or lacking capacity to consent

Title of the Study: Evaluation of supported services programme (Active Tameside)

Dear Parent or carer,

Please can you support the person who attends the supported services programme with reading this information sheet as needed and ensure they know it is their decision as to whether or not to take part in the study.

We would like to invite you to take part in a study to evaluate the supported service programme run by Active Tameside. Before you decide you need to understand why the research is being done and what it would involve for you. Please take the time to read the following information carefully. Ask questions if anything you read is not clear or would like more information. Please take at least 24 hours to decide if you would like to take part in this research.

1. What is the supported service programme?

The supported services programme, run by Active Tameside operates primarily from Active Medlock and is designed to provide people with disability or additional needs with an opportunity to live a healthy and active lifestyle. Across the week a varied programme of activities takes place related to both life skills (e.g. cooking and for some paid employment) to those linked to being physically active (e.g. exercise classes or

active travel support). The programme works with both children and adults, with the majority of those who take part being over the age of 14.

2. What is the purpose of the study?

The study is being undertaken to gain a better understanding of the supported service programme run by Active Tameside. The service and the number of people taking part in the programme has grown. In order to ensure that those providing the service capture the good work and impact of this service on health and life skills, they have commissioned us to evaluate the service.

3. Why have I been invited to take part?

You, or the person you care for, have been invited to take part in this study, because you, or the person who you care for, are part of the supported services programme at Active Tameside.

4. Do I have to take part?

No it is entirely your choice. No one will mind if you do not want to take part in the study, you are free to say no, without any impact on anyone. Furthermore, in case you change your mind after signing the consent form, you can feel free to withdraw by informing the researchers. As is mentioned before, this will have no impact. You are also free to say you don't want to take part even if your parents or carer say you can or are taking part.

5. What will happen to me if I take part?

You will be invited to a research specific session where we will be running some research activities to get your feedback of how you have found being part of Active Tameside. For example, the activities may involve leaving your feedback on sticky notes and sticking them on a board and placing the things you like or don't like in different baskets. You will also be asked if you and your parent/carer would like to take part in a short recorded interview (approx. 20 minutes) to tell us more about your experiences.

As part of the research you will be asked to complete a questionnaire at two time points (which should take no more than 15-20 minutes to complete), to understand about how the programme can impact physical activity, wellbeing and perceptions of the

programme.

6. Expenses or payments

No expenses or payments will be made for taking part in this study.

7. What are the possible disadvantages of me taking part?

It is not anticipated that there would be any disadvantages in taking part in the study.

8. What are the potential benefits of taking part?

We cannot promise the study will help you but the information we get from the study will help to increase the understanding of the supported services programme.

9. What if there's a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researcher (researcher name and contact number) who will do their best to answer your questions. However, if you remain dissatisfied and wish to complain formally, please forward your concerns to Prof Susan McAndrew, Chair of the Health Research Ethical Approval Panel, Room MS1.91, Mary Seacole Building, Frederick Road Campus, University of Salford, Salford, M6 6PU. Tel: 0161 295 2278. E: s.mcandrew@salford.ac.uk

10. Will my taking part in the study be kept confidential?

The research team will protect the data of all participants as it is considered confidential. All electronic data associated with the project will be password protected, accessible by the researchers involved in the project and backed-up at all times. No data will be shared with any other agencies unless anything is disclosed which relates to criminal activity/self-harm or other safeguarding issues.

All information that is collected from you in the research activities will be anonymous. At the event, we will not ask you to provide your name or any contact details, we will only ask you to place a sticker in the box for your age grouping and number of children (if applicable).

All data will be kept in a password protected computer or locked in a filing cabinet.

11. What will happen if I don't carry on with the study?

You are free to withdraw from the study at any time without it affecting your rights. If you withdraw from the study any interview recordings and transcripts will be destroyed. However, other data may be still included in the study, for example, if you have completed and returned a questionnaire, then this will be kept as part of the study data.

12. What will happen to the results of the research study?

The results of this project will be used within a report, which will aim to make recommendations. The results may also be published in academic journals, however all data will be anonymised. Results will be reported as group data. You will not be identified in any report/publication. Any data reported or published will not reveal the identity of individual respondents. A summary of the main findings from the research will be available to you when the study is finished, should you wish.

13. Who is organising or sponsoring the research?

This is a collaborative study between the Department of Public Health of the University of Salford and Active Tameside.

Contact Details:

[name of researcher]

Lecturer in Public Health

University of Salford, Room [xxxx], Allerton Building, Frederick Road Campus, Manchester M6 6PU.

Tel: xx

E-mail: xx

CONSENT FORM – Those over 16 but under 18 or lacking capacity to consent

Title of study: Evaluation of supported services programme (Active Tameside)

Name of Researcher:

Please complete and sign this form **after** you have read and understood the study information sheet. Read the statements below and yes or no, as applicable in the box on the right hand side. As is mentioned in the Participants' invitation form you can take up to 24 hours to consider this invitation before signing the Consent Form attached.

1. I confirm that we have read and understand the study information sheet

Yes/No

version 3, dated 16/11/2017 for the above study. We have had the opportunity to consider the information and ask questions which have been answered satisfactorily.

- | | |
|---|--------|
| 2. I understand their participation is voluntary and that they are free to Withdraw any time, without giving any reason, and without their rights being affected. | Yes/No |
| 3. If I do decide to withdraw I understand this will not impact on any aspects not related to the study and any interview recordings and transcripts will be destroyed. However other data may still be included in the study, for example if I have completed a questionnaire, then this will be kept as part of the study data. | Yes/No |
| 4. I understand that my personal details will be kept confidential and not revealed to people outside the research team. I understand that this will be breached if anything related to criminal activity/self-harm or other safeguarding issues is revealed. | Yes/No |
| 5. I understand that my anonymised data will be used in the research report other academic publications and conferences presentations. | Yes/No |
| 6. We agree to take part in the study (evaluation and questionnaire) | Yes/No |
| 7. We would like to take part in an interview and understand that this will be audio-recorded. | Yes/No |

Name of Parent or carer providing consent	Date	Signature

Name of participant providing assent	Date	Signature

Name of person taking consent	Date
Signature	

8.3 Introductory letter

Hello,

Study - Evaluation of support services programme (Active Tameside)

We are writing to invite you to take part in an evaluation of the support service programme run by Active Tameside. The study is being carried out by The University of Salford in collaboration with Active Tameside.

There is no pressure at all for you to take part in the study, and you are free to say no without any impact on the service you are receiving.

The study will involve attending one of two evaluation events, where we will ask you to take part in some research related activities and if you would like to, a short interview. We are also hoping to ask you to complete a short questionnaire at two time points in the programme. We would also like to interview some parents/carers during the events.

I have attached information sheets about the study. If you are happy to take part, or would like any more information, please e-mail or phone [researcher details] and we will arrange a suitable time and place to meet up with you.

Yours sincerely,

[Researcher signatures and names]

8.4 Questionnaire session answer sheets

ID No: / /

Evaluation of Supported Services Programme Active Tameside

Thank you for agreeing to take part in this evaluation of the supported services programme which is part of Active Tameside. These questions are trying to find out about you. In this questionnaire there are no right or wrong answers – we are just trying to understand what you think and what you do.

This questionnaire is divided into sections. The wording of some questions may seem a little unusual to you because it has been designed to be completed in many different countries with different ways of life.

All information given in this questionnaire will be treated confidentially.

Consent

I have read and the participant information sheet (version 3, 16/11/2017) and I understand that by completing and returning this questionnaire I am agreeing to take part in the study

Yes

If you do not agree to the above statement then please do not continue with completing this questionnaire

International physical activity questionnaire – Short version

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

1. During the **last 7 days**, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

_____ days per week

_____ No vigorous physical activities *Skip to question 3*

2. How much time did you usually spend doing **vigorous** physical activities on one of those days?

- _____ hours per day
 _____ minutes per day
 _____ Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

- _____ days per week
 _____ No moderate physical activities *Skip to question 5*

4. How much time did you usually spend doing **moderate** physical activities on one of those days?

- _____ hours per day
 _____ minutes per day
 _____ Don't know/Not sure

Think about the time you spent **walking** in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

- _____ days per week
 _____ No walking *Skip to question 7*

6. How much time did you usually spend **walking** on one of those days?

- _____ hours per day
 _____ minutes per day
 _____ Don't know/Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the **last 7 days**, how much time did you spend **sitting** on a week day?

- _____ hours per day
 _____ minutes per day
 _____ Don't know/Not sure

Section B

Measuring Wellbeing Questionnaire – taken from NEF guide

Below are some statements about feelings and thoughts. Please choose the answer that best describes your experience of each over the last two weeks.

Please tick one box on each line

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my mind about things					

Below are some more questions about feelings. Please give a score of 0 to 10 where 0 means extremely dissatisfied/ unhappy or not at all anxious/ worthwhile and 10 means extremely satisfied/happy/ anxious/ worthwhile.

Please tick one box on each line

Questions	0	1	2	4	5	6	7	8	9	10
Overall, how satisfied are you with your life nowadays?										
Overall, how happy did you feel yesterday?										
Overall, how anxious did you feel yesterday?										
Overall, to what extent do you feel the things you do in your life are worthwhile?										

Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? Please give a score of 0 to 10, where 0 means you can't be too careful and 10 means that most people can be trusted.

Please tick one box

Can't be too careful							Most people can be trusted			
0	1	2	3	4	5	6	7	8	9	10

Section C

The following questions relate to activities of daily living

We would like to know about your current Level of independence in performing

activities of daily living. For each activity please tick which best describes your ability to do the task. For example, 'independent; would mean you are able to do the task without any help or assistance.

Please tick one box on each line

	Independent or do on own	Do with help	Do not do at all
1. Making your own bed			
2. Doing household tasks, including picking up around the house, putting things away, light housecleaning, etc.			
3. Doing errands, including shopping in stores			
4. Doing home repairs, including simple repairs around the house, non-technical in nature; for example, changing light bulbs or repairing a loose screw			
5. Doing laundry, washing and drying			
6. Washing/bathing			
7. Grooming, brushing teeth, combing and/or brushing hair			
8. Dressing and undressing			
9. Preparing simple foods requiring no mixing or cooking, including sandwiches, cold cereal, etc.			
10. Mixing and cooking simple foods, fry eggs, make pancakes, heat food in microwave, etc.			
11. Preparing complete meal			
12. Setting and clearing table			
13. Washing dishes (including using a dishwasher)			
14. Banking and managing daily finances, including keeping track of cash, checking account, paying bills, etc.			

Section D

The following questions are related to your feelings towards readiness to work

Please tick one box on each line

	Strongly agree	Agree	Neither agree or	Disagree	Strongly disagree

			disagree		
My friends are happy that I am looking for a job					
I am very confident I will find a job					
I want a job because it will get me out of the house					
I am trying to find a job					
It is a waste of time looking for a job because I don't need to have one					
I have family members who encourage me to find a job					
I want a job because I will learn new skills					
I am not serious about finding a job					
My family want to help me find a job					
I have started to do some things to help me look for a job					
Anyone can talk about wanting a job but I am getting out there and really searching					
Sometimes I think I should try to find a job					
I am actively job searching					

Please take a moment to ensure that you have answered all the questions.

Thank you very much for your help.

Please return this completed questionnaire to Sarah Lambert or Dan/Scott

8.5 Caregiver question & answer sheets

CAREGIVER ANSWER SHEET

Dear Caregiver,

Thank you for taking the time to help us in our evaluation of the LiveWell [now Everybody can] supported services programme. We have been asking the service user's their opinions about the supported services programme and are also interested in your views.

Please use the following sheets to provide your answers in respect of each of the activities that were done today with the participants of the programme. There is space for any additional comments at the back of this booklet. If you're not clear about any of the questions, please ask one of the staff or researchers who are happy to help.

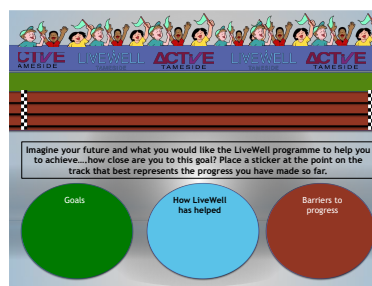
For your own reassurance, there are no right or wrong answers, and all answers will remain completely confidential.

Thank you in advance for your comments.

ACTIVITY 1:

Race track task

What do / did you hope the service user would achieve through attending the LiveWell [now Everybody can] programme? How close do you think they are to achieving this goal?



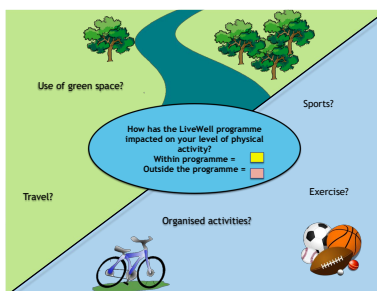
Goal (what you hoped the service user would achieve)?

How close do you think they are to achieving this goal?

How LiveWell [now Everybody can] has helped with achieving this goal?

Barriers to achieving this goal?

ACTIVITY 2:



How has the LiveWell [now Everybody can] programme impacted on the levels of physical activity of the person you care for - both within and outside of the programme?

Within the programme?

Outside the programme?

ACTIVITY 3:

Social life



How has the LiveWell [now Everybody can] programme influenced the service users social life?

Social impact?

ACTIVITY 4:

Evaluation man



Can you think of something about the LiveWell [now Everybody Can] programme that.....

<p>you like/works well....</p>
<p>you don't like/think could work better...</p>
<p>you feel the service user has gained...</p>
<p>you think has made a different to how you support the person in your care?</p>

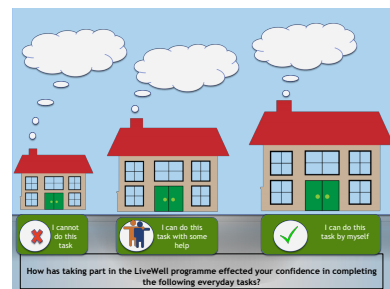
ACTIVITY 5:

Living skills

Please indicate to what level the service user is confident in completing the following tasks:



= *cannot do this task*





= can do this task with some help



= can do this task by themselves

				Comments
Shower				
Bath				
Wash hands				
Brush teeth				
Get dressed				
Brush hair				
Hoover				
Make bed				
Load laundry				

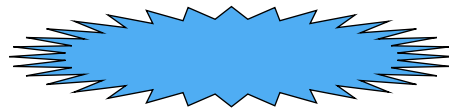
Hang laundry to dry				
Fold laundry				
Ironing				
Clean toilet				
Mop				
Wash-up				
Load dishwasher				
Food shop				
Food prep				
Make brews				

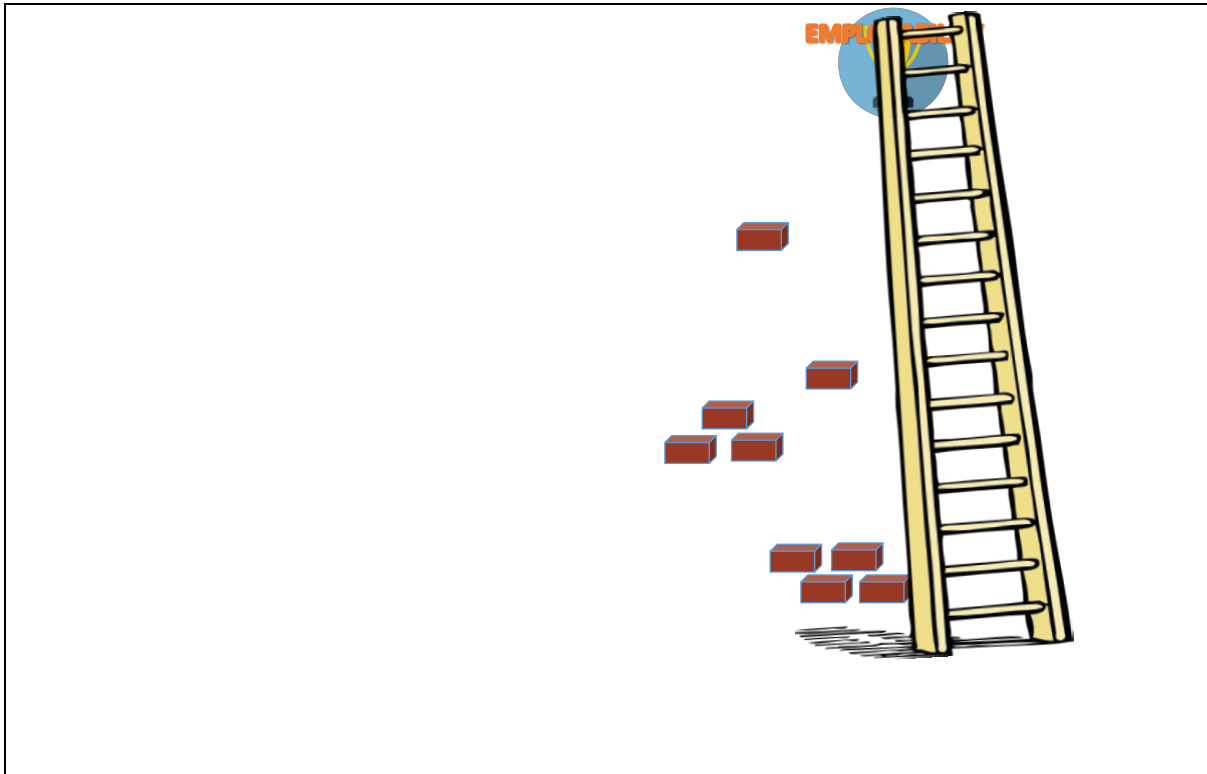
Cook				
Gardening				
Pet care				
Public transport				
Put bins out				

ACTIVITY 6:

Employability skills

How has attending the LiveWell [now Everybody can] programme made a difference to the service users work-based skills and employability?





What hurdles do you think the service user still needs to overcome to achieve their employability goals?

In what way could the LiveWell [now Everybody can] programme improve to help the service user overcome these barriers?





Please use this space for any additional comments you may have:

Thank you for completing this – please return the completed form to one of the supported services staff, or the research team from the University of Salford.

8.6 Draft interview guide

Conducting the Interview (to be read out at the beginning)

Firstly, I'd like to thank you for agreeing to take part in this interview; I really value your input into our study to evaluate the supported service programme at Active Tameside. My name is [researcher's name] and I will be asking the questions today. I am working on behalf of the University of Salford, and my job is to make sure we cover a number of important topics that we would like your input on.

Just to remind you that the interview is strictly voluntary, and that I may take notes while we are talking, just so that we don't miss anything important and so we can go back and revisit the information if we need to. We will also be recording the interviews to allow them to be transcribed for analysis.

The interview will last no longer than 20 minutes, and before we start, I'd just like to assure you that:

- There are no right or wrong answers to the questions I will ask – we just want to hear what you think.
- We'd like to stress that we will not use names or anything directly identifying when you talk about your personal experiences.

DO YOU HAVE ANY QUESTIONS SO FAR?

If you're happy to move on, we'll begin:

1. What do you like about the activities/service that Active Tameside provide?
2. What difference do you think these activities make to you or the person you care for? [Prompt: physically, socially, mentally?]
3. If you were telling a friend or someone who cares for a person who could access the service about the Active Tameside services/activities how would you describe them?
4. Are there any things about the service that you would like changing? [Prompt: in what way?]

At the end of the questions:

I think we've come to the end of our questions. Thank you for your honest opinions – you were tremendously helpful. Is there anything else you would like to add before we finish?

Again, thank you very much for your participation today. We really appreciate your help.