





Better health for ex-seafarers Report

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NAUTILUS INTERNATIONAL

In partnership with: mcfg Maritime Charities Funding Group

Seamen's Hospital Society

CONTENTS

EXECUTIVE SUMMARY

Background

Research undertaken by the Maritime Charities Funding Group (MCFG) in 2007 and published by the Merchant Navy Welfare Board in 'Supporting Seafarers and their Families: Challenges for the Future' identified a wide range of concerns regarding the health of older seafarers. The research found substantial potential unmet need in the UK seafaring community. Recommendations for action included initiatives to improve older seafarers' access to healthcare. It also highlighted the need for maritime charities and their staff and volunteers to work together to raise awareness of their roles with other national and local organisations and with older seafarers and their dependants. The 'Better Health for Ex-Seafarers Project' responds to some of those concerns and is funded by MCFG, Seamen's Hospital Society and the TK Foundation.

Introduction

Seafarer lifestyles are in many ways different from those in other jobs and professions and this can impact on their health at sea and into retirement. There are physical factors; it is hard manual labour for some, it can be a dangerous environment, the constant movement and vibration of sea-going vessels is known to contribute to arthritis of the knees and hips. The role of more senior officers may be less physically demanding but more stressful as they carry full responsibility for the ship and its crew. This Project looked at the health problems and behaviours of ex-seafarers, the opportunities for individuals to change their health behaviours, the wider determinants of health that impact on the individual ex-seafarer and the services and resources available through statutory and voluntary organisations including maritime charities.

Casework Project

A Casework Project (funded by MCFG) commenced in September 2010. The two Projects worked closely together and cross-referred. Many of the health project participants were unaware of the financial help and support available for them through maritime charities. This holistic approach was appreciated by participants.

Findings

35 ex-seafarers aged between 60 years and 90 years took part in the Project. The most common self-reported health problems were cardio vascular disease and arthritis. Over half had high blood pressure and/or high cholesterol, over a third had Type 2 diabetes and a further third had weight management problems. The most common musculoskeletal problem was arthritis of the knee followed by hip. These findings are in line with the 2005 Health Survey for England report 'The Health of Older People' which highlights musculoskeletal and heart and circulatory diseases to be the most commonly reported longstanding illness in the over 65's. Brief lifestyle advice was given, supplemented with a range of information literature and sign posting (or referral) to local health and community services when appropriate. There was some evidence of behavioural change as participants made small steps to healthier behaviour.

Almost all had contact with other ex-seafarers. Some had wide networks of seafaring friends and acquaintances, others had just one or two contacts that they had been at sea with. However, many knew where to find other ex-seafarers in specific pubs and clubs.

Alcohol is an important part of the ex-seafarers social life but can create a problem for those who do not or cannot drink. Several people asked for a 'drop-in' centre in a Liverpool city centre pub saying it would be well used by drinkers and non-drinkers alike.

Recommendations for further actions include:

1. Develop a database of ex-seafarer populations, map to nhs and local authority areas to influence and engage with service providers and provide a forum to link all future health work.

2. Develop and deliver 'brief intervention' training for caseworkers, volunteers and staff of maritime charities.

3. Improve communication of information to and for ex-seafarers.

   Work with national charities and organisations that provide literature around the health issues highlighted in this Report, to badge for ex-seafarers. Map routes for dissemination.

4. Develop and provide health promotion information for ex-seafarers, working with national charities and organisations.

Overall the Project has provided some valuable insights into the health of older ex-seafarers and has the potential to contribute to the health of working seafarers. The findings should guide future health and well-being related work with retired and working seafarers.

Some ex-seafarers

TK is 69, a retired engineer who lives with his wife J in the house they have rented for over 30 years. He was at sea for 15 years but came ashore when he fell down a ladder and fractured an ankle. He has COPD, high BP, cardio-vascular disease. He gets tired very easily. He gets a mobility allowance which pays for his car. J has serious health problems herself and they wouldn't manage to shop etc without it. T doesn't drink or smoke — although he has in the past. He has children but they have their own problems — including health problems now that S can no longer do any physical work'. Until he heard about BHES on the radio he was unaware that maritime charities existed or that they could help him.

FF was at sea for 27 years. He started as a catering assistant and was a Chief Steward when he retired early through ill health. His problems include COPD, CVD, high BP, Type 2 diabetes, gout, epilepsy, asthma, pancreatitis, hiatus hernia, liver cirrhosis and sleep apnoea, amongst others. He also suffers from depression. He lives alone in the house he owns. There is no lavatory downstairs. His sister is his main carer and contact with the outside world. He tries to keep in touch with his ex-seafarer friends but his health problems make it difficult. I went to see him on a Wednesday — I was the only person he had spoken to since the previous Saturday. He is a beneficiary of a maritime charity.

SF lives with his wife of forty years in a well-kept bungalow. He retired (early) after 35 years at sea as a senior engineer because of respiratory problems. He has had surgery for severe back pain, arthritis in his shoulders and knees, high BP cardio vascular disease and gets tired very easily. They are a devoted couple, without children. They have small occupational pensions. The rent for their bungalow was increased by £50 a month recently and they worry about how they can continue to maintain the garden now that S can no longer any physical work.

T F and S are three of over 30 ex-seafarers who have participated in Better Health for Ex-seafarers. They are not typical or average, nor are they the most isolated, the most financially challenged or the ones with the worst health.

This Project is not about statistics, it is about individuals and the challenges they face. It is also about the maritime charities, how they use their resources now and in the future and the opportunities for partnerships with statutory and third sector organisations to help and support ex-seafarers throughout their later years.

3. Background:

Research undertaken by the Maritime Charities Funding Group (MCFG[i]) published in 2007[ii] by the Merchant Navy Welfare Board in 'Supporting Seafarers and their Families: Challenges for the Future' identified a wide range of concerns regarding the health of older seafarers. The research found substantial potential unmet need in the UK seafaring community. Over one thousand older seafarers and dependants took part in the research programme and the most frequent and greatest welfare needs related to isolation and loneliness, poverty and poor health. The recommendations for action highlight the need for initiatives that improve older seafarers' access to healthcare and that maritime charities and their staff and volunteers should work together to raise awareness of their roles with other national and local organisations and older seafarers and their dependants. The 'Better Health for Ex-Seafarers Project' (the Project) responds to some of those concerns and is funded by MCFG[i], the Seamen's Hospital Society and the TK Foundation **(App 1)**. It is anticipated that the Project will add to the knowledge around the health of working seafarers.

The Project is underpinned by the values which define public health practice[iii]. It provides a snapshot view into the lives of a group of older ex-seafarers many of whom are vulnerable and in disadvantaged communities. Care has been taken to ensure that the health and wellbeing of the participants has been safeguarded and protected in line with good public health practice[iii]. Their health and wellbeing, social and environmental problems are discussed and the opportunities to provide advice, help and support, explored. The author was commissioned as the Health Project Advisor[footnote 1] (HPA) to lead and deliver the project.

During the course of the Project unprecedented change in NHS structures took place affecting public health and health promotion services. Key staff — including commissioners and providers — left the nhs. There have been significant funding cuts along with increased responsibilities for individuals. These changes are on-going and will not be complete until after April 2013.

The Report covers the period between October 2010 and May 2012. It explores ways in which the aim and objectives of the Project were or were not met and examines anticipated and unexpected outcomes and discusses any implications for working seafarers. It also discusses the opportunities for maritime charities to build on the findings, add to the evidence base and to establish best practice around health promotion for ex-seafarers.

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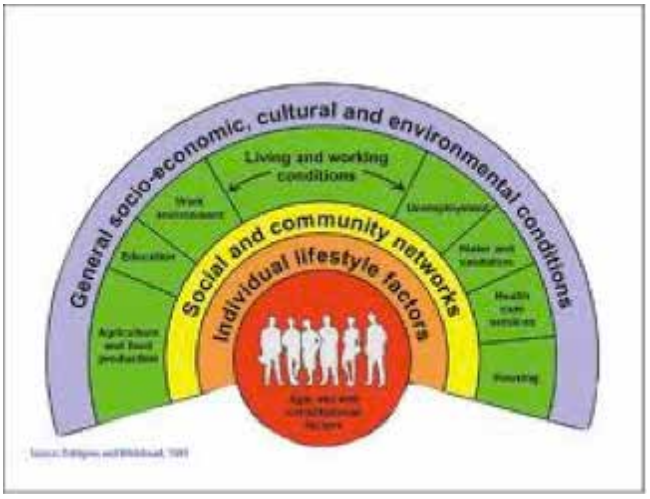
4. Introduction:

All maritime charities recognise that seafarer lifestyles are in many ways different from those in other jobs and professions and that the differences impact on their health at sea and into retirement. There are physical factors; it is hard manual labour for some, it can be a dangerous environment, the constant movement and vibration of sea-going vessels is known to contribute to arthritis of the knees and hips. The role of more senior officers may be less physically demanding but more stressful as they carry full responsibility for the ship and its crew. There are also mental and emotional factors. Research from the Seafarers International Research Centre[iv] found social isolation to be a significant issue for seafarers and that transitions between ship and shore were the most difficult period of the work cycle. The research highlighted a sense of redundancy felt by seafarers when they came ashore on leave. It is therefore possible to speculate that all these factors will play an important role on the health and well-being of seafarers as they move into retirement. Some will have come ashore to partners and families and others will come ashore to a life alone. All will have to make the permanent adjustment to life as a landlubber.

The Project looked at the health problems and behaviours of ex-seafarers and the opportunities for individuals to change their health behaviours. Many factors that impact on health — for the general population — are outside an individual's control.

Dahlgren and Whitehead 1991



Dahlgren and Whitehead[v] describe core non modifiable factors including age, sex and genetics and other potentially modifiable factors. These layers — or rainbow — of influences include personal lifestyles and all the wider determinants of health over which the individual has little control. The 'rainbow model' is used extensively across health and social strategy and its relevance for seafarers and ex-seafarers is clear as so much of their lives have been spent in environments over which they have little influence.

5. Aim and Objectives:

Aim:
'to improve the health and wellbeing of ex-seafarers'

Objectives:

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

7. Desired outcomes

The Project **(App 1)** summary also included specific desired outcomes including

1. Knowledge gain,(by participant)
2. Increased personal responsibility including improved compliance with prescribed medication and therapies
3. Evidence of behavioural change
4. Information/evidence around service provision for ex and serving seafarers

It was anticipated that any significant findings from the Project would be of value for work with serving seafarers and this was of particular interest to the T K Foundation, a co-funder of the Project.

7. Governance and Process

A Core Funding Group was convened consisting of MCFG Development Manager, Insight Research, Seamen's Hospital Society and Nautilus Welfare. The Group had a guidance and performance management role.

An Advisory Group with representation from local nhs and local authorities in the delivery area, the Department of Health NW, the Shipwrecked Fishermen and Mariners' Royal Benevolent Society and the voluntary sector was convened. Terms of Reference were agreed with the main objective of the Group being a 'critical friend' to the Project. **(App 3)** It met four times during the life of the project and made a valuable contribution to the overall delivery of the Project and to this Report.

8. The Project Summary

The draft Project Summary, (developed prior to the appointment of the HPA) proposed a wide range of activities across Merseyside and the North West Region **(App 1)**. It was agreed with the Core Funding Group that this was beyond what could be delivered effectively within the resource available. Additionally some of the proposed activity would require ethical approval. The HPA revised the aim and objectives of the project to ensure that they were specific, measurable, and achievable and could be delivered within the timeframe and resources **(App 2)**. The revised Summary was submitted to the NHS National Research Ethics Committee for consideration and did not require ethical review. The Project was confined to the Liverpool, Sefton and Wirral nhs areas.

9. Process and delivery

Delivery of the project had three broad strands of activity:

i. recruitment of ex-seafarers to the Project (including awareness raising through maritime charities), face-to-face interviews in which participants self-reported their health and wellbeing problems and use of appropriate brief intervention methods.
ii. identifying local statutory and voluntary services (to help and support participants) and appropriate health information literature'
iii. issues as being a high priority for ex-sefarers. To add a local context developing partnerships and groups within statutory and third sector services and maritime networks to facilitate i and ii.

10. Engaging the ex-seafarer community

The findings of *'Supporting Seafarers and their Families: Challenges for the Future'* identified several health issues as being the priority for ex-seafarers. To give a local context, the views of a group of local ex-seafarers was sought to help to define and direct the Project. In February 2010, 11 ex-seafarers (8 men and 3 women) were recruited through maritime networks and contacts. They attended a two-hour session in a meeting room at the Nautilus Care Home, Mariner's Park Wallasey. The group was led by Sylvia Cheater (Nautilus International, Health Project Advisor) supported by Gemma Heaps (NHS Wirral). Malcolm Fisk (Insight Research) was an observer. The group thought that health and finance were the most important issues for ex-seafarers followed by friends and family. However there was much discussion about the importance of appearance for most ex-seafarers. Looking smart and 'well turned out' was an important part of their working lives and continued to be important in retirement. **(App 4)**

11. Launch Event

An official launch was held in collaboration with the 'Casework Project' at the Eldonian Village on Thursday 24th February 2011. This was to publicise and promote BHES and to aid recruitment of ex-seafarers and engagement of service providers in the public and third sectors.

Over one hundred people attended including representatives from:

- Liverpool Wirral and Sefton nhs and local authorities
- Citizens Advice Bureau
- Edge Hill University
- Age Concern Liverpool
- SSAFA
- WellWork LTD
- The Stroke Association
- Merseyside Fire Service
- Advocacy Rights Hub
- Liverpool Seafarers Centre

Liverpool Retired Seafarers Club members

12. Communications

The HPA developed a communication plan to ensure that all appropriate avenues of contact were exploited **(App 5)**. A leaflet and poster **(App 6)** were developed jointly for BHES and the Casework Project and these were distributed in pubs and clubs around Merseyside. Press and media coverage of the launch event included articles in the Liverpool Echo and Daily Post and the HPA gave radio interviews on BBC Radio Merseyside, and 7 Waves Radio. Nautilus International's database was used to contact retired members living within the area. In January 2012 The Shipwrecked Mariners Society wrote to its beneficiaries within the Project area with information about the Project and the RMT Union also distributed information to its retired members. The Project was based in Nautilus Welfare offices at Mariner's Park, Wirral where there are over two hundred residents living independently or with some domiciliary support. However, the HPA chose not to undertake specific recruitment activity at Mariner's Park in order focus resources towards other less engaged groups.

Other groups that were contacted and visited (giving talks or presentations) included:

- Wirral Merchant Navy Association
- Wirral Veterans Association
- Retired Marine Radio Officers Association
- Liverpool Retired Seafarers Club
- Wirral CVS

13. Interview Process:

Using insights from the ex-seafarers engagement activity and the evidence-base for health in older people an interview guide was developed. This was used during the first few interviews and then reviewed and refined as part of an active learning process. **(App 7)**

14. Statutory and voluntary services

Partnership working was established with the 3 local nhs areas. Support at a senior level was forthcoming and there was good representation on the Advisory Group. At provider level there was interest and support for the project particularly from Wirral Community NHS Trust and Liverpool nhs. A range of statutory and voluntary sector organisations were contacted **(App 8)** and awareness of the health of ex-seafarers was raised.

15. Data Collection

By May 2012, 35 participants, (70% of the target) had had significant contact with the project. The majority of interviews were recorded and key information was collected via handwritten notes. The recordings have not been transcribed to date.

16. Consent

All participants were asked to complete and sign a consent form.

17. Evaluation Tools

The self-reported health state (EQ 5D) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) — a broader measure of health and wellbeing — were used pre and post interventions without difficulty **(App 9)**.

The Project was evaluated by the independent social research organisation Insight Social Research Ltd. Overall EQ5D and WEMWBS scores were analysed and telephone interviews were conducted with some participants. The full evaluation 'Better Health for Ex-Seafarers Project: Evaluation Report' is available from Insight Social Research Ltd **www.researchatinsight.org**.

18. Food Standards Agency

During interviews the HPA asked participants about their knowledge of food safety ie food labelling, sell by and eat by dates, whether they were sure their fridge was cold enough and where to store meat in a fridge. **(App 10)**. This was a natural extension of any discussion around salt, saturated fat and fruit and vegetable consumption. A fridge thermometer was given to each participant to check it was the right temperature and a leaflet explaining how to prevent listeria (a type of food poisoning bacteria) as people over the age of 60 are at greater risk.[vii]

19. Behavioural change

A key objective of the Project was behavioural change. There are four commonly used behaviour change interventions: brief advice, brief interventions, motivational interviewing and social marketing[viii]. Brief Advice describes a short intervention delivered opportunistically. It can be used to raise awareness of, and assess a person's willingness to engage in further discussion about healthy lifestyle issues. It usually involves giving information about the importance of changing behaviour and simple advice to support it. When given by a health professional or frontline worker it is evidenced to be the best method to help people consider their lifestyles (NICE[ix]) Brief advice was the only intervention within the scope of the Project.

19.1 The brief advice given throughout the project was to encourage healthy behaviour in relation to diet, physical activity, smoking, and drinking alcohol. It was delivered in a friendly non-judgmental way using an asset-based and solution-focused approach.[x] This approach values the capacity, skills, knowledge, connections and potential in a community. In an asset approach the glass is half-full rather than half-empty[xi]. Solution focused practice sees individuals and communities as the co-producers of health and well-being and values what works for individuals. It supports individuals' health and well-being through self-esteem, coping strategies relationships, and knowledge and personal resources. It aims to help people find their own solutions and to come to their own decisions about their health and well-being. The more familiar 'deficit' approach focuses on problems, needs and deficiencies.

19.2 Information and advice given was evidence-based from recognised sources including the Department of Health, NHS Choices, British Heart Foundation, and Food Standards Agency. It was also aligned to lifestyle information distributed within the three nhs areas in which the Project was delivered.[xii]

20. Information Resources used

The 'brief intervention' was essentially a two-way conversation between the HPA and participants with the latter identifying any areas of health that he or she wanted to discuss. At the end of the conversation information resources (leaflets etc) to support the discussion were left, if appropriate.

Findings

21. Age, gender nationality: Table 1

33 participants were male, 2 female. The data for men and women have been combined. The age (in years) range was 60 to 91 with the mean being 71 years. 2 were born outside of the UK and English was not their first language.

Sea service: Table 2 the range (in years) was 6 to 48 with a mean of 36 years.

Role at sea: Table 3 The most common role was steward, catering or passenger services (n=12, 33.4%) followed by engineers and engine fitters (n=9, 25%).

22. Source of contact: Table 4

Nautilus affiliates (retired union members) provided the most referrals (n=11 29.7%) with Shipwrecked Mariners Society beneficiary's providing ten (27.0%). There were 8 (22.9%) contacts from press and media coverage. The RMT Union reported that information about the Project would be disseminated to their retired members but there is no evidence that there was any response from this.

23. Social capital, housing, isolation: Table 7

Almost half of the participants (n=17 49%) live alone and a third were isolated to some degree. Over half of participants (n=18 51%) own their home. Those in rented accommodation (49%) had a mixture of private, local authority and housing associations as landlords. A third (n=11; 31.43%) had accommodation problems of some sort.

24. Health conditions: Table 5; 6

The average number of conditions which participants talked about was 4.08 (table 5). One individual talked of 10 health conditions and one had none at all.

The 2 most frequent conditions stated were high blood pressure and high cholesterol, collectively being experienced by 21 (60%) of the group (table 6). 15 (43%) reported some form of CVD, COPD or lung cancer.

The most common muscular-skeletal problem reported was arthritis of the knee joint — (n=16 46%) followed by hip joints (n=10, 28%). 13 (37%) of participants had weight problems and 6 (17%) suffered with prostate cancer.

14 participants (40%) had Type 2 diabetes and 13 (37%) had a weight problem ie were overweight.

31% (n=11) of participants reported depression or mental health problem, including bi-polar disorder, and 7 were currently taking medication.

25. Alcohol use

A majority of the participants are or have been regular or heavy drinkers. Several reported drinking up to a bottle of spirits a day at an earlier stage of their lives. One said he had to come ashore because of epilepsy caused by alcohol abuse. Those that said they do not drink at all:

1. have drunk to excess and given up completely due to damage to their health and/or relationships
2. can no longer drink due to medical conditions or medication
3. have never really been drinkers

26. Smoking

The majority were non-smokers although many had smoked in the past.

27. Physical activity

The majority of participants were aware of the importance of physical activity for health and almost all said they tried to do as much as they could. The range of activity undertaken by individual ex-seafarers is broad and reflects their levels of health, well-being, mobility and financial means.

28. Links to the Casework Project

A two year Casework Project, funded by MCFG and working in partnership with the Liverpool Seafarers Centre and Shipwrecked Mariners commenced in September 2010. The caseworker took over the regular reviews of beneficiaries of Nautilus Welfare Fund and through links and networks with statutory and voluntary groups in Merseyside, sought outside referrals. The Caseworker and the HPA recognised at an early stage that there was an opportunity and a need to cross refer. Over half of the participants (54%) reported financial problems. There were 14 cross referrals: 8 who responded to the Project were then helped by the Caseworker and 6 who had been in contact with the Caseworker were then referred to the Project. In several cases the Caseworker and the HPA continued to offer support and regularly met to make sure that all the concerns around an individual were covered. This holistic approach was appreciated.

VJ commented:

"I feel so looked after — you have both helped me".

29. Tele health

The term 'telehealth' can cover a wide range of health based technology. For the purpose of this Report telehealth is defined as the home monitoring of conditions in order that changes can be identified and action taken at an early stage.

29.1 Sefton LA provides a telehealth programme for NHS Halton and St Helens. The programme uses telehealth surveillance as part of the Chronic Disease Management of a number of illnesses and contributes to the Trust's Community Health Services strategic objectives. It supports Primary Care Trusts priorities which include:

- Early detection of major illness
- Improving patient experience of planned services
- Improving quality of planned services

A report at the end of the first year highlighted provisional data that showed an 87% reduction in the number of emergency admissions to hospital within a group of people who had been in the programme for between 8 weeks and 11 months. **(App 11)**. The majority of the people involved had COPD. Whilst making clinical judgements is beyond the scope of this Project, 10 or more participants could possibly benefit from telehealth technology and they would be willing to be involved in a scheme should it become available to them.

30. Objectives and Desired Outcomes

Objectives as set out in the Project Summary overlap and have common themes. This Report examines qualitative evidence to determine whether or not the objectives were met and where they were not met, considers possible contributing factors.

Objective 1: *To reach a significant (50) ex-seafarers aged 50+ years with health care needs but who have limited or no contact with the sources of health and social care provision*

35 ex-seafarers (70%) of the target was achieved.

Objective 2: *To identify their (ex-seafarers) perceptions of their needs in relation to health and wellbeing services*

The health problems of the ex-seafarers were self-reported and in the majority of interviews they stated that they were happy or very happy with the services they received from primary care (GP surgery) and secondary services when applicable. The majority were knowledgeable about their conditions, attended medical appointments and followed medication routines carefully.

Objective 3: *To establish partnership working with statutory community and third sector service providers to influence provision for ex-seafarers.*

Collaborative contact was made with provider services in the nhs in Sefton, Liverpool and Wirral and with Sefton Local Authority. There was an enthusiasm for the Project and a willingness to work collaboratively. All three areas were represented in the Advisory Group.

Objective 4: *To signpost (or provide) services or interventions that fulfil the identified health and wellbeing needs of ex-seafarers.*

All three areas have health trainer or health advocacy projects[xii] and information about the project in their area was given to individuals, if appropriate. Whether it was acted upon is not known except for a few instances.

Objective 5: *To identify possible opportunities for volunteers to maintain, facilitate or support the project.*

Barriers and opportunities for volunteer involvement were explored.

Objective 6: *To consider the merits of a range of health and wellbeing interventions in relation to the target population.*

This Project found the most common health problems amongst ex-seafarers to be high blood pressure and/or high cholesterol, cardio vascular disease (CVD), and arthritis of knee joints. The merits of health and wellbeing interventions are discussed within this Report.

Desired Outcomes

The Project Summary listed four:

1. Knowledge gain,(of participants)
2. Increased personal responsibility including improved compliance with prescribed medication and therapies
3. Evidence of behavioural change
4. Information/evidence around service provision for ex and serving seafarers

Knowledge gain:

There was evidence of knowledge gain around:

- Impact of salt and saturated fat in the diet
- NHS services including aspects of 'patient choice'
- Support available from maritime charities

Personal responsibility and behavioural change:

The second and third desired outcomes are interlinked. The majority of participants took responsibility for their health by taking their medication as prescribed. Those who chose not to follow therapy advice — reducing alcohol consumption for example — did so with full knowledge of the health risks.

Information and service provision: The Project raised awareness of local services amongst the target group and it has raised awareness of and supported access to maritime charities.

31. ANALYSIS AND DISCUSSION

The 'Better Health for Ex-seafarers' project involved a small number of ex-seafarers over a time-scale of between 12 and 20 months. All health and social problems discussed were self-reported and there was no method of confirming the accuracy or reliability of information disclosed by participants. As the findings show there was a range of ages (with an average of 70 years), job titles, length of service at sea and the health and social issues that now impact on their lives. The quantitative data whilst small is supported by a wealth of narrative information collected during over 70 face-to-face interviews and telephone conversations. The ex-seafarers had a rich tapestry of experience, opinion and belief around health and social issues that was freely shared with the HPA. Themes emerged and early insights informed the Project as it developed and progressed.

32. Lifestyle choices and health problems

The most common self-reported health problems were cardio vascular disease (CVD)[2] and arthritis. Over half of participants had high blood pressure and /or high cholesterol, over a third had Type 2 diabetes and a further third had weight management problems. This is in line with the findings of the 2005 Health Survey for England report 'The Health of Older People' which states 'the most commonly reported types of longstanding illness among both men and women aged 65 and over were musculoskeletal and heart and circulatory diseases'[xiii]. Recent research into the health care needs of working seafarers published by the Institute of Occupational Medicine[xiv] reported cardiac events being one of the more common reasons for failing the MCA (maritime coastguard agency approved doctors) medical examination and over 80% of natural deaths amongst seafarers are due to cardio vascular disease. Injuries and joint problems are the most common health conditions that affect working seafarers. The research also reported hypertension and obesity being the two most common reasons for working seafarers being given restricted certificates. It is therefore not surprising that these diseases and conditions continue to be the most prevalent in retired seafarers.

High blood pressure, high cholesterol, CVD, chronic obstructive pulmonary disease (COPD) and lung and other cancers are linked to lifestyle choices around alcohol, healthy eating and healthy weight, smoking and physical activity. They also impact on mental health and wellbeing. Lifestyle advice linked to these conditions was given by the HPA and can be summed up in five points:

- Maintain a healthy weight.
- Stop smoking
- Drink sensibly
- Aim to be moderately active — 30 minutes or more 5 times a week
- Eat a healthy diet — the 'eatwell plate'

Department of Health in association with the Welsh Assembly Government, the Scottish Government and the Food Standards Agency in Northern Ireland

Eat a healthy diet — based on the 'eatwell plate'

[2]For the purpose of this report, participants were classified as having CVD if they reported having ever had any of the following diagnosed by a doctor: angina, heart attack, stroke, irregular heart rhythm or 'other heart trouble'.

A majority of the participants were interested in food and cooking — reflecting perhaps their time at sea. 12 of the participants worked either as stewards, pursers or catering assistants, roles in which food and cooking was important. All participants were aware of the '5 a day' message. The most common 'new' information given by the HPA was the link between saturated fat and high cholesterol or salt and hypertension.

The majority of the participants were non-smokers although many had smoked at some time in their lives. Of all the 'health messages' the risks associated with smoking has had the most impact and this was reflected in the number who have stopped smoking altogether. All said they gave up smoking for health reasons. ME who gave up smoking two years ago (aged 68) when he had a severe chest infection and pneumonia and was admitted to hospital said

"I was in hospital and each breath was a pain. I don't ever want to feel like that again. But I've never even tried to give up before — I like smoking!" It's very unlikely that he would have given up smoking if he had not been so ill.

Several reported drinking up to a bottle of spirits a day at an earlier stage of their lives. One said he had to come ashore because of epilepsy caused by alcohol abuse. Those who continue to drink more than the recommended units each week are not particularly concerned about health risks. The HPA gave the advice 'alcohol is fine in moderation, but don't let drinking get the upper hand. Keep within the recommended limits, including at least two alcohol-free days a week'. (Dr Alan Maryon-Davis)[xv]

Cycling and walking were the most frequently mentioned forms of exercise. A couple of participants said they used a gym and several said they swam regularly. VM has severe and chronic problems due to an arthritic knee and prostate cancer. He does not drive and his wife has some health problems. He said **"I go to the supermarket on my bike every day for our shopping — I couldn't walk that far though"**. Before his cancer was diagnosed he would regularly cycle to Liverpool ferry terminal and get the ferry to Wallasey where he would cycle along the coastal path and take a packed lunch. Several participants who live at Mariner's Park also said they would like to be able to cycle along the traffic free coastal path and provision of bicycles for loan on site is being considered.

33. Behavioural change and its limitations

There is a large body of evidence to show that knowledge gain on its own does not result in behavioural change[xvi]. The 'brief advice' intervention used in this Project at best encourages individuals to look more closely at their health behaviour. Other models — solution focused therapy and motivational interviewing for example — were beyond the scope and resource of the Project. The 'stages of change' model shows that people move through a variety of motivational states and shows how they can best be helped.

Transtheoretical Model of Change
Prochaska & DiClemente [xvii]

The first step is to move from pre-contemplative to contemplative. Most people go through the first stages of change several times and having the opportunity to discuss the health issue repeatedly is known to help. There is some evidence to show that some of the participants made this first step during the Project.

"I've thought about our talk and about eating a bit less each meal and I'm trying to choose things with less fat in them. I've lost nearly a stone since last year" JA, overweight diabetic

"I had a copy of this (the eatwell plate) but the one you have given me is much better. I'm going to stick it on my fridge. It will remind me to eat more of the healthy things and less of the fatty stuff" (talking about laminated pictorial image of the 'eatwell plate model' with 5 top tips **App 12**) FF — high BP and CVD sufferer

Specific health information was taken on a second or subsequent visit so that there was an opportunity to open the discussion again around any particular health issue. This appeared to be well received and participants seemed pleased that their personal health problems had been remembered, especially when given information resources that were specifically for them. Support from family, peers and professionals helps people to change but the motivation to take the first step comes from the person themselves.

Older people may be less able or inclined to change behaviour if there is not an immediate acute need. Persuading people to change their behaviours is difficult if they do not see that behaviour as risky. RM was visited in hospital where he was receiving treatment for chronic alcohol abuse. He said that he would like to be part of the BHES project: he had already asked for help from the Casework project. The Caseworker and the HPA telephoned to arrange to visit him on three occasions at his new sheltered housing. However on each arranged visit he was out and conversations with the housing staff indicated that he had gone out on his motorised chair - to the pub.

The majority of participants who drank more than the recommended units of alcohol each week had a relaxed attitude to their excess:

"I've drunk all my life and I'm 72. Something's going to get me anyway. I like my pint and my whisky" said JV, a man who knew he had some liver damage.

As with any other population group, ex-seafarers must have the right and the freedom to make their own choices regarding health behaviours.

34. Accessing NHS and other services

An assumption had been made at the beginning of the Project that isolated ex-seafarers with health or social care needs would be unaware of or not accessing the health and social care provision available to them. As all participants were registered with a GP and most also had an NHS dentist this was not the case. However, few expressed a mistrust of doctors and the nhs in general. This may be because they have had to go through the process of obtaining a health certificate before each voyage and may have had cause to disagree with a medical practitioner at some time.

JA, a diabetic, with angina and other health problems moved house two years ago from one primary care area to another. He did not tell his doctor he had moved. He has frequent hospital appointments as well as appointments at the surgery with the practice nurse, the diabetic nurse and a diabetic dietician, all of which he managed by having his mail re-directed. He did not want to change doctors because "I don't trust any of them but I've been known at this surgery for a long time so I don't want to go anywhere else". The HPA discussed the reasons why this could leave him at risk — delay in test results, or wrong address in an emergency. A recent trip to hospital with an angina attack may have influenced him as he realised that it was difficult to have to complete forms using the wrong address and he has now told the surgery his new address.

Some participants with chronic conditions were not aware of practical social care provision available. Some participants were unable to use the bath but were not aware that they could apply to their local authority for bathroom adaptations or did not know how to start the process. They were cross referred to the Caseworker who helped them through the process and in some instances was able to apply for a maritime grant to cover the individual's contribution to the work. Adapted bathroom facilities can greatly improve the quality of life for an individual.

TK, has arthritis in his knees hips and ankle said (about a new walk in shower fitted).

"it has made such a difference every day — just to be able to shower without having to ask for help to get in and out of the bath. It's really great".

Practice Nurses were regularly mentioned as being valued with comments including:

"she is great, nags a bit about watching what I eat but always looks after me".

Where people had chronic conditions they were generally well informed and could be classed as 'expert patients'. This may be due to the fact that as seafarers they were never able to seek advice as easily or as quickly as the general population and therefore they always made sure they got as much information as they could about a problem, when they had opportunity.

One man joined a 'men only' health project initially to learn some computer skills but then went on to join other groups; another joined an 'eating healthily on a budget' class. They started these activities as a direct result of the Project and have improved their skills and knowledge in a social environment. Discussions with NHS commissioners and managers suggest that recruitment of older men into any kind of 'health' initiative is difficult. Sign-posting and referring participants into community based health promotion services, has raised awareness of ex-seafarers and their main health problems with commissioners and provider services. The challenge will be to keep links with organisations and services as changes in the NHS take place and the Project comes to an end.

35. Social networks, family support, isolation

35.1 *Families*

Slightly over half of the participants have spouses, partners, children and extended families and are supported in much the same way as elderly people within the general population. Several participants provided childcare for grandchildren, jointly with their wife or partner. At least two participants appeared to be the main childcare provider. All who talked about caring for or spending time with their grandchildren said they focused activity around them, going for walks or swimming and it was obvious from the conversations that this was a very important part of their lives. One man with a 4 year old grandson said that taking him out had helped him recover from hip replacement surgery.

GO "he was only months old when I had my hip done. I pushed him in that pram for miles and miles. It was much better than a frame — I pushed and walked and he slept!".

Those with very serious health conditions rely heavily on support from partners and families. GT has motor neurone disease and is totally reliant on his partner. Living in a maisonette but unable to use the stairs at all, he is now confined to one room while he waits for the local authority to re-house him. Whilst there was no appropriate health or lifestyle advice in this situation, the HPA was able to put him in touch with two local support agencies. Supporting people such as GT and his partner through very difficult times should be a priority for maritime charities whether it be through paid casework staff or volunteers. He is a beneficiary of a maritime grant but personal support by the HPA was appreciated especially by his partner who is coping with an increasingly stressful and difficult situation.

A few participants disclosed that far from receiving support from their children they had to provide emotional and/or financial support. One gentleman had a son in his forties (also an ex seafarer) who was alcoholic. At the time of the visit the son was in residential detoxification having suffered from alcohol induced stroke. The father's main worry in life was what would happen to his son when he was no longer able to help him. Many still feel they are responsible for others — children or spouses — and worry about what will happen if they are no longer here to help.

35.2 *Living alone*

Those who live alone (49%) were not necessarily isolated or lonely as they were well supported by their extended family. Most rely on siblings or adult children to provide some level of care. Siblings (all sisters) may call several times a week or even every day, providing cooked meals, laundry etc. In several cases the ex-seafarer had 8 or 10 siblings and the support would be shared between several. For some, there was just one person providing support - a sibling or child — and the carer had a considerable burden of responsibility. All the seafarers were very conscious of the support they received from their families and were vocal in their appreciation.

Some participants have very little support and there was a level of isolation and loneliness. There is evidence that there are more single person households in the UK generally and this together with an aging population will inevitably put additional pressure on services for the elderly. Where there was evidence of real isolation and loneliness there was either a social care package in place already or the 'family' visited on a regular but infrequent basis. Social care provision at home can be variable in quality and quantity.

MP, in a wheelchair and almost housebound referred to his television as *'my only friend'*. He has a social care package — carers come in 3 times a day to make his meals — but is without doubt lonely. An ever changing round of *'sandwich makers'* (his term) may provide adequate nutrition but will not necessarily improve his quality of life or provide stimulation, conversation or any of the daily interactive exchanges most of us take for granted. English is not his first language and he has had minor strokes which no doubt compound the problem. He is a beneficiary of a maritime charity and if further social support could be found for him within maritime networks, it would give him a better quality of life.

On a more positive note a minority of participants had few if any health problems and were financially able to have full and active retirements. For them activities including playing golf, regular trips out and having holidays were important.

35.3 *Seafarer networks*

Almost every seafarer in the Project talked about having some sort of contact with other ex-seafarers. Some talked about just one or two contacts, people that they had been at sea with and had remained in touch ashore. They might meet up a few times a year or less. The majority of seafarers' socialising was around location — ie they went to places where they would find other ex-seafarers. The Liverpool Retired Seafarer's Club meets every Thursday afternoon in the Eldonian Village. The HPA visited on several Thursday afternoons. Ex-seafarers meet there along with wives, widows and others who may have a very tenuous connection with the maritime world. It is a social club, has a bar, live music, raffles and regular excursions. There is a defined sense of 'belonging' and this is what seems to attract members. It is notable that there is a sense of occasion and all the people there, men and women, are smartly dressed for the occasion. This supports what was noted in the focus group **(App 4)** that appearance is very important to ex-seafarers;

Members of the Liverpool Retired Seafarers Club

There are also known pubs and clubs — maybe 10 or more — on Merseyside that ex-seafarers are known to visit.

35.4 *Social life*

There is considerable anecdotal evidence of large informal networks amongst ex-seafarers as well as more formal networks including Merchant Navy Associations and professional associations. Most of the contact between ex-seafarers takes place in places where alcohol is key part of the setting. The UK has a tradition of public house and inns dating back over a thousand years and it is therefore not surprising that alcohol and the social life attached to it is still a very important part of the lives of many participants. In ports at home or abroad it is where seafarers go and for retired seafarers, as one man described it is **"the glue that keeps ex-seafarers networks together"**.

Socialising in pubs and clubs is significant and ex-seafarers know which pubs and clubs other ex-seafarers frequent and where they are likely to find kindred spirits. Actually having been to sea with any of them is not important - it is the shared experience of a way of life rather than the experience of sailing together as colleagues.

Those who do not drink say they miss opportunities to socialise with other ex-seafarers because they have to avoid situations where alcohol is a main focus of the activity. Several participants said they had been to the Liverpool Retired Seafarers Club (LRSC) a few times but that because everyone there drank alcohol for most of the afternoon, it was not easy for them to participate. One man (following surgery for prostate cancer) said he could only drink a shandy or one glass of wine and said

"I can't sit there all afternoon with one flat glass of something in front of me, can I?"

Several people suggested that activities and opportunities to meet other ex-seafarers in situations that didn't involve alcohol would be attractive but no-one seemed to know what format that could take. What all were agreed on was the importance of having a setting or place where they could meet other ex-seafarers. Participants from the three areas suggested Liverpool city centre as being ideal geographically with good public transport links across Merseyside. Those who do not drink would still be happy go somewhere in a pub or bar if it was 'drop-in' on a prefixed day as they could just go for an hour or so. It was also suggested that having health and financial advice (the HPA and the Caseworker) at drop in days would be welcomed and well used.

36. The Asset-based Approach

The asset approach to health is not new but it has become significant in public health work.

"A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual family or community as protective and promoting factors to buffer against life's stresses". [xviii]

An asset includes:

- the practical skills, capacity and knowledge of individuals
- the passions and interests of residents that give them energy for change
- the networks and connections — known as *'social capital'* — in a community, including friendships and neighbourliness
- the effectiveness of local community and voluntary associations
- resources of public, private and third sector organisations that are available to support a community

A glass half-full: how an asset approach can improve community health and well-being. Improvement and Development Agency 2010.

Ex-seafarers have many of these definable assets. They are generally happy to talk about their own lives at sea and are interested in other lives and histories. It is a generalisation but as a group they are friendly and welcoming, have animated conversations and show an interest in life itself. This is in spite of the fact that most of those who took part in the Project have chronic health problems.

Members of the Liverpool Retired Seafarers Club

Many ex-seafarers have embraced new technology. They have satellite televisions, dvd players and recorders, and some are keen 'silver surfers'. Some are good cooks, interested in food generally and share tips and recipes — the HPA was very happy to try them and found them to be excellent! Others are gardeners with maybe just a small area in which to grow things. Many still used skills acquired at sea.

Peter Hampton still uses his carpentry skills to build dolls houses

Seafarers are used to taking responsibility for their own health and this continues into retirement. With one or two exceptions, those with the most serious conditions were careful and organised around taking medication. The use of diaries to list medication and appointments was common. They are used to receiving text reminders for surgery appointments. They are interested in health information and appreciated any literature resources. The informal networks of friends, acquaintances and known 'seafarer pubs' are also a valuable asset.

Any future work around health for ex-seafarers should adopt an asset-based approach and consider the skills, abilities and experience of the people involved. They should also be consulted as a group and asked what they think are the most useful things maritime charities could do for ex-seafarers. Empowering and involving ex-seafarers will promote a positive attitude about ageing.

37. Health Advocacy Training

The HPA used brief intervention methods to raise key health messages with participants. Although difficult to evidence significant behavioural change the 'health chats' provided an incentive for people to think about their health and lifestyle. Other professionals and volunteers within the maritime charity family could, with basic training, identify key health messages and learn the basic technique of how to 'have the conversation' about health and wellbeing. This is an evidence-based method adopted across health community work as repeat conversations help people to review their lifestyle choices. Provided that voluntary lay health advocates are aware of their limitations and perhaps more importantly do not bring personal beliefs and values into discussion the 'do no harm' maxim would be achieved. Robinson et al[xix] evaluated a men's health initiative in Sefton and found that staff valued the half day course they attended because it had a mix of 'clinical/factual and social/explanatory input about men's health, behaviour and attitudes'. They also valued the resources they were given which included a set of 'Haynes manuals' on men's health.

There is an opportunity to build health capacity amongst the paid and voluntary staff who come into contact with ex-seafarers through training. Caseworkers from maritime charities and other organisations (eg SSAFA) visit people applying for grants and also review regular beneficiaries. Currently they are trained to help people obtain state benefits and maritime grants. As previously discussed, 'brief advice' is opportunistic and there is evidence to show that it is successful in getting people to think about their health. Caseworkers who are more aware of health issues could advise and support actions which may achieve a better outcome for individuals.

PT has motor neurone disease. Approximately one year following diagnosis he had a visit from a caseworker. Had he been advised and supported to apply to be re-housed at that time, he might now have ground floor accommodation. He is in a maisonette with no downstairs facilities and lives in one room. There is no immediate prospect of him being rehoused.

Malcolm Byrne and Peter Sumner with Sylvia Cheater

38. Maritime charities and other services — communication

It has been evident that even those who are 'linked in' to the maritime world in some way — via a union or a social network of ex-seafarers — still do not know that help is available to them. Recruitment to the Project proved to be challenging despite a comprehensive communication strategy. The most successful sources of recruitment were through Nautilus the Union (retired members) and the Shipwrecked Mariners Society (SMS). It could be argued that union members would probably be more socially engaged and financially secure than other ex-seafarers and that SMS beneficiaries were not isolated and therefore not needing help. However, this was not always the case and several Union members were not only unaware of the role of Maritime Charities, they did not realise that they were eligible for help. There was considerable cross-fertilisation with the casework project and several of the Nautilus Union affiliates have now received help from maritime charities including Nautilus Welfare and Seafarers Family Society. Many of the participants spoke about ex-seafarer friends and acquaintances that they thought would benefit from a talk with the HPA and/or the Caseworker and given further time these could have been followed up.

DV, a Nautilus Union affiliate aged 70 contacted the HPA. At the visit his main problem was shoulder pain. He was considering paying privately for a session with a chiropractor. The HPA discussed other options and suggested he went back to his GP and asked to be referred for nhs physiotherapy. Other health topics were discussed including physical activity and weight loss. At the end of the interview DV said how worried he was about his youngest child, just about to go to university as he would be unable to help him financially. The HPA contacted the Sailors' Children's Society who were able to help the student with a small weekly grant. On subsequent visits DV reported that the physiotherapy sessions had improved his shoulder and that he had great peace of mind knowing that his son would be able to manage financially. He had no idea at all that such an organisation existed or that it could help.

Although all the maritime charities provide literature, have websites and aim to work together, this Project highlights the difficulty of ensuring that people know what help is available and where to go to get it.

39. Mariners' Park

The HPA did not actively recruit participants from Mariners' Park (Nautilus Welfare) although several residents participated. Apart from their individual health issues all talked about the benefits of living in the Park. They enjoyed living there and felt safe. JA said **"I don't know many people here to speak to and I would like to know more"**. VA said he had been involved in resident's activities when he first lived in the Park but changes that had taken place in past few years resulted in the lack of a forum in which to do that. He went on to say that he hoped that there would be opportunities for residents to influence decisions around the proposed new 'hub' and he thought it was an exciting project that would benefit many residents.

An aim of the Project was to raise awareness of what maritime charities could provide. Eligible participants were offered information about accommodation at Mariners' Park (and the Care Home), 10 Ten asked for application forms and 5 have applied. This would indicate that knowledge about the accommodation and eligibility is not wide but that it is valued.

40. Support for partners

The Project targeted ex-seafarers excluding spouses or partners. However, as the majority of participants had health problems or were frail, spouses and partners frequently played an important role in their care and support. They were interested in the Project and in many instances joined in the interviews and were keen to share their views. Some were very appreciative of the support and advice that the HPA was able to give.

FS received several unsolicited phone calls asking him to go for a hearing test at a sports ground. Feeling anxious and pressured he went and had the test. The organising company took his discharge books, promising to return them. Two weeks later they had not been returned. S was distressed and unable to sleep with worry. No-one was returning his calls. His wife was relieved when the HPA was able to track down her husband's discharge books (held by a solicitor in Bristol). She said "what would we have done if you were not here to help. I wouldn't have known where to start to sort it out and S was so distressed he wasn't sleeping at all".

An unexpected outcome for the Project was that the partners of the ex-seafarers appreciated and valued the support they received.

Mr and Mrs David Langton

41. Conclusions

Overall this Project has provided some valuable insights into the health of older ex-seafarers. Those living in the UK today are fortunate that despite current economic difficulties, provision of primary, secondary and tertiary health care services is still world class. Maritime charities are committed to improving the health of older ex-seafarers and this can best be achieved by through supporting and sign-posting. Age UK published 'Improving Later Life'[xx] in 2011 which draws on advice from some of the world's leading experts on ageing.

The first 5 'top tips' for ageing well are:

'exercise; eat a healthy diet; don't smoke; engage socially with others; have a positive attitude to ageing', and this supports the 5 ways to wellbeing advice for everyone: connect, be active, take notice, keep learning, give.

Maritime charities can promote better health for ex-seafarers using networks within and between their organisations pro-actively as well as the informal networks amongst ex-seafarers themselves. This would help identify potentially isolated individuals. The priority should be to provide clear sign-posting to statutory and other services and to the help, advice and skills and financial support that the maritime charities have to offer. Other work to enable ex-seafarers to 'engage socially with others' and therefore to have a 'positive attitude to ageing' is more likely to be achieved if communication and collaboration between the charities themselves and statutory and other providers is sustained and improved. This can only be achieved through shared agendas and shared information.

A challenge will be to influence local nhs and local authority commissioning and provider services, to acknowledge the existence of large numbers of ex-seafarers in their populations and to take account of their needs at every level of service planning and provision. This can be achieved by consistent and intelligent use of existing data and appropriate networking with the nhs and local authority structures as they plan at local levels.

42. The Fourth Age

Although the majority of participants in the Project could be said the be in the 'third age' some of the conversations that took place during interviews naturally covered worries about being 'very old' ie the fourth age. Whilst no-one was looking forward to entering a nursing or care home, there were some comments around 'if I have to' and fears that they might not be happy or well cared for. Many ex-seafarers homes show their history — whether it is an anchor in the front garden or nautical pictures on their walls. Their 'discharge books' are almost always carefully preserved and near to hand even if it is over 30 years since they were used. Providing support as older ex-seafarers move into a less independent or active stage of life is a vital service that maritime charities could provide. It is the role of advocate rather than provider but has the potential to improve their quality of life. This could include working with local authorities and the independent sector to ensure that the things that matter to ex-seafarers are recognised and valued. As one man put it:

"if you can only remember four things remember this

- **respect me and explain things fully to me**
- **my life as a merchant seaman is important to me**
- **encourage me to make my own decisions and don't make them for me**
- **support me to stay as independent as possible — this is important to me"**

Maritime Charities Funding Group: Accommodation and Support Strategy for Older Seafarers and Their Dependents. January 2010.

43. Recommendations for further action.

Short Term

1. Develop a database for maritime charities to engage with health providers, and to raise awareness of the needs of the ex-seafarer population. This would involve identifying significant ex-seafarer populations using the ALMREG beneficiaries' database and other MN sources to provide a synthetic model. Map the population to LA/NHS boundaries now and post March 2013. This will provide a forum for linking in any further work at local level to influence and engage commissioners and providers (local authority/nhs) through the Joint Strategic Needs Analysis and joint health and wellbeing processes.

   This would provide an opportunity to highlight the role that working seafarers and fishermen play in the economy of the UK and the local economies where a concentration of ex-seafarers is to be found.

2. **Develop brief intervention training for Caseworkers, volunteers and paid staff, working with ex-seafarers. This could be achieved through several routes:**

Delivery options:

2a. Develop and produce half day training 'Making every Contact Count — Lifestyle information for Seafarers' for caseworkers, volunteers and staff tailored for seafarers and ex-seafarers. This would be a training resource that could be used across all maritime charities and to improve skills and knowledge of paid and voluntary staff. Modelled on 'healthy Sefton — lifestyle information', **(App 13)** a resource and training programme that has been widely used and evaluated in the Merseyside area. Use as CPD for all staff.

2b. Provide information and links to the 'making every contact count E-learning an introduction to behaviour change' **(App 14)** for all maritime charities. Purpose of the e-learning is to make health everyone's business and applies to all those coming into contact with working and retired seafarers. It covers the major health problems that affect ex-seafarers and working seafarers. Free to use — system of access to be set up.

2c. Work with Heart of Mersey Partnerships (and North West Public Health Network) to adapt the e-learning programme, adding a maritime 'bolt on' section.

NB Options b and c could combine with a.

Medium/long term

Improving communication of information to and for ex-seafarers:

3. Improving communication of information to and for ex-seafarers

To help engage with more 'hard to reach' within ex and working seafarers and improved information for ex-seafarers:

3a. Review Maritime Charities' services (even very small organisations) and what they can offer and disseminate widely via maritime and other voluntary and statutory organisations. (nb if this happens at the moment it is not effective).

3b. Explore opportunities to link information about maritime charities into 'mainstream' channels for the elderly. SilverLine (a help line for older people following the ChildLine model) becomes registered charity in late 2012.

It should be possible to put in place basic website links and to explore the possibility of asking the question 'are you an ex-seafarer' when SilverLine is contacted. '111' will replace 'nhs direct' explore possibility of having the 'are you an ex-seafarer' question followed by signposting to maritime sites if appropriate.

3c. Explore cost/opportunities to have a 'drop in' — within pub/club/community setting in central Liverpool

4. Health promotion information for ex-seafarers

4a. Health promotion literature is available for the health issues identified within the Project — CVD, diabetes, prostate cancer checks etc. Work with the providers (eg cancer charities, British Heart Foundation, Movember, Age UK) to raise awareness of potential relating to ex-seafarers. Explore options to 'badge' with maritime information. This would have added value for working seafarers. Map potential routes for dissemination.

4b. Using the 'Fishermen's Friend' as model, produce and distribute a Haynes Manual for ex-seafarers.

5. Further research around the Project

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Appendices

1. Project Summary
2. Project Summary — Ethics Committee
3. Advisory Group Terms of Reference
4. Community Engagement Report
5. Communication Plan
6. 'Better Health for Ex-seafarers' leaflet
7. Interview Discussion Guide
8. Statutory and Voluntary Agencies
9. EQ 5S, WEMWBS
10. FSA Report and leaflet
11. NHS Halton and St Helens Community Health Services
12. Health resources (eatwell plate)
13. Parrot B and Andrews V 2010 Healthy Sefton Lifestyle Information
14. Making Every Contact Count E-Learning **www.walkgroveonline.com/makingeverycontactcount-e-learning-launchpromo/index.html**

Appendices available to download at:
www.seahospital.org.uk/publications.html

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Age, gender and nationality

Table 1: Age

	Number of participants	Range (Years)	Minimum (Years)	Maximum (Years)	Mean (Years)
Age	35	33	58	91	70.46

This shows that of 35 participants involved in this study, the mean/average age of participants was 70.46 years, with the minimum age being 58 yrs old and maximum age being 91 years. (Therefore reflecting an age range of 33 years.) Within this study, 2 of the participants were female, with 33 males. (Standard Deviation 8.226)

Table 2: Sea service

	Number of participants*	Range (Years)	Minimum (Years)	Maximum (Years)	Mean (Years)
Length of Service	35	42	6	48	25.83

Table 2 shows that of the 35 participant's data available, the average length of service was 25.83 years, observed as a minimum of 6 years to a maximum 48 years of service, showing a range across the study group of 42 years. (Standard Deviation 11.903)

Table 3: Role at sea

ROLE	Frequency	Percentage %
Able Seaman	7	20
Steward, Catering, Passenger Service	12	34.3
Engineer officer, Chief Engineer, Engine Room Assistant	9	25.7
Master Mariner	4	11.4
Purser	1	2.9
Chief Petty Officer	1	2.9
Mate	1	2.9
Total	35	100.0

Table 3 shows that of 35 participants, the majority of participants worked across three main areas; over a third (34.3%) had a service role (Steward, Catering Passenger Service), just over a quarter (25.7%) were from an Engineering background (Engineer Officers, Chief Engineers, Engine Room Assistant) and a fifth (20%) performed roles as Able Seamen.

Table 4: Source of contact

Route of referral	Frequency	Percentage %
Nautilus beneficiary	3	8.6
Nautilus affiliate	11	31.4
Media	8	22.9
Merchant Navy Network	2	5.7
Another ex-seafarer	1	2.9
Shipwrecked Mariner's Beneficiary	10	28.6
Total	35	100

Table 4 shows that the primary routes of referral were Nautilus affiliate (31.4%; n=11), and Shipwrecked Mariner's Beneficiary (28.6%; n=10).

Table 5: Health conditions

	Number of participants	Range (Number of health conditions)	Minimum (Number of health conditions)	Maximum (Number of health conditions)	Mean (Number of health conditions)
Number of Health Conditions	35	10	0	10	4.08

Table 5 indicates that the average number of health conditions which individuals complained of was 4.08, with the maximum number an individual reported being 10, whilst 1 participant didn't report any.

Table 6: Health conditions

Type of Health Condition	Frequency	%
CVD, COPD, Lung cancer	15	42.86%
High blood pressure, High cholesterol	21	60
Prostate cancer	6	17.14
Arthritis: hip joint	10	28.57
Arthritis: knee joint	16	45.71
Arthritis: other	15	42.86
Asbestosis/plural plaques	4	11.43
Alcohol/liver disease	6	17.14
Type 2 diabetes	14	40
Weight problem	13	37.14
Neurological including depression	11	31.42
Other*	22	62.85
(Number of participants)	(35)	(100)

Table 6 show that the most common type of health condition classed as 'other'* accounting for almost two-thirds (62.85%) of the group. The most frequent two conditions were high blood pressure and high cholesterol, collectively being experienced by 60% of the group.

*'Other' health conditions were; sleep apnoea, shoulder injury/problem, eye problem, continence issues, shingles, frailty, ankolysing spondylitis, skin cancer, glaucoma, asthma, fatigue, oral cancer, spinal.

Table 7: Prevalence and types of societal issues observed

	Frequency	%
Social/isolation	11	31.43
Financial	19	54.29
Accommodation problems	11	31.43

Table 7 shows that over half (54.29%) of those involved in the study reported financial issues, with a third each (31.43%) respectively, reporting accommodation or social/isolation difficulties.