

HALL AITKEN

May 2012

Level Zero services evaluation
Report

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“I would not have been able to do this without the support I’ve received. I have smoked so many for so long that I never thought I could give up but now I know I can” Langworthy Cornerstone client

“The rest of my family still smoke and that is making it hard for me but now I feel like I can persevere.” Xchange client

“I have tried lots of times in past but would not have been able to give up without her regular calls and texts to make sure I’m doing okay” Social Adventures client.

“Support worker not pushy. Tells you the information and leaves me to make up my own mind. If someone tells me not to do something I just want to do it more” Salford City Reds client.



INVESTOR IN PEOPLE



Introduction and background

The rate of smoking among adults in Salford far exceeds the national average. In 2008, it was estimated that 29% of adults in Salford smoked, compared to a national average of 22%.

Health inequalities compound these figures even within Salford. In poorer areas of the City, such as Broughton and Langworthy, smoking rates exceed 30%, compared to rates below 20% in Worsley and Boothstown.

In response to these challenges, the Salford Tobacco Control Strategy sets out ambitions for a smoke free Salford where a culture of not smoking is the norm. This will be achieved by:

- Stimulating and motivating people who smoke to positively change their smoking behaviour;
- Targeting wards where smoking is most prevalent; and
- Providing accessible and effective, tailored support at the right level and at the right place.

Changing smoking behaviour - the Salford approach

Patterns of behaviour which impact on healthy choices are deeply embedded in social, material and cultural circumstances. Effective models for behaviour change take account of those

different circumstances and adapt interventions to suit the individuals or communities being targeted.

A broad based and effective *STOP SMOKING* service offers support to all smokers – not solely to those who have already made the decision to stop and want help in doing so. It also addresses the need to impact on the wider picture of tobacco control, from illicit sales to tackling low aspirations. The strategy for a Smoke Free Salford has recognised this by identifying four different tiers of support - from Level Zero to Level Three intervention.

For many, smoking cessation is the final step along a pathway which, the evidence demonstrates, begins with changes in awareness, attitude, self-efficacy and finally, behaviour. Successful smoking interventions support beneficiaries along that pathway towards the final goal of smoking cessation. The Salford strategy in this way conforms to the most recent guidelines on health behaviour change from the National Institute for Health and Clinical Excellence¹.

¹ NICE, (2007) Behaviour change at population, community and individual levels, NICE, London. [The guidelines are currently being updated but the most recent review – January, 2011 – reported that new evidence about behaviour change approaches was not sufficiently different from previous evidence to require revision of the recommendations. { <http://www.nice.org.uk/nicemedia/live/11868/52730/52730.pdf> }

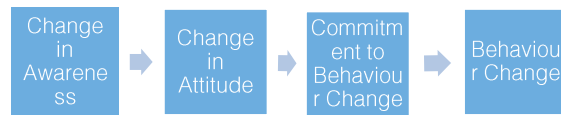
Linking the Levels

The use of the Level Zero to Level Three model reflects the pathways identified in the most commonly used behaviour change theories, which recognise the strong relationship between awareness, attitudes, and eventual behaviour change.

The Health Belief Model², The Transtheoretical Model³ (Stages of Change) and the Social Cognitive Learning Theory⁴ each identify that the route of behaviour change broadly begins with an increased awareness, knowledge and understanding of the impact of the health behaviour that the participant wants to change.

Pathway to Change

² Rosenstock, I. (1974). Historical Origins of the Health Belief Model. Health Education Monographs. Vol. 2, No. 4.
 Becker, M.H. (1974). The Health Belief Model and Personal Health Behaviour. Health Education Monographs. Vol. 2, No. 4.
³ Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. Journal of Consulting and Clinical Psychology, 51, 390-395.
 Prochaska, J. O., & Velicer, W.F. (1997). The Transtheoretical Model of health behaviour change. American Journal of Health Promotion, 12, 38-48.
⁴ Bandura, A. (1995). Self-Efficacy in Changing Societies. Cambridge University Press.
 Bandura, A. (1986) Social foundations of thought and action; A social cognitive Theory. Prentice Hall: Englewood Cliffs, N.J.



Salford's smoking strategy is based on behaviour change models which demonstrate that an increased awareness of the impact of smoking leads on to the next stage of a change in attitude.

Level Zero promotion of smoke-free zones and other awareness-raising exercises help to promote a change in culture to one where smoking is seen as the exception rather than the rule.

Increased awareness of smoking impact leads to a change in attitude among smokers who are then more open to ways of changing their habits. Level One support builds on this changing attitude by offering brief interventions and support advice in ways which encourage smokers to consider their habits, motivate them towards change and point them in the direction of more intensive smoking cessation support.

Those smokers who follow-through on Level One advice are directed to Level Two accessible support interventions which will reinforce changes in awareness and attitude by building smokers' confidence about their ability to change. Self-efficacy tools can be used to assess their readiness to change and smokers are supported in setting and keeping to a realistic quit date.

Smokers who remain committed to changing, but find they are unable to overcome particular barriers to quitting or who have repeatedly tried and failed to stop are referred onwards to Level Three which provides them with dedicated support.

The Level Model succeeds in theory because it recognises the importance of each stage of the process and the way in which they are connected. The success of this model may eventually be judged by the overall drop in the number smoking, but it is important that credit is also given at each level of intervention to those participants who take part and are 'moved along' the pathway to the next stage.

Conclusion

This section of the report with theoretical background has been included as it has important ramifications for the key findings of the study.

Evaluation of Level Zero services in Salford

Salford NHS commissioned Hall Aitken in 2010 to evaluate Level Zero projects delivered by Unlimited Potential, a social enterprise based in Salford, as part of its ongoing Tobacco Control Strategy. This commission was extended in

January 2012 to include an assessment of newly commissioned services by NHS Salford.

Previous learning

Unlimited Potential has delivered three projects as part of the Level Zero programme: Time banking, Smoke Free Homes and Reenergise. Key findings from our evaluations included:

- that the services were delivering a range of health and wellbeing outcomes, both directly and indirectly related to smoking;
- The community based approach to smoking intervention was particularly effective in targeting disadvantaged communities;
- Services impacted positively on mental wellbeing;
- The benefits of the services were extending beyond individual clients to family and friends.
- There was a need for more focus on outcomes relating to smoking behaviour; and
- Men were proving difficult to engage.

Current evaluation

This report summarises the findings of our evaluation of new services commissioned by NHS Salford in 2011. The four services are all delivered by social enterprises and include:

- [Langworthy Cornerstone](#)
- [Salford City Reds](#)
- [Social Adventures](#)
- [Xchange \(Unlimited Potential\)](#)

The report draws upon research undertaken between January 2012 and March 2012 and explores:

- The early progress made by the services particularly their ability to engage clients;
- Early evidence of impact of the services on clients;
- Impacts on wider family and friends;
- Barriers and enablers to effective delivery; and
- Lessons to inform future delivery.

Our approach

Within a relatively short timescale, we have delivered the study in four connected phases.

Desk based review

For phase one, the focus of our work was a short desk based review of the policy context and project documentation. The aim was to understand what the services were trying to achieve, their logic and the link between project aims and project outcomes.

Project team meetings

We met with project teams to discuss the rationale for their projects and to understand how they proposed to implement their projects. We used these meetings to explore the methods projects proposed to use to prove the impact of their projects.

Client telephone survey and interviews

Although the projects are at an early stage of delivery, we were able to survey 50 clients from across the four services to assess their perceptions of the services and to understand the impact of services on themselves and their family. In addition, we directly interviewed 10 clients from two services to discuss in more detail the drivers for participating in the programme.

Reporting and way forward

Our final phase brings together the learning from our evaluation and our report summarises the key issues we have identified from the evaluation. Although the evaluation covers a relatively short timescale, we have identified a number of important issues for consideration regarding the commissioning of Level Zero services in Salford and include an outline toolkit for future commissioning of Level Zero and other tobacco control services.

Early findings

Our evaluation covers a period when the services have, for the most part, been focused on project inception and engagement of new clients. The Xchange project has been operational for longer however the three new services were only commissioned mid 2011. In this section, we identify early lessons from delivery of the four services.

Langworthy Cornerstone

This service delivers one-to-one support and confidence building to develop and deliver an individual plan for smoking behaviour change. Clients moving onto the service are provided with a 'menu' of support that enables the smoker to achieve their plan within the Level Zero programme. This menu includes:

- positive activities such as stress management;
- access to physical activities such as Zumba Dance and Boxercise;
- healthy eating advice and other health related opportunities.

Initial progress by the project was slow as the team took significant time to establish links with referral agencies and to build trust with new clients. However since January, progress has been much stronger and the rate of referral (both self referral and from other agencies) has improved considerably.

Salford City Reds

Tobacco control activities are provided by Salford City Reds for adults who smoke (particularly men of all ages), on a one-to-one basis, or in small groups. Support is based on an individual plan for smoking behaviour change, identified and agreed with the smoker.

As the community arm of the Salford City Reds Rugby Club, the service uses the power of the club brand to recruit clients. Services are provided via a

'menu' of activity, co-ordinated within Salford City Reds to help the smoker to achieve their plan. The menu includes access to physical activities, health and nutrition advice and social activities.

Again the key issue for the service has been the need to build development time into starting the project. The service has benefited from significant support from the Salford City Reds Foundation, a social enterprise arm of the Club. The service has reported more women have been engaged than had been anticipated.

Social Adventures

This project uses Control theory (which is described as motivational interviewing which empowers client to take control of the cessation/reduction plan) and Smoking Cessation training to support clients on a one to one basis.

The services provided by Social Adventures are specialised and focus on working with clients to build self confidence and self efficacy. The project was developed by a project manager who has left the service but a replacement is now in place. She has worked extensively since her appointment building links with local agencies such as Tenant's groups and health professionals. With a psychology background, the focus of the service remains, although there are some concerns that the current quit targets may not be attainable and that the targets do not allow the service to demonstrate the true impact of its work.

XChange

Run by Unlimited Potential, this service aims to support people to cut down and stop smoking by having something new to focus on – exchanging smoking to another behaviour.

The project identifies people when they are ready to change their smoking behaviour. Most of the clients for this service are already aware of problems related to smoking. The service achieves an exchange from smoking to other, positive behaviours by providing rewards to reinforce the positive benefits of quitting.

Unlimited Potential has a strong track record of delivery smoke free services and the project benefits from this experience. A new project manager revitalised delivery and the project has made good progress, with excellent client feedback. Importantly, the service has built upon the learning from previous evaluations and has made good progress targeting men.

Early lessons learned

Whilst the projects have been fully operational for a relatively short period, it has been possible to identify a number of common issues which are of significant importance to the future commissioning of services.

Project set up time

Projects require time to get established and to ensure staffing and procedures are in place. Moreover, it takes significant time and resources to build the links needed with clients and other agencies to secure referrals. The new services have taken much longer than anticipated to begin effective delivery.

“We had to build internal and external links which took time but it was worth it – we are now seeing the benefit of that work” project manager

Project staff felt that the commissioning process was very fast and that some aspects of the contracting work were therefore less well understood. For example, some of the services were not aware that they were wholly responsible for securing clients. They had expected some clients to have been identified and ready for referral to their service.

Recommendation: That future commissioning recognises the lead in time for new services and builds this in to contracts.

Engagement has been difficult

Some of the services have found engagement of clients to be more challenging than they had perhaps anticipated. We have already highlighted that some services had expected referrals from sources that had not transpired. Others have found that sources of referrals identified in their applications, notably GPs and Practice Nurses, have been more difficult than they anticipated. We have identified several possible causes of this issue.

Clearly this has been a new area of work for three of the services and though smoking cessation is closely linked to their main services, this is none the less a new service. Recruitment techniques must therefore be refined and the marketing group has been able to offer some support. However some of the services have felt that the marketing group could provide more support to the Level Zero services, an issue we know has been discussed at the marketing group since. By way of example, the ‘Face your Demons’ campaign made little reference to the local Level Zero services. One service reported that they had not attended a number of meetings with the communications team as they did not feel their voice was heard.

“Reading the campaign literature you wouldn’t know we existed” project manager

That said the commissioning body should have some assurance that the services do have solid plans in place to engage and recruit clients. The service specifications for the new contracts do include sections asking for referral criteria (section 4.1) and referral routes (section 4.2). However whilst these sections ask what the services will do, they do not ask for ‘how’ and ‘when.’ Much more rigorous analysis of the proposals for referral should be a pre-requisite of a new commission.

A further issue raised by two of the services is a concern that too many services are focused on similar wards of the city and that they were increasingly in competition with each other. Some felt that key areas for marketing and engagement, such as Salford Precinct, were reaching saturation point at times. The services are working together well and have delivered joint campaigns. We know that Unlimited Potential for example have provided support to the Langworthy service who in turn supported Social Adventures. However the potential saturation of key target sites is an issue and one that has been identified by clients too.

“You can’t move in the precinct for someone trying to stop you smoking – I avoid the place now!” Client survey

Recommendations: The current commissioning process to be reviewed, to include more rigorous assessment of plans to engage clients. The communications team to coordinate marketing on the precinct

Innovation in recruitment and targeting men

Whilst engagement of clients has been an issue, the services have reacted positively and this is resulting in improved recruitment. We have already identified the cooperation between the Level Zero services. Individually, each service has reacted to the need to sharpen their recruitment techniques too. The services have been proactive and persistent in seeking new referral routes, including local pharmacists, smoking nurses and GGPs. In part, there has been a need to educate professionals about the purpose of Level Zero, an issue we discuss in some detail later in the report.

The new services have been particularly successful in recruiting more men on to the Level Zero programme, an issue of concern in previous reports. The Salford City Reds service was designed specifically to be attractive to men and this has worked, although the number of women on the service has been surprisingly high. Unlimited Potential has targeted sports clubs such as five a side teams, whilst other services have visited pubs and offices to speak to smokers outside the building. The result has been a sharp rise in the number of men recruited.

One-on-one and group support

Most of the services within their service specification identified peer support as a key route to supporting clients. It was felt that groups of smokers could encourage and support each other and help increase the rate of sustained change. However early findings suggest that one to one support has been the preferred route for most clients and some services such as Langworthy have changed their approach as a result. Although this is an early stage of delivery, it should be noted that 56% of clients (28 clients) identified one to one support as important, against just 8% citing peer support.

Level Zero definition – quit targets and impact on services

Referring back to our ‘Pathway to Change’, the role of Level Zero services has perhaps become unclear to some, including health professionals, with the inclusion of quit targets for Level Zero services. The focus of commissioning for Level Zero should be to challenge and change smoking cultures, so that not smoking is the norm and quitting is seen to be worthwhile and achievable. This definition comes from the Tobacco Control Strategy. At Level One, the aim is to have a large scale increase in the number of front line staff who are able to deliver brief advice and interventions to smokers, to identify those most motivated to make a quit attempt, and to signpost to support.

“Our experience shows that people don’t engage if they think they must stop – it’s a long process for many clients” project manager

For the Level Zero providers, the softly softly approach to their clients works because their clients are often long term, heavy smokers for whom the stop smoking message up front won’t work. This approach is undermined by the need to think about quits – these may be possible in the long term but for many clients it needs time and support to break the culture of smoking. They need to be made aware of the opportunity to stop, the support available and given help to understand what would support them to stop or reduce smoking. The services feel that this is their strength.

We have also found that by setting quit targets, the monitoring of projects has been too focused on the numbers of quits. This is providing a very narrow

'story of change; for the support provided by the NHS. The Level Zero services do much to raise awareness of the dangers of smoking and opportunities to stop; of identifying personal barriers and enablers to stopping smoking or changing behaviour; and of setting people along what is often a long pathway to stopping smoking. However the current monitoring processes of some of the services, by focusing solely on quits, fails to fully identify the good work carried out by the services. Case studies, observational change and self efficacy measures will provide a much richer picture of delivery and better reflect the true impact of Level Zero.

Level Zero definition - impact on clients

The client group, many of whom are long term, heavy smokers, has to be supported if we are to denormalise smoking. Our survey and services' feedback suggests clients will not engage with what they see as 'judgemental' cessation services. Level Zero services should or could offer something to support this very large group of smokers who will otherwise avoid support. The setting of quit targets at Level Zero could act as a barrier to engagement of a large client group.

"You're not made to feel bad for smoking – I wouldn't listen if they tried to lecture me" client

Level Zero definition - impact on partnership working

Most damaging of all, we believe that there is evidence that setting Level Zero services quit targets has impacted on partnership working. Many of the services identified Practice Nurses and pharmacists as key routes to referrals. However these services also provide Level One, Two and Three services and are often paid by results based on the number of quits. By setting Level Zero services quit targets, the Level Zero services could be seen as a threat to their finance and so create a lack of willingness to engage with the services as they may 'steal' their outcomes. We know this directly impacted on at least two of the services initially.

"I was told that senior managers might not support referrals into my service as it would reduce their income" project manager

Our evaluation only covers a short period of time and it is of course dangerous to draw conclusions on such short analysis. And some of the initial problems between the two services were eventually overcome. However, we do feel that the problems of inappropriate targets for different interventions could fundamentally undermine the ambitions of the Tobacco Control Strategy. The success of the Strategy rests on clear links along the Pathway to Change – links between each Level are the potential weak points in the strategy and so systems should be in place to clearly support those links.

Recommendation: Outcomes for Level Zero and indicators to be reviewed so that they clearly relate to the aims of the Tobacco Control Strategy. This is incorporated into our recommendation at the end of this report for a commissioning toolkit.

Appropriate performance measures

The driver for including these targets within the contracts for the Level Zero services may be traced back to the revised Tobacco Control Strategy. Here it was recognised that if Salford was to achieve national targets, it would need to significantly outpace national reduction rates of smoking. Moreover, because of the much higher prevalence in areas like Broughton, to achieve an impact on health inequalities, the interventions need to motivate and support three smokers to stop for every one quitter from a more affluent area, in order to achieve an impact on health inequalities. Hence the desire to focus sharply on quits at all Levels.

However, the evidence we highlighted in section 1 is accepted and well documented and points to the need for a step approach to stopping smoking. But the focus of performance measurement in Salford at all stages of the smoking cessation pathway is the quit outcome, not distance travelled by clients. Distance travelled is a more relevant measure of impact for clients and for the work the four Level Zero services deliver with their clients. This may require a review of the commissioning framework for Level Zero, and possibly other tobacco control services.

Recommendation – we include an outline commissioning toolkit in this report, which encompasses recommendations for all the issues raised here.

Impact on clients

Despite the issues raised in the last section, there are early and positive signs of impact on clients' smoking behaviours. We surveyed 50 clients by telephone to identify the impact of services and to understand the drivers for participating and barriers to successfully changing smoking behaviour. Key findings are summarised in this section.

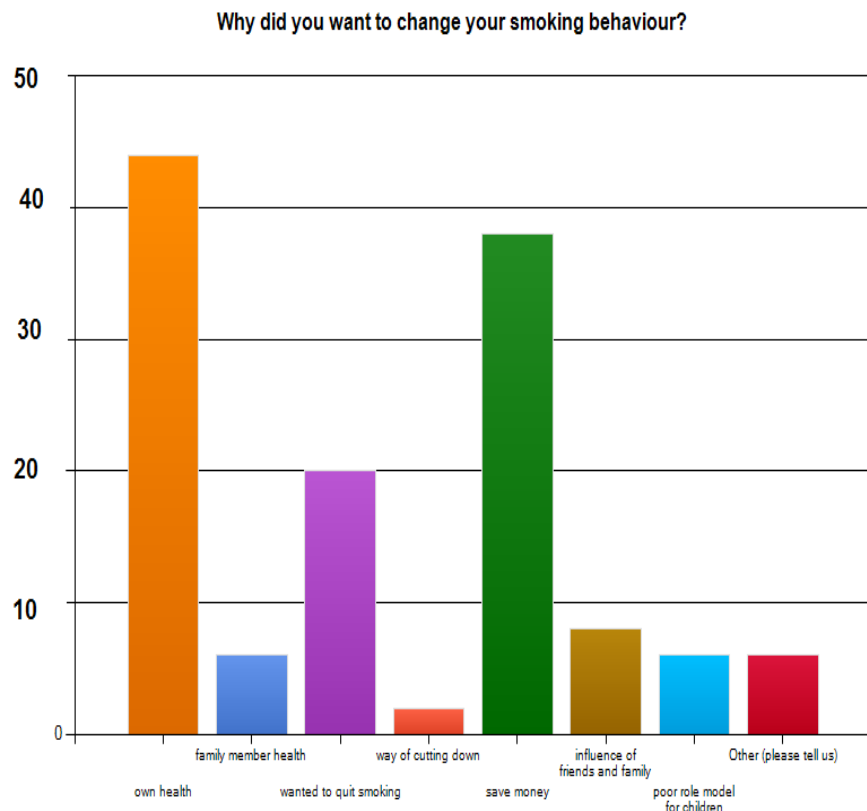
Overview of clients

Of the 50 participants, 22 were in full or part time work, 18 were unemployed and ten were retired. Most were aged over 35 (72%) with only 10 (20%) aged between 18 and 24.

Why did they want to change?

The vast majority cited their own health (88%) and the need to save money (76%) as the strongest reasons for changing behaviour. 12% cited the health of family member/poor role model for children as a reason.

Two participants said they were trying for IVF and could only qualify for treatment as non-smokers.



Why did they choose this method?

More than half (56%) said it was convenient/local and that they liked the workers' approach and the kind of service offered. When questioned further, they focused on methods of delivery such as the one-on-one approach and the feeling that they weren't being pressured into quitting.

Did it work?

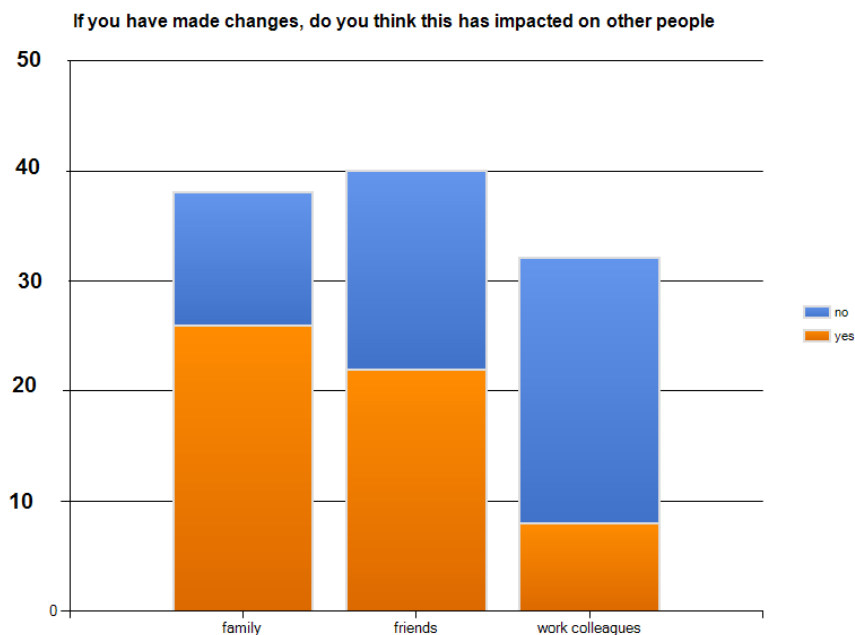
At the time participants joined the project all of them were smoking between 10 and 40 cigarettes a day. Of those, 39% were smoking between 20 and 40. At the time of completing the survey, more than half (52%, 26 people) had stopped completely and 44% (22 had cut down). One person stopped for four weeks and restarted and cited stressful family circumstances. Of those who had cut down, one was smoking less than 5 a day, 17 were smoking less than 10 and 8 people were smoking between 10 and 20 a day. 80% of clients said they imagined they would be non-smokers in a year's time.

Why did it work and what made it harder?

Saving money was what most people (84%) cited as 'helpful' in trying to change their behaviour. More than half (56%, 28 people) also said that coaching and support from project had been helpful. 40% (10) identified support from friends and family although 70% found that others smoking around them made changing smoking behaviour difficult. Half reported problems with withdrawal symptoms.

Impact on others

Importantly, the work of the services is having an impact beyond the clients themselves. Of the 50 clients surveyed, 34 reported some positive impact on family, friends or work colleagues, as shown in the diagram opposite.



Conclusion

The services are clearly having a positive impact on the clients surveyed and although this is a small sample due to the early stage of delivery, it does back the findings of earlier surveys carried out for the evaluation of Re energise and Smoke Free Homes. Of particular interest is the wider impact, showing that Level Zero can have a real impact in challenging smoking norms.

Whilst the evaluation has been based on a relatively short period of research, the issues identified are of significant importance and at the heart of the issues lays the need to clarify and strengthen the link between aims, outcomes and indicators across the three Levels of intervention. In this section, we outline a proposed toolkit to address key issues relating to the definition of Level Zero services.

The weaknesses identified in our report do require further investigation but we are confident that there is a real need to clarify the aim of Level Zero. Outcomes must be appropriate for the level of intervention, with clear links between outcomes at each level of delivery. Alongside this, each outcome should be reviewed to ensure there are appropriate indicators to measure short, medium and long term progress.

We have also identified within this study that services are not making adequate use of the wide range of quantitative and qualitative tools that could be used to demonstrate the impact of services. The toolkit should therefore include an identification of the tools and approaches to measurement that NHS Salford expects contractors to use.

With this in mind, we have identified four components of the toolkit:

- [Interventions and outcomes](#)
- [Outcomes and indicators](#)
- [Tools and approaches to measurement](#)
- [Specification of tools](#)

The toolkit uses the theory of change and Pathway to Progress that underpins the Tobacco Control Strategy and draws upon the aims and objectives of the strategy. Whilst some significant refinement would be required, with the support of commissioning teams, we would recommend consideration of the toolkit for future commissioning rounds.

Interventions

Level 3

- Addressing health barriers
- Dedicated support

Level 2

- Effective support accessible
- Referral to high level support

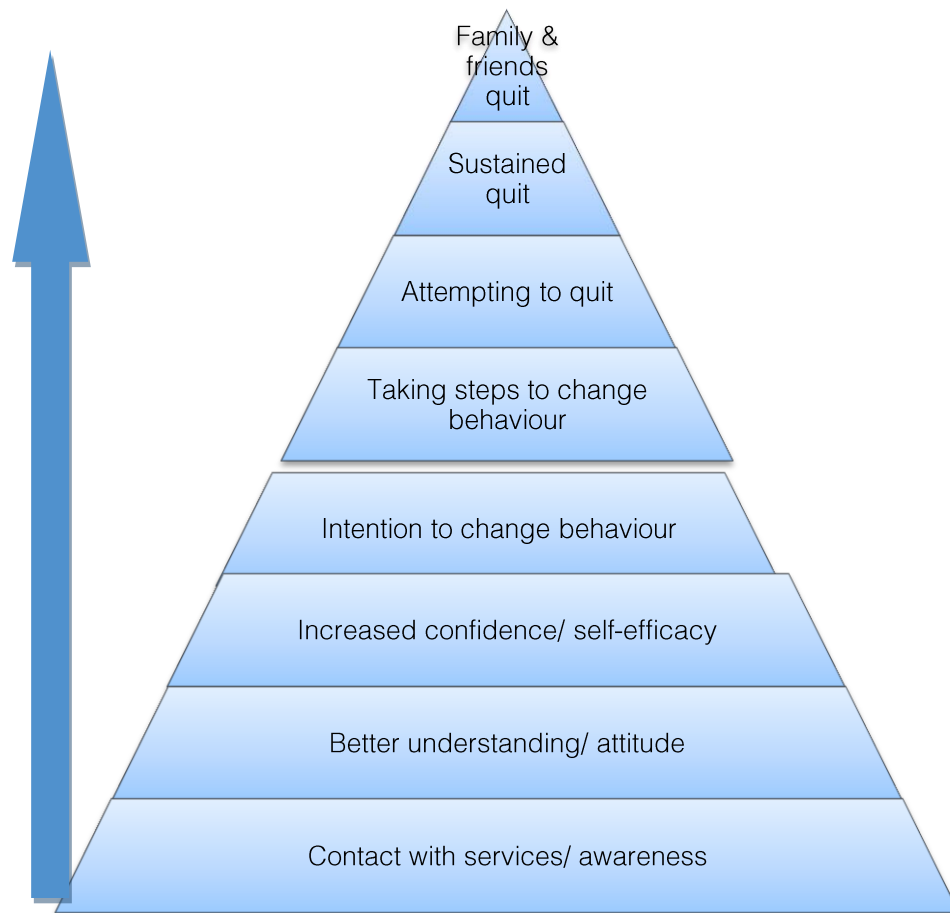
Level 1

- Signposting
- Brief interventions

Level 0

- Making contact with smokers
- Basic information/ positive promotion
- Smoke free environments

Outcomes



Outcomes & indicators

| Outcome | Indicator(s) / targets | Short | Medium | Long |
|----------------------------------|---|-------|--------|------|
| In contact with services | <ul style="list-style-type: none"> Number of smokers identified by frontline staff | ✓ | | |
| Improved awareness | <ul style="list-style-type: none"> Number of smokers who recognise benefits of not smoking | ✓ | | |
| Improved attitude | <ul style="list-style-type: none"> Number of people who believe stopping smoking is worthwhile and achievable | ✓ | ✓ | |
| Increased confidence | <ul style="list-style-type: none"> Level of self efficacy related to quitting | | ✓ | |
| Intention to change behaviour | <ul style="list-style-type: none"> Number of people setting a date to quit Number of people committing to change behaviour (smoke free rooms/ cars, reduced smoking etc.) | | ✓ | |
| Taking steps to change behaviour | <ul style="list-style-type: none"> Number of people changing behaviour (smoke free rooms/ cars, reduced smoking etc.) | | ✓ | |
| Attempting to quit | <ul style="list-style-type: none"> Numbers trying to quit | | ✓ | |
| Quitting | <ul style="list-style-type: none"> Numbers quitting for 4 weeks | | ✓ | ✓ |
| Sustained quitting | <ul style="list-style-type: none"> Numbers successfully quitting for 12 weeks | | ✓ | ✓ |
| Family & friends quit | <ul style="list-style-type: none"> Number of smoke-free households Number of referrals of family/ friends | | | ✓ |
| Smoke free culture | <ul style="list-style-type: none"> Numbers of people who view not smoking as normal | | | ✓ |

Tools & approaches to measurement

| Indicator(s) | Reported | Observed | Measured | Evaluated |
|---|-------------------|--------------------|------------------|----------------------|
| <ul style="list-style-type: none"> Number of smokers identified by frontline staff | | Project monitoring | | |
| <ul style="list-style-type: none"> Number of smokers who recognise benefits of not smoking | | | Short survey | |
| <ul style="list-style-type: none"> Number of people who believe stopping smoking is worthwhile and achievable | | | Short survey | |
| <ul style="list-style-type: none"> Level of self efficacy related to quitting | | | Short survey | |
| <ul style="list-style-type: none"> Number of people setting a date to quit Number of people committing to change behaviour (smoke free rooms/ cars, reduced smoking etc.) | | Project monitoring | Short survey | |
| <ul style="list-style-type: none"> Number of people changing behaviour (smoke free rooms/ cars, reduced smoking etc.) | Stories of change | | Follow-up survey | |
| <ul style="list-style-type: none"> Numbers trying to quit | | Project monitoring | Follow-up survey | |
| <ul style="list-style-type: none"> Numbers quitting for 4 weeks | | Project monitoring | Follow-up survey | |
| <ul style="list-style-type: none"> Numbers successfully quitting for 12 weeks | Stories of change | Project monitoring | Follow-up survey | |
| <ul style="list-style-type: none"> Number of smoke-free households Number of referrals of family/ friends | Stories of change | | | City-wide evaluation |
| <ul style="list-style-type: none"> Numbers of people who view not smoking as normal | | | | City-wide evaluation |

Specification of tools and approaches

Stories of change

- Standardised stories collected about changing behaviour & successfully quitting - including barriers faced; what helped the change and the impacts of change.

Project monitoring

- Projects should collate basic information consistently on how many smokers engaged, how many have committed to behaviour changes and those achieving 4 and 12 week quits.

Short survey

- A two stage baseline and follow up covering; awareness, attitude, smoking self-efficacy and intention to change behaviour.

Follow-up survey

- A three month follow-up for those who have committed to changing behaviour to measure the ways they have changed and whether or not they have quit.

Evaluation

- A longer-term city-wide study to assess the impact on attitude, culture & behaviour across Salford.

Conclusions and recommendations

Drawing the findings from this report together we highlight a number of recommendations.

Services going forward

After a slow start for some services, the new Level Zero services are delivering well and the impact on clients points to some encouraging early results.

Unlimited Potential has demonstrated that they have learned from the lessons of previous evaluation studies and from their extensive experience of delivering smoking cessation services. They are delivering well and are offering support to the other services, particularly with regard to engagement. The project enjoys high levels of client satisfaction and there are no reasons to doubt this will continue.

Salford City Reds and Langworthy Cornerstone took longer than anticipated to put in place the structures and networks needed for effective engagement. However significant progress has been made and they are now seeing the benefits of this start up time. Both services will continue to build on these advances but require further support to ensure that they are collecting data which demonstrates the true, wider impact of their projects. Whilst Salford City Reds are likely to achieve their overall targets, the Langworthy team may require some support if they are to achieve targets for quitting. The focus of their work is self efficacy and confidence, which will lead to quits though maybe not in the short term.

Social Adventures have now appointed a replacement for the previous project manager, whose departure was obviously a cause for some concern. The new post holder has been working extensively to build links with local stakeholders, visiting health professionals as well as local forums such as Tenant's groups. The focus of her work remains self confidence and self efficacy and she shares many of the concerns regarding targets that we outline in this report. Having met with her I am confident that Social Adventures will deliver effective services and deliver soft outcomes relevant to Level Zero, although quit targets are unlikely to be achieved.

Targets and future commissioning

The issue of targets is undoubtedly the main concern for this report. In the longer term, are suggested toolkit would we believe provide significant advances in commissioning which can overcome many of these difficulties. The toolkit, though in need of further refinement, could offer a solution to identifying appropriate interventions, outcomes, indicators and tools for monitoring and evaluation.

In the short term, there is a need perhaps to refocus the services and ensure that they are supported to deliver the outcomes they set out to achieve. We propose that we should hold a workshop, to try to agree targets for softer outcomes such as changes in self efficacy and self confidence. These outcomes are key stages on the pathway to change and it is important we collect these as part of the evidence base for the programme.

Monitoring tools

To support the demonstration of impact, support is needed to provide better monitoring tools for some of the services. The services should be encouraged to collect stories of change at regular intervals. Whilst all have case studies these should be collected and submitted in much greater number and more methodically.

We would suggest use of 'Most Significant Change' (MSC) as an effective tool for such data. MSC promotes regular collection of stories and involves all members of project teams in recording stories and then selecting those the team feel to be the most significant. The stories could then be reviewed by all the services and by the NHS, to ensure all are involved in this participatory evaluation tool.

Alongside this, the services should be encouraged to record changes in self efficacy and confidence, key stages on the pathway to change and quitting. Measuring such changes can be difficult but we have included in Appendix one a survey which can be used at the beginning and end of supporting a client and can demonstrate changes in self efficacy and confidence. When used alongside stories of change, these two tools provide a rich picture of impact.

Marketing

The services are working more closely together and the support of the communications team has been welcomed. This support must be

maintained and in particular the services should be fully involved in designing future city wide promotions.

New markets

There has been some interest in extending the reach of some services to beyond the immediate postcode boundaries. The services identified potential clients who may live in more affluent areas but who nevertheless face economic and social exclusion.

Service map

Although the services and the marketing team have invested significant time in working with professional services, further work is perhaps needed to ensure all professionals are aware of the Level Zero services, their role and purpose. At the same time, we know working with the services that they have identified many more smoking services than they had anticipated. This may signal a need to renew the mapping of smoking services to identify overlaps and gaps.

Appendix one: self efficacy and confidence measure

Within this report we identified that the focus on quitting has created a reporting framework which does not take account of the significant work that services deliver that lead up to the actual quit. Level Zero services deliver activities that promote self efficacy and confidence building, key steps along the pathway to quitting smoking and indeed, many other lifestyle problems. The challenge is to measure changes in self confidence and self efficacy.

This survey is an attempt to support services to collect data that will provide evidence of impact against these soft outcomes. It will provide the services with a simple, easy to collect and easy to monitor tool to measure changes in self confidence and self efficacy. It will also provide Salford NHS with evidence of the impact of Level Zero services against the outcomes outlined in the Tobacco Control Strategy.

Using this survey

The survey should be used as soon as possible after commencing support for a client. The survey is best delivered when the service is confident that they have the confidence and trust of the client. The survey should then be followed up at the end of the support (and at intermediate points if desired) to measure change. The questions included can be adapted by each service to reflect their delivery methods.

Client reference number (personal details will be kept according to Data protection guidelines)

Introduction

Purpose of this questionnaire is to understand the drivers for smoking – what are the conditions that make you smoke or smoke more. We will use the survey to measure the success of the project in changing your smoking behaviour.

Current smoking

How often do you smoke tobacco?

- Never smoked
- Used to smoke (gave up more than 3 months ago)
- Gave up during last 3 months
- Smoke occasionally
- Smoke regularly but have cut down
- Still smoke regularly (at least one a day)

Intentions

(for those who have smoked or currently smoke)

Which of these applies most to you?

- I intend to give up smoking within the next month
- I intend to give up smoking within the next 3 months,
- I intend to give up smoking within the next year
- I intend to give up smoking, but not in the next year
- I have no intention of giving up smoking

Self-efficacy

Imagine you are trying to give up smoking. Please respond to the following questions on a scale ranging from "not at all sure I am able to" to "very sure I am able to"

| | Not at all sure | | | | Very sure | | | |
|-------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| I smoke when I am tired | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

| | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| I smoke more when I am bored | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| I smoke more when I watch the television | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| I can resist smoking when I am bored | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| I can resist smoking when I am drinking | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| I can resist smoking when I am out with my friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| I can keep myself busy when I feel like smoking | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| I am confident I could resist smoking if someone else lights up a cigarette in front of me | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

Thank you for completing this survey

Hall Aitken

Level Zero services evaluation
Report

 Produced by
23 New Mount Street
Manchester
M4 4DE
T: +44 161 212 1100
F: +44 161 212 1105

E: info@hallaitken.co.uk
W: www.hallaitken.co.uk

Other offices:

3rd Floor
125 Buchanan Street
Glasgow
G1 2JA

T: +44 141 204 3183
F: +44 141 237 44067th Floor
Tower 42
Old Broad Street
London
EC2N 1HQ

T: +44 207 877 0089
F: +44 207 877 0708