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The Evaluation of the Welsh Assembly Government Food and Fitness Grant Scheme: Final Report

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The Evaluation of the Welsh Assembly Government Food and Fitness Grant Scheme: Final Report

March 2006 – February 2008

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February 2008

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Executive Summary

- All projects reported positive outcomes for at least some aspects of their interventions, and most were very positive. The greatest achievement reported by projects was increased community involvement, and to a lesser extent health-related behaviour change. Users were very positive about their involvement. Involvement in the food and fitness projects had, according to some users, led to their participation in other community activities and they appreciated the social activity.

- Given appropriate training and support, community projects can successfully carry out self-evaluation, which serves a useful purpose for them in several ways. That is, evaluation data helps projects to identify problems and achievements, informs project adaptation and provides an evidence base for future endeavours.

- Evaluation training events for programme leaders serve several purposes and are valued by participants. Most importantly, they dissipate the fears that surround evaluation, particularly among voluntary sector workers (including volunteers). They enable projects to own their evaluations, identify their own performance indicators and share experiences (good and bad) with other programme participants.

- Successful projects are those embedded in and owned by their wider communities. Projects that form part of a network of local groups/endeavours, attract more participants, grow, change, and are more likely to be sustainable.

- The short-term success of projects is in large part attributable to the supportive partnerships, which they form. Two key benefits attributed to the links that projects forged were access to additional resources and the wider visibility of their activities across the community. Both benefits were perceived as increasing the likelihood of sustainability in the longer term.

- Over-reliance on partners can prove problematic for some projects. In particular, problems arose for projects when key decision making was relinquished to the larger more powerful group, and decisions affecting the project became outwith their control. An extreme example of this was when projects folded because funding for the larger partnership organisation terminated.

- Recruitment of users to projects is challenging. Preparatory research is necessary, at the project planning stage, to identify the existence and size of the target population and the barriers to, and facilitators of, their participation. This is particularly important in the case of 'hard to reach' populations. Extensive marketing of the project to the target population will also be required in order to attract participants.

- In many cases, respondents indicated that projects were under-resourced for the work they carry out. This is largely because many do not adequately plan the resources required at the proposal stage, particularly the required person hours. When planning projects, project developers should be aware of the number of hours that will need to be dedicated to project administration and management, record keeping and evaluation.

Background to the Programme and its Evaluation

Lifestyle factors, such as diet and exercise, have been shown to result in health improvements, including primary prevention of coronary heart disease, hypertension and type 2 diabetes. Accordingly, a range of interventions have been implemented in Wales in order to promote healthy lifestyles. As the most effective interventions have been settings based (Roe, 1997), the majority of food and fitness projects in Wales are based in schools and local community facilities.

Many community programmes tackling specific health-related behaviours (including diet and exercise) have been part of wider initiatives tackling cardio-vascular disease, or cancer (O'Loughlin *et al.,* 1999; Brownson *et al.,* 1998; Tudor-Smith *et al.,* 1998; COMMIT Research Group, 1996; Carleton *et al.,* 1995; Goodman *et al.,* 1995; Luepker *et al.,* 1994; Rossouw *et al.,* 1993; Farquhar *et al.,* 1990; Puska *et al.,* 1976). The majority of these programmes have utilised some form of community organisation to form partnerships with their communities. While there has been a substantial amount of research on the effectiveness of partnership working (Bracht *et al.,* 1999; Ansari, 1998; Gillies, 1998), there have been few studies, which explore obstacles to and facilitators of the successful implementation of specific programmes in communities from the perspective of participants. There is also a paucity of data on the process of engaging communities in tackling behaviour change, although community development approaches to implementing health-related initiatives are increasingly advocated (Thompson *et al.,* 1993). Indeed, factors affecting the use of and usefulness of community development approaches remain poorly understood, despite an identified need to develop and disseminate knowledge of community development approaches for health practitioners (Ritchie *et al.,* 2004; Smith *et al.,* 2001; Laverack, 2001; Laverack and Wallerstein, 2001; Robinson and Elliott, 2000; Labonte, 1998; Labonte, 1994; Israel *et al.,* 1994; Robertson and Minkler, 1994; Bernstein *et al.,* 1994; Bracht and Tsouros, 1990).

The evaluation findings presented in this report contribute to the knowledge base of the effectiveness of interventions tacking issues of diet and exercise, using community development approaches, throughout Wales.

Methods

Aim

The aim of the evaluation was to assess the impact of 25 projects awarded under the WAG funded Food and Fitness Grant Scheme. The evaluation objectives were:

- devise a minimum data set for project completion
- provide training to project personnel for self evaluation
- provide limited follow-up email and telephone support to projects that are particularly interested in self evaluation
- carry out case studies in collaboration with the client

Research Design

The evaluation comprised an impact evaluation and a series of case studies. The impact evaluation focused on:

- whether promotion initiatives achieved their objectives;
- whether the needs of those served by the initiatives was met;
- whether there are were unintended outcomes arising from the initiatives;
- whether the initiatives were instrumental in achieving changes in health behaviour
- the perceived barriers to and facilitators of successful implementation

The impact evaluation was informed by the Theories of Change approach, which was identified as appropriate due to the diversity of projects involved in the programme. Theories of Change recognise how approaches in one context may not resonate with subjects in another context in the same way and learning from the evaluation rightly focuses on what works, for whom and in what circumstances (Pawson, 2002; Pawson and Tilley, 1997). In other words, the evaluation explored the relationship

between programme objectives and mechanisms and how these translate to the way in which individual projects operate on the ground. The impact evaluation was combined with a case study approach. According to Burns (2000), case studies generate rich descriptive data about the multi-factorial nature of the phenomena under study, which enables generalisations to be applied to the wider population from which the case study is drawn.

Data Collection

Representatives from each programme project were trained in methods of routine data collection to enable them to collect quantitative data on project performance. To this end, two training events focussing on project evaluation were held, to which two representatives from each project were invited. The aim of the training was to enable projects to develop a project monitoring protocol, which would accommodate the routine collection of data from projects enabling them to maintain a minimum data set highlighting key performance variables and enabling comparison across projects and over time.

In respect of the qualitative evaluation, six case studies were conducted, enabling detailed process analysis. Project case studies were purposively selected, together representing different aspects of the overall programme and reflecting the range of project foci, locations, user groups etc.

The Training Event

The research team delivered a training event in South and North Wales. The aims of the event were four fold:

- provide a networking opportunity for programme participants across projects
- act as a forum for different projects to share their experiences
- provide training to the project organisers in evaluation methods

- familiarise the evaluation team with the different projects and assist them in identifying projects for inclusion in the case study sample

The training day comprised five main elements:

1. Introduction to evaluation and issues relating to routine data collection
2. Participant discussion forum
3. Opportunities for project participants to network (over coffee breaks and lunch)
4. Workshops on the development of an evaluation protocol and identification of indicators for different projects
5. End of day feed back session from workshop representatives

Compilation of Minimum Data Sets

Following the evaluation events, the research team collaborated with individual projects to develop and tailor the evaluation proforma to the specific needs of projects. The proforma was agreed with individual projects in September 2006. A research team member was always available to talk through issues/problems with the individual projects and there was a high level of contact during this initial period. Project that did not send a representative to the evaluation event were sent all training materials by post and were 'talked through' the proforma agreement process by a member of the research team. The minimum data set included:

- description of project
- nature of project activities
- frequency of intervention
- participant characteristics (e.g. age, gender, ethnicity, post code)
- attendance rates
- attrition rates
- outcome measures, such weight, BMI (as relevant to each initiative)

Service users were also requested by project staff to complete evaluation forms towards the end of the intervention. The evaluation team worked with individual projects to develop the user evaluation forms.

Additional information about processes and explanations for change were also collected in the following areas:

- Motivations and stimuli for participant involvement
- Projects' perceptions of what is needed to become sustainable
- Projects' own criteria of success and evidence for 'what works'
- Stimulation of complementary lifestyle activities (e.g. joining local walking club)
- Links with other initiatives e.g. Communities First, Healthy Living Centres
- Knowledge and networking with similar initiatives

Case Studies

The 25 projects participating in the scheme represented a diverse range of target groups (e.g. age groups, vulnerability and settings) as well as a range of interventions (e.g. exercise, nutrition, food cultivation). From this population, six case studies were selected, which represented, as far as possible, a cross section of projects in respect of:

- different geographical locations
- the different settings (community, schools, hospital)
- participant age groups
- target criteria
- range of activities

Further selection criteria included anticipated sustainability; project enthusiasm for evaluation; and project innovation. A final consideration was the anticipated level of co-operation that respective projects might offer the research team.

Case Study Selection

Six projects, perceived as most appropriate case studies for the evaluation, were identified using the above criteria.

Data Collection within Case Studies

Four sets of data were collected in respect of each case study:

- Compilation of data collected from the minimum data set (these data were collected from all 25 projects throughout the course of the projects)
- Visit to each case study at two stages. At each visit, intervention implementation was observed, followed by interviews/focus groups with the project organiser/s, implementers and users.
- Routine telephone contact with project organisers
- Data Analysis and production of interim and final reports

Data Analysis

Data recorded on the interview schedules were subjected to content analysis with dominant themes identified independently and agreement reached between two researchers (Bowling, 1994). Digital recordings were referred to for illustrative quotations.

Ethics

The study observed the requirements of the Data Protection Act (1998), which came into effect in March 2000 and followed B.S.A. ethical guidelines. Enhanced Criminal Records Bureau checks were carried out for all evaluation team members.

Case Study Visits

There were two phases of case study visits. Whereas some projects continued throughout a large part of the funding period, others comprised a single short-term intervention or a series of periodic interventions. Because it was important to visit case study projects (a) following the setting up period and (b) during implementation of the intervention, initial visits to case study projects were delayed in some instances. Notwithstanding this, all initial case study visits, for the purpose of data collection, were completed by the end of November 2006.

Case studies projects were visited by either one or two evaluation team members (usually over two days), in order to interview project leaders and intervention implementers, observe interventions in action and, where possible, engage with project users. Implementation observation was carried out during each case study visit. At the first phase of case study visits (September-November 2006) a total of 37 interviews were carried out, of which 16 were with individuals managing and/or implementing interventions and 21 were with project users. In the second phase of data collection (September-November 2007), two projects had ended and four were ongoing. In the case of the two projects, which had ended, telephone interviews were carried out with ex-project members. The research team visited the four ongoing projects. At this stage, 14 interviews were carried out, of which 8 were with individuals managing and/or implementing interventions and 6 were with project users.

Evaluation Findings

Project Evaluation reports

Following the training event, projects were asked to approve and help to design an evaluation proforma encorporating information specific to their projects. All 23 projects responded and agreed the proformas.

The majority of projects (n=18) submitted their first evaluation reports by December 2007 as requested., Two projects had been put on hold and the remaining three projects were delayed in starting their project and had agreed a later progress report date to enable them to provide the required information.

A degree of flexibility was required for the second round of progress reports. All projects had different timelines and the research team agreed alternative submission dates for some projects. The majority of projects (n=13) submitted their second reports by the due date of December 2007.Two projects submitted their reports early and a further two submitted reports a little later. One project was still on hold at this stage and the five remaining projects failed to submit their reports for various reasons.

Project Report Findings

This section of the report is based on the two rounds of evaluation reports submitted to the research team by projects participating in the WAG funded Food and Fitness programme. While the projects did not start simultaneously, they cover a broad reporting period between June 2006 and January 2008. The backgrounds of the Food and Fitness grant holders who reports were diverse in nature. While some of the projects were based in schools and led by teachers or LEA health initiative co-ordinators, others were community based in established leisure or youth centres. Remaining projects largely involved training or working with professionals (including health or childcare professionals). While projects shared similar broad goals in terms

of improving the diet and fitness levels of people in Wales, they differed widely in terms of target group, intervention approach, aims and objectives.

Target Groups

The project target groups, though identifiable were not discrete in nature. That is, anticipated impacts on the target group were in many cases intended to affect or interlink with other people within families or the wider community. Generally, however, target groups identified by the projects could be fairly equally divided into four categories: children, young people, families and adults. Within these groups, projects tended to aim their activities at specific (primarily disadvantaged) groups of people. For example, projects targeting children aimed at those with learning difficulties or those attending out of school clubs. Projects targeting young people aimed to attract those from deprived and/or Black Minority Ethnic (BME) areas. Projects targeting adults focused upon people from deprived and/or BME communities as well as obese individuals and those with mental health problems.

Approaches

Projects adopted a range of different approaches. These varied from peer-led, community-led and expert-led educational approaches. For example, while a common aim of many of the projects was to improve (for example) children's health, their methods differed. Some projects targeted children specifically through school initiatives or community activities. However, many of the projects, with the aim of improving childhood health, focused on the broader influences and targeted adults who are responsible for children in different contexts. One project for example held workshops to educate and train 'out of school' club play workers throughout Wales, in order to integrate healthy eating and physical exercise into their activities. Several of the projects, which targeted children, aimed their activities at parents as well as children in an attempt to change the attitudes and behaviours within families and across communities. A few projects targeted parents, in order to specifically impact in the short term on the health of their children. For example, one project worked with a high-risk group of mothers, teaching them how to cook healthy food in order to

provide their children with a balanced diet. A further two projects set out to educate teenagers in all areas of healthy living, with the long term aim of influencing their future attitudes and behaviours in respect of their own children (and their children's children).

Formality

Projects differed greatly in the formality of their approaches and this appeared largely linked to the type of client group they engaged with. Some projects offered a fairly formal education/training programme. In this context, for example, health care professionals were trained in Behaviour Change theory so they could work with overweight and obese adults following GP referrals. This particular project utilised a formal educational structure, addressing National Health Service agenda and having an agreed accreditation process. In contrast, another project with a distinctively educational agenda (aiming to produce a programme manual to help other organisations engage young women in physical activity) set out to create a less formal, enjoyable, more casual and relaxed learning context for their young programme participants. Other projects were accommodated within well-established broader community interventions, and incorporated their activities into existing programmes. Here the intention was to gradually introduce participants to, and encourage them to adopt, lifestyle changes. This approach appeared particularly suitable for those working with people with mental health problems because it was experienced as less disruptive and dramatic in terms of change, and thus allowed participants to maintain a sense of stability and security.

Aims/Objectives

All projects shared the same broad aims of improving the healthy eating and fitness activities among their target groups. Each project, however, was unique in its specific aims, and projects varied in terms of their foresight and ambition. The majority of projects had both long-term and short-term aims. In some cases both types of objective were identified as achievable, but more often than not, longer-term aims were perceived as outwith the capacity of short-term endeavours. For example,

one project had the had the short term objective of providing young people in the local area with opportunities to participate in a wide range of physical activities, Cook and Eat sessions and sexual health promotion schemes. The project also had a long-term aim of preventing obesity in young people. While it is possible to achieve and capture progress on the short-term objective, the longer term aim defies measurement (particularly in the short term). Another project had short term objectives of providing support information, guidance and knowledge about the benefits of preparing, cooking and eating a healthy well balanced diet (along with provision of exercise facilities). While it is possible to evaluate progress towards these aims, the project's wider objective of reducing childhood obesity, coronary heart disease and other related illnesses will defy evaluation. It should be noted that progress towards long-term aims could not be evaluated in the majority of cases because (a) the funding period was short and project longevity was uncertain, and (b) in most cases projects lacked both the resources and skills to identify and utilise appropriate (complex) methodologies.

Only in a few cases were projects able to anticipate realistically monitoring the longer-term outcomes of their activities. This was notably when their stated longer-term aims were more modest in nature. For example, a project with the long-term aim of becoming sustainable at the end of the funding period was able to demonstrate some indictors of reaching this objective. Another way in which projects may be able to evaluate success in reaching long-term goals is where they have a strong infrastructure support, which links them into community networks of statutory and voluntary agencies. For example, a project which worked closely with an established community family centre, anticipated these links would render the project more sustainable, and hence more likely to achieve (and able to measure) longer-term objectives. In addition, projects developed out of existing community based work with target groups (including two projects focusing on people with mental health problems) were confident that their work (in some form or another) would continue with the client groups following the end of the funding period. This, they anticipated, would enable some evaluation of longer-term outcomes.

Some projects were better positioned than others, to carry out in-depth evaluations of their activities. Notably, projects supported by statutory agencies were better placed resource wise to achieve this. Two projects for example were located within the NHS health provision framework, and thus able to draw on the assistance of NHS staff to monitor their achievements. Similarly, a school-based project was well positioned to follow through on project related outcomes with pupils. The short-term aim of this project was to increase awareness about the importance of diet and exercise among year seven pupils and to encourage healthy behaviours. One of the project's long-term aims was to work with and influence the behaviour of these children through adolescence. Another was to contribute to the realisation of national and local health priorities. Another project aiming to improve children's health set out to increase knowledge, confidence and resources of play workers, with the long-term aim of increasing the range of physical and healthy eating activity in childcare clubs. As the grantholders were members of an established charitable organisation with existing monitoring and evaluation procedures, it is likely that any progress towards both these goals will be captured by the wider organisation. A final example provided here, is of a project, which had a short-term aim of developing garden space within an existing community centre and a longer-term aim of providing a future communal space for education, social interaction, therapeutic and exercise. Because this project is located in the context of the community centre and had simple and realistic longer term aims, it is perhaps more likely to realise its longer-term objectives than other more ambitious projects.

Several projects focused more on short-term objectives rather than on long-term outcomes. Short-term aims are more measurable and attainable within the timeframe and budget, and yet can still make a considerable impact on their target group both in the short and long term. Of these projects, three aimed to develop awareness, skills and experience in order to motivate children to achieve a healthier lifestyle. Of these projects, two set out to train and educate staff working with children, while the third project involved targeting children through friendship groups, families and peers in the community. Two further projects with more immediate short-term aims were working with young people. Both of these projects aimed to develop an awareness of health issues and encourage healthy eating and physical exercise. One aimed to

engage ‘hard to reach’ young people by making facilities/activities more accessible (centrally located and free). The other project working with young people aimed at increasing inclusion by developing their lifelong skills through an accreditation procedure. Finally, two projects targeting adults set out to motivate and encourage participants to adopt healthier and more active lifestyles. One project aimed to do this through education and practical experience, while the other set out healthy food and fitness activities more affordable and accessible to their target group.

Project Management

The progress reports provided considerable detail about management of the projects. However, the reports were not uniform in the detail of information they provided. This included the information about the projects’ history and collaborations, the nature of activities and timetable, number of staff and volunteers, and management of staff and resources.

History of Projects and Collaborations

Many projects described how they evolved through collaborations between different agencies/groups. These collaborations provided the context where the initial ideas and subsequent funding applications were developed. For example, one project was developed out of ongoing work in the community by a small team of residents who were running a food co-op, which had gained support from the Health Alliance. Another project was established after a visit by the play bus to the area. Another grew out of what was described as ‘the seamless approach to food and fitness’ existing between the local Healthy Schools Schemes and the PESS project.

The collaborative approach was evident across the projects, with involvement of a variety of stakeholders from different disciplines and organisations. One project, for example, had invited a number of key stakeholders to become part of a management steering group for the project. Following an initial meeting, a group was set up including representatives from Public Health, the Local Health Board, County Council Healthy Schools Scheme and the Youth Offending team. In another project, strong

partnerships existed between the Health Alliance and leisure services within the local authority, in addition to which contact was made with school nurses and health visitors as well as the council's Family Learning Project. A further project grew out of, and depended upon, the partnership between Communities First Partnership, the Partnership Finance Committee and a local Community Centre Committee.

Evidence was provided in the subsequent project reports of how collaborative relationships were strengthened. Below are two examples of projects, which respectively increased their collaboration with the voluntary and statutory sectors.

> One project, which set out to create an inner city, safe, vandal proof, sustainable community garden which was accessible to the community as a whole, built on their close working relationships with organisations such as; BTCV (the charity for environmental conservation volunteering) and a Community Housing Association. They also developed good working relationships with a local University College (which provided nutrition courses), the Princes Trust (which provided volunteers), the Royal National Institute of Blind People (whose members attended the garden), Vision 21 (young people with a disability who constructed the gardens furniture) and the local primary and high schools.

> A project based around Mental Health Support groups, which offered individuals exercise and nutritional sessions encouraging them to live a healthier lifestyle (which in turn could benefit their Mental Health problems), developed a strategy to increase their user base. This included partnership working with statutory day care services effectively encouraging individuals from the day hospital to participate in keep fit sessions, swimming sessions and tone zone at the local leisure centre on a weekly basis.

Nature of Activities and Timetable of Work

Across the different projects, there was evidence of a variety of different health related activities/initiatives. These comprised food growing, preparation and eating (and related shopping and budgeting skills), and exercises such as aerobics, 'extend', Tai Chi, street dance, peak power, boxercise, walking and martial arts. Other activities included self-help support groups set up by, and for, people suffering from mental health illnesses. Their aim was to offer mutual support and opportunities for young people to access informal health enhancing education and activities.

For some of the more complex programmes, timetabling was an important administrative issue. Ten projects reported on the timetabling of their activities/events. This included information about the scheduling of different activities in their respective programmes, general information about timing (the when and why) of project commencement and the processes involved in recording information relating to intervention timing. For example, one project comprised six weeks of activities. Each day commenced with breakfast and finished at four pm. Morning sessions were devoted to cooking or farm related work, walking and fruit picking and healthy packed lunches, followed by quizzes and questionnaires. Afternoons were devoted to sport activities and games. Within a two month period, another project ran; eight 'Cook and Eat' sessions, six 'Football Coaching' sessions, five Girls Martial Motive and Street Wise sessions and an aerobics class. Another project started a programme of activities in May (comprising 32 sessions to run over the course of 17 weeks) which included; boulle, indoor bowls, and table tennis.

Some projects not only gave detailed reports on the timetabling of activities/events, but also information about the scheduling of project management, documenting all formal meetings (and specifying the time set aside within working hours). These reports highlighted weekly meetings with voluntary organisations and link workers, regular meetings with administrative staff and occasional meetings with accountants, generic health organisations and other departments.

A small minority of projects developed timelines for the first year of their work. These differed significantly. One time line commenced with the setting up of a project management group, the initial booking of venues, development of an eight-week programme, recruitment of participants, auditing and programme implementation. Another timeline commenced with the award of funding, followed by advertising and recruitment of participants, initial programme development, implementation, monitoring, and completion of year one report. A third focused on the intervention, from the identification of location and participating groups, through to the implementation phases.

The importance of collecting and reporting on timetables was made clear to us by the time slippage experienced by some projects. As we shall note in a subsequent section of the report, a number of projects experienced delays to their expected timetable. Seldom were these delays of the projects' own making. In one case, for example, a two-month delay occurred because of lengthy site preparation, another was delayed due to restructuring within a partnership collaboration and another waited upon the establishment of a supporting initiative.

Number of Staff and Volunteers

Some projects (n=19) reported on the number of staff and volunteers in their initiatives (see table 1). There was a wide range of staff numbers and their respective experience involved across the different projects. For example, one project involved a single dietician while others involved a range of staff from different disciplines and (at the extreme) up to 30 volunteers. While the literature highlights staff attrition as a major problem for community initiatives, during the first eight months there was little evidence of staff change across the programme (only one staff departure was reported and a further two temporary absences due to pregnancy). As we shall note later, however, resources (and particularly staffing) was an issue for many projects when they talked about project sustainability.

Table 1 – Number of staff and volunteers recruited to different projects

Project	Staff	Volunteers	Changes during project
1	Staff (n=6)	Volunteers (n=4)	No changes other than a change of instructor
6	Project manager (n=1)	Student volunteers (n=4)	The second year saw an increase in student volunteers (n=7)
7	Project manager (n=1), Project workers (n=2)	Member volunteers (n=2)	The project lost its workers due to lottery funding coming to an end and project had to end early
8	Staff (n=3)	Volunteer (n=1)	Had to recruit nursery nurses as extra childcare provision (n=2)
9	Staff (n=4)	Volunteers (n=2)	The number of people involved increased as partnerships evolved
10	Staff including development officer, community health worker and diet and fitness staff (n=9)	N/A	By the end of the project, the number of staff involved had increased (n=11)
11	Project manager/Dietician (n=1)	N/A	No changes
12	Staff (n=28) including training officers (n=3)	N/A	As the project progressed, they involved volunteers from other health and fitness organisations.
13	Project manager (n=1), training mentors (n=2)	N/A	The training mentors finished with the project and were replaced by sessional workers (n=2)
14	Staff (n=2)	Volunteers	Some volunteers have

		(approximately n=30)	stopped taking part but others have started
16	Project manager (n=1), part-time staff (n=2)	Volunteers (n=2)	N/A
17	Staff (n=2) including mental health team leader and community health worker	N/A	N/A
18	Project manager (n=1)	Volunteers (n=10)	N/A
20	Project manager (n=1), outreach worker (n=1)	Volunteers (n=2)	The outreach worker has now left the project
21	Staff (n=3)	Volunteers (approximately n=20)	One member of staff left during the project, another returned from leave and new staff were taken on (n=2)
22	Project manager (n=1), sessional workers (n=2)	Consultant volunteer (n=1)	N/A
23	Staff (approximately n=5)	N/A	Changes in projects meant that less staff were required
24	Staff (n=3)	N/A	One worker left and another was taken on as replacement
25	Project manager (n=1)	Volunteers (n=7)	N/A

Management Structure and Process

Projects provided information about different aspects of their project management. This included information about management structure, meetings, marketing strategies and evaluation. Only one project was managed solely by one person, who

was appointed specifically as project manager. One project was managed by two individuals (a Mental Health Team leader and a Community Health Worker). One project was managed by staff in a Community Centre, and yet another by the Community Education Officer and his part time staff. The remaining projects were managed by committee or working group. Examples of committee membership include Sure Start representatives, physicians, psychologists, allied health professionals, public health workers, county council representatives, development centre managers, PESS co-ordinators, and teachers/head teachers. Committees tended to meet bi-monthly or quarterly. Several projects relied heavily on volunteers and partnerships with other organisations.

Six projects provided information about arrangements for recording project meetings. In one project, monthly meetings had taken place in addition to two monitoring meetings with participants. One project held weekly staff meetings, whilst another reported that six meetings had taken place to date. Notably, this latter project reported that a decision was made at the August meeting to review the project plan and make some changes to the methodology in order to ensure a more robust evaluation. Two projects held meetings before and/or after the sessions they provided, for the purpose of briefing/de-briefing and reflection on practice. All except one project kept minutes of meetings and in one case, staff supervision was also minuted.

Five projects provided information about their marketing strategies. These included notice boards, newsletters, flyers and posters. Advertising material was displayed at venues likely to be accessed by target groups, such as youth clubs, leisure centres, local information shops, community venues and schools. One project advertised in the local press. In another case, the local newspaper ran a feature about the project, detailing the recruitment process. A third project listed its event in a Green Light publication. Marketing also included discussions with different agencies to promote the project among target group members involved with other community endeavours.

Some projects reported on difficulties associated with their marketing strategies. One, for example, had planned to publicise its activities in the local school, with the

intention of attracting parents. However, the local school closed down. In addition, the local community venue where the project intended to advertise activities, also closed following a number of disagreements between tenants and residents groups. An alternative advertising strategy was therefore needed to attract participants to the project. This included the support of a local Family Learning Group, and health visitors who had access to of young mothers in the area. Leaflets were also distributed among parents collecting their children from the pre-school nursery at the local school.

There was ample evidence in the progress reports of project evaluation, with eight projects providing detailed information about their evaluation methods. Some projects indicated who was responsible for evaluation (e.g. the core team, or the project co-ordinator) and who was involved in the evaluation (e.g. staff and volunteers, management group). Others described what methods were used to evaluate. One project for example used questionnaires, self reported uptake of healthy food, quizzes, photos, variety of foods eaten willingly, parent feedback on children's diet and changes in shopping habits. In some cases, projects referred to evaluation timetables, highlighting key phases in project development and implementation. In one case, a project described the process of research governance approval in respect of their evaluation. This process involved 3 days of input by a consultant clinical psychologist and a paediatric dietician, with additional input and review from a consultant paediatrician and exercise physiologist. Certainly evaluation appeared to have served a useful purpose for some projects, four of whom made reference to programme revision as a direct result of evaluation.

Management of Staff and Resources

Projects provided different levels of detail regarding how staff, volunteers and other resources were managed. At one extreme, for example, staff were expected to prepare plans for their individual sessions within the programme; describing the activities (and their appropriateness to the targeted group and project aims). These plans were guided by the 'project concept' to ensure sessions were in keeping with the objectives outlined in the initial programme. Management representatives were

present at each session in order to collate information, monitor activities and disseminate any information to participants. Input was also provided at sessions by the healthy living coordinator and sport centre manager, depending on what the activity was, and where it took place.

In another project, all programme decisions were reached with agreement of representatives from the Communities First Partnership, the Partnership Finance Committee and the Community Centre Committee. In one case, the project was managed by a single individual, this worker reported to his team leader on a daily basis, in order that any issues or concerns might be addressed as they arose.

Two projects detailed the resources they used and where they came from. Resources included: premises (e.g. a field, karate premises, a community centre, Communities First building, a gymnasium), staff (e.g. volunteers, project workers, Communities First Coordinator & Development Worker), consultancy groups (e.g. a Sports Development Team, a Sports Management Consultancy and an Adventure Playground Assoc), and equipment (e.g. Kitchen equipment, recipes and education packs, fruit and vegetables, sports and fitness games and sports equipment, and assault course materials). Projects also reported changes to staffing as unanticipated needs arose. For example, a project that targeted women, aged between 18 -40 years, found it necessary to recruit two nursery nurses in order to address childcare issues for participants.

Eight projects detailed the costings of their project. It was not possible to analyse these data because the format of their reporting did not allow any comparison. However, it was evident that costs were accounted for on a regular basis, and these were generally divided between staffing costs, equipment and resources, and consumables.

Self Evaluation Findings

The level of information collated and reported on the administration, structure, timing and management of projects varied greatly. While some projects provided detailed

information on these issues, in other cases much less information was provided. While recognising that the collection and collation of such information is burdensome for (particularly small) projects, for those that had risen to the task it appeared to be a worthwhile exercise. That is, it enabled projects to reflect on the relationship between organisation, process and outcome.

In contrast, all projects provided ample information about the actual implementation of their activities. In this respect, the projects have demonstrated an impressive commitment to evaluation. While there was great variation in exposure to evaluation rationale and methodology among project staff prior to the programme, the vast majority approached evaluation in a thoughtful and systematic way. They identified a wide rage of techniques to capture progress towards the project goals and adopted a flexible approach which enabled considerable amendment of methods where necessary.

As a function of their evaluation commitment, projects were able to comment confidently on their progress, and in most cases to highlight areas of strength and weakness in their respective progress. Moreover, the self evaluations have been able to capture, in some measure, unanticipated as well as anticipated outcomes. While projects have learnt that evaluation must remain realistic (and not be over-ambitious) their evaluation endeavours to date have highlighted very important (but unquantifiable) achievements, which are perceived as attributable in some measure to their interventions. Most notably these include engagement with the community (particularly hard to reach groups), stimulation of new interests among the target participant groups and increases in participant confidence (particularly among isolated and/or disadvantaged groups). The evaluation reports also highlight the importance of networking support and partnership working (albeit this can also be the source of potential problems, where the success of projects are outwith the control of those leading/implementing them) for current performance and future sustainability.

Evaluation Tools

Between them, individual projects used (or anticipated using) a wide range of tools to evaluate their interventions. These included attendance registers, user questionnaires, evaluation forms, diaries (for project users and/or implementers), photographs, quizzes, sessional feed back for workers and/or participants, fitness logs, focus groups, informal discussion, and in a small minority of cases, measurement indicators such as body mass index, blood pressure, waist circumference and/or % body fat.

It was apparent that projects had selected evaluation instruments judiciously in that they set out to identify strategies following careful consideration about how best to capture outcomes. For example, several projects who attracted vulnerable groups (including those with mental health problems) and/or other marginalised groups who were poorly integrated into the community, tended to use more informal methods of feed back from users, such as informal chats and group discussion. Innovative methods, such as the use of photographs, were also used to capture group activities. Those working with ethnic minority users obtained feedback using interpreters to assist participants in completing evaluation questionnaires. Feedback was also sought in one project from family members, about their perception of the impact of the intervention on their children. An example of the evaluation practice adopted by a project is provided below:

> Participants were asked in a group setting to identify what they wanted to achieve by jotting their aims onto post-its, as part of a fun activity. These aims were later categorised as nutritional, physical activity and emotional. At the final session, participants were asked individually to describe their achievements, under these headings (as they would be required to do at their monitoring meetings). In addition, at the end of the 12 week programme, participants were posted an evaluation form to complete. Here, participants were asked to evaluate content, delivery, and strengths and weaknesses of the project.

Projects were also flexible in that they adapted evaluation strategies following implementation, where it was perceived necessary. Hence, the intention to use

formal measurement indicators (heart rate monitoring) was reconsidered by one project because it was simply impractical to collect these data. Equally, in some cases, formal interviews with participants were replaced by more informal chats and/or group discussion. Some strategies required changing where (for example in the case of photographing activities) these were inappropriate in particular contexts or participant groups.

In focusing upon the purpose of evaluation, projects were able to assess the usefulness of the methods adopted in capturing intervention outcomes, and where necessary, make changes. Certainly, the importance of doing evaluation was highlighted for projects. One project, for example, reported that their health and lifestyle questionnaire was effective in capturing:

> …eating behaviours (and it) does monitor elements of self esteem. In addition, recording individual achievements has encouraged participants to record successes related to emotional health, which two of the nine participants have identified.

Barriers to participant evaluation were apparent in some cases where projects were partnering, or at least dependent upon, a larger agency.

> A project, which collaborated with local schools, had difficulty in convincing the schools to assist in a pre and post evaluation design. This was because schools felt that with the existing demands of the curriculum, teachers' time, was better spent in practical activity with children, rather than in organising completion of baseline questionnaires for pupils. In addition, staff did not comprehend the value of the pre and post evaluation because they felt the effects of the intervention would be contaminated by other 'health' programmes in which the pupils were involved. Hence, they felt that any health related change could not be attributed solely to the Food and Fitness intervention, but to the wider school approach to health and nutrition.

Project Achievements

All projects reported positive outcomes for at least some aspects of their interventions, and most were very positive. Achievement, which was measured against progress towards the goals which projects had set themselves, was constructed differently according to the nature of interventions. Interestingly, while hard outcome measures, for some projects, were seen as a definitive measure of performance, even where these indicated health improvements, it was the reasons underlying progress that projects sought to elaborate. Hence, in the case of a project where the majority of participants had successfully reduced BMI, this was attributed to an improvement in "participants' knowledge of a healthy lifestyle, helping them to change their behaviour, which has resulted in weight loss".

Projects reported enthusiasm among participants of some interventions, which was higher than anticipated. In particular, nutrition-related aspects of interventions were popular where the focus of activity was hands on, and where opportunities were available to participate in the different stages of food production and preparation. In one case, for example, a project reported:

> There has been a very positive response to the cookery project with participants requesting that we look at alternative ways of funding future sessions to enhance the usage of produce grown in the garden in the following seasons.

Where interventions were popular among participants, projects found it easier to introduce rules, such as the "no fizzy drinks or sweets allowed", thus engaging not only participants but also, through association, their other family members. Introduction of such rules was successful, particularly when balanced by the use of incentives, which included healthy and popular alternatives including "flings (small Frisbees) and smoothies".

An overwhelming success reported by projects was the extent to which they were perceived as increasing community involvement. In the words of one project "the

strength of this project is the draw it has on the interest of the local community". One project noted that through informal (volunteer run) hands-on food preparation sessions, the "passing on of cooking skills and enthusiasm and confidence for cooking freshly prepared meals", drew "unconfident parents into the kitchen to prepare meals".

Projects variously reported community residents "accessing mainstream facilities for physical activities, which they have previously been unable or had no desire to access". That participation was at "no cost to the individual", was described by projects as a key factor regarding increased involvement. It was also reported that support of key community members and associated community groups (regarding provision of venues, support workers and assistance with publicity) was important in increasing both the visibility and capacity of projects within communities.

Of particular note was project reporting on the involvement of traditionally 'hard to reach' and 'disaffected' groups, including (for example, the "involvement of young males", "disaffected males" and "target ethnic group(s)". One project, working with the Bengali community, described a major aspect of their success to date as being "accepted into the (Bengali) community very well". There was also reportage of good integration "between ethnic groups", as well as reportage of increased inter-generational integration. Certainly projects were enthusiastic about the extent to which their interventions reached "isolated" community members "making them feel more included" and (in some cases) prompting participants to "become volunteers".

Successes reported in working with young people were particularly apparent. In the words of one project:

> We got young people involved in activities they might never had been able to access or have the confidence to access if we hadn't of done it in such an informal way. The main strength of the project is the positive response of the young people participating and the numbers of young people showing an interest in the project and requesting to join the next group.

Some projects also reported that young people were suggesting future interventions such as “girls asking for dance sessions to run” and boys requesting “football coaching”. Often, participant involvement was described as a key to success with, for example:

> Young people in the area are taking a lead on providing youth activities and being run for young people by young people instead of youth professionals arranging stuff thinking they know what we want etc.

Examples of two success stories are given below:

> One project aimed to raise awareness of healthy lifestyle behaviours, among children, young adults and their families in a disadvantaged area. The project has combined the use of local partnership resources with community volunteers in a programme of ‘fun and enjoyment’, which stressed the importance of healthy living and well-being.
>
> This project attracted wide community support from adults, children, other community members and external partners. The project reached its target audience and attendance far exceeded initial expectations. Key successes of the project were described: as the fostering of a strong relationship between the project and wider community and partnership groups, the promotion of well-being through diet and physical activity, the wholehearted involvement in the project by local children and the identification of sustainable elements of the intervention through partnership with other community endeavours.
>
> Overall, it was felt that local children now have a greater understanding of what healthy lifestyle is all about and how much fun can be incorporated into physical activity.

One project involved developing and providing healthy living workshops for BME men and women throughout the City of Cardiff. The Healthy Living workshops aimed to deliver a healthy eating message along with encouragement to participate in physical activity. A workshop targeting Pakistanis held in June 2007 was delivered to 17 women in Urdu. Feedback showed that many of the participants aimed to increase their intake of fruit and vegetables and reduce oil and salt in cooking. The participants were also pleased that the workshop presentation was in Urdu. No-one left the project prematurely, and the target audience was reached. The workshop volunteers successfully completed OCN training and with support from the Community Dieticians felt confident to deliver the workshop to their communities. As a result there are a number of trained volunteers who can deliver future workshops. Participants of the workshops can also cascade the healthy living messages throughout their communities. The project highlighted the importance of having outreach workers and volunteers from BME Communities who have an understanding and knowledge of the needs of the community.

Unanticipated Outcomes

Overall, reports suggested that many implementers experienced more participant interest in the projects than (even) they had anticipated. This was particularly so in the case of some nutrition related activities – which proved very popular among participants. On the whole, respondents attributed this enthusiasm to the 'shared experience' of participation. Hence a project reported:

> One of the most identifiable outcomes so far has been participants sitting together and eating a meal produced by the cookery group, many of whom live isolated lives.

Many projects likewise reported on project success as a function of the provision of "a forum for the community to gather in a way that up to this point was unavailable to them". Certainly increasing participants' confidence was reported by several projects (some of whom had experienced uptake of volunteer positions by community participants). The issue of confidence was particularly valued in the case of mental health interventions, one of which reported:

> The well-being of individuals can change from day to day and this is a difficult area when trying to motivate and getting individuals to participate. Depending on the severity of an individual's illness this can prevent the individual from participating in a leisure centre where there are crowds, carrying out activities in community centre or meeting place can benefit them until confidence has been gained. Individuals are showing that mental health illness does not prevent them from engaging in activities. Individuals have spoken about how they feel better for participating in the activity.

Those projects targeting young people also reported a shift in 'attitude' changes among young people who attended projects. Hence, one reported that among young people "commitment, attitude and respect changed dramatically after the first 2 weeks, once relationships had been formed". Not only did young people reportedly enjoy the activities, but they also "felt valued in the activities and actively participated in activities as opposed to sitting at the back or messing about".

Challenges Experienced by Projects

Engaging with the community, which has been identified by most projects as a successful outcome, has also at times been problematic. Several reasons were given for this including: the anticipated versus the actual appeal to particular targeted groups; difficulties in initiating local interest among target groups, structural constraints, including resources and those affecting participant attendance at interventions.

First, projects targeting a group with a narrow age range were most likely to report difficulties in reaching attendance objectives. For example, in one case, a Tai Chi intervention for the 50 age group was not well attended, and as a result an alternative taster session to run with dancing and aerobics for this group was arranged (on a suck it and see basis). In some cases, food interventions proved more popular than exercise regimes, with at least one project reporting difficulties in motivating "participants to attend the additional fitness/swim/gym sessions, which were available to them free of charge as part of the programme".

Second, projects highlighted a need for more grass roots community input to, for example, "engage young people and to get young people attending some activities". Also it was perceived that in order to get young people engaged in 'new' activities such as "more boys to attend the cooking classes" and "more girls to undertake the sport classes", the appeal of activities needed more careful marketing. Another issue, which arose in a small minority of cases, was the need to provide clearer information for prospective participants, so as to avoid disappointment. For example, some young people were turned away from one project because they had not grasped the necessity for obtaining parental consent prior to participation.

Third, structural constraints on occasion impeded both provision and growth of interventions through lack of resources (such as implementing staff and trainers) and difficulties surrounding attendance experienced by community members. Projects, already at full resource capacity, found themselves severely stretched. Many had underestimated the level of administration necessary and few enjoyed the capacity/resources to increase in size or accommodate new/different activities. While casual support to implement activities was generally not perceived as a problem, securing anything over and above "one off involvement (was) more difficult". Often this was due more to constraints on individuals rather than an unwillingness to help.

Fourth, while all projects appreciated network and partnership support, it could also prove problematic at times. This was particularly noted where problems experienced with partners were perceived as outwith their control. Hence, where interventions relied on a network or partner, failure in the others to perform affected the project

ability to deliver. For example, one project reported that a partner organisation's failure to deliver on the production of wooden seating and tables, impacted on the ability to deliver an aspect of the intervention. Another limitation to partnership working, identified by projects, was the problem of synchronising activities to meet the aims of both organisations/agencies. In addition, where the aims/objectives of partner organisations changed, projects became vulnerable. For example, the funding support for an exercise programme dried up, when the partner organisation was "no longer able to fund fitness – related learning". Another described how the project ended prematurely because the winding down of one a major stake holding (Healthy Living) programme "left us with a number of dilemmas around which, if any, of the joint initiatives we could retain".

Fifth, projects reported that some potential participants were prevented from participating regularly due to the nature of the issues that they faced, such as ill health, language barriers, rurality and transport (availability and cost). Projects targeting people with mental health problems talked about the difficulties their clients faced in this respect:

> The well-being of individuals can change from day to day and this is a difficult area when trying to motivate and getting individuals to participate. Depending on the severity of an individual's illness this can prevent the individual from participating in a leisure centre where there are crowds, carrying out activities in community centre or meeting place can benefit them until confidence has been gained.

Participants' attendance was particularly impeded by lack of childcare facilities. In the case of one project, it was reported that the husbands of most women who attended a group targeting ethnic minority women worked night shifts in take away restaurants. Fathers/husbands were thus unable to look after the children, freeing the women to attend group work. Whilst some issues constraining participant attendance could be addressed (including reminder phone calls and lift sharing), others, with major resource implications (including childcare) were more difficult to overcome.

Sixth, while in the majority of cases, projects were able to use their evaluation responses as a measure of achievement, there was some recognition in the fallibility of the methods selected. One issue highlighted by some projects was the difficulty in getting participants to self record, and indeed in some cases, participate in the evaluation side of project implementation. One project noted for example:

> We had intended for individuals to self record their physical activity participation, via recording attendance at the additional fitness/gym sessions and any other activity undertaken in the week. However it was evident from the beginning of the programme that this was unrealistic.

Project workers reported difficulty on occasion in getting questionnaires completed, particularly by younger participants who "didn't see the point!". The reticence to complete evaluation paperwork was part of a wider issue faced by one project seeking for young people to gain accreditation as a function of programme participation. This particular project resorted to using an 'Open College Network Accreditation' as this involved:

> Using photos as evidence and very few worksheets, which is more acceptable to the young people…although the young people have gained an understanding of the importance of a healthy lifestyle they are not so keen to put it onto paper to gain the accreditation.

Finally, an additional problem, outwith project control, reported by those holding outdoor activities, was the weather. Hence some projects noted a "reluctance towards outdoor play during the winter or during bad weather remains, and is going to be a challenge".

Sustainability

When reporting on anticipated sustainability, projects highlighted the importance of partnerships and networks. Certainly there was much evidence of participants

cementing existing relationships and forging new ones with a wide range of (statutory and voluntary) organisations. The links, which projects forged, were perceived to assist in the provision of additional resources as well as helping with the wider visibility of their activities across the community. A good example of how partnerships assisted projects is provided by a project targeting children, which has teamed up with key statutory and voluntary agencies to produce healthy eating information and resources. A resulting under-spend of project resources in the first year has facilitated an expansion of the programme to include an appropriate number of additional food/nutrition group activities. Projects reported on the importance of developing and nurturing good working relationships with likeminded or sympathetic organisations. Those networks which took time to develop, were those described as most likely to persist into the future. Certainly where joint applications for future funding were planned or underway, projects were more confident in their longer term plans.

In a small minority of cases, projects linked the issue of sustainability to their concerns about their ability to engage and recruit participants. An important aspect of engagement was community participation and ownership. For example, one project working with ethnic minority groups felt that the future sustainability of the intervention was in large part dependent upon the involvement in and willingness of participants and “key members from the BME community” to take the programme forward.

The Learning

Many project respondents emphasised the importance of the learning acquired through their development and implementation of the interventions. Key points of learning emphasised by respondents were the importance of: user involvement, partnership and networks, flexibility, project ownership, communication and motivation.

Examples of the learning highlighted by projects are provided in the summary boxes below.

The Community Garden Project**:** The success of the garden project was described as a function of three things. In the words of project representatives:

First: “the social nature of our open events, although they always include elements of hands on gardening and nutritional education they are done in a softer style, the events are often themed around seasonal holidays such as Halloween or Christmas and the activities are linked to the theme. This flexible structure allows for greater interaction between the participants than a structured working day would and allows them to form friendships and build relationships with their community neighbours”.

Second: “the marketing of the event has given a clear identity, with each new flyer or poster that is produced conforming to a recognisable format. This makes sure that when they are delivered they are immediately recognisable as relating to the garden project helping them to stand out from the junk mail”.

Third: “the communication between the partner organisation and the project workers and the community is clear and regular. This has been occurring since the outset with clear community consultation taking place and realistic objectives being set and followed through. This has built up a good grounding of trust for the project to develop from”.

The experience of a school based project, which ran food and fitness days for year seven pupils, highlights the importance of ensuring that key stakeholders have a clear sense of project ownership. Where partners (in this case the school) are not brought on board in the early

developmental stages of the endeavour, their commitment to the project and its sustainability may be limited. In this case the school felt that any benefits following the projects were a function of all school intervention work and were unwilling to acknowledge a key role of the project in changes achieved. Because of this they did not want to engage in fund raising for the project, and raised objections to their involvement on collecting evaluation baseline data.

A project, which developed a multi-disciplinary approach to the treatment and management of overweight in adolescents, found that young people attending exercise on referral schemes for dietary intervention, were likely to be more motivated to change their behaviour. They also reported that holding weekly instead of fortnightly sessions improved attendance and compliance by increasing frequency of contact and boosting motivation. Working in partnership helped raise the profile of the project and was perceived to increase the likelihood of the service continuing in the long term. The project used a behavioural change approach, which they found helped users to set their own realistic goals, thus enhancing the likelihood of them changing their behaviour. Finally, project workers felt that evaluation had played an important role in highlighting changes that needed to be made so the project might achieve its objectives.

Case Study Findings

The Case Study Sample

The six case studies variously addressed/provided physical fitness classes (yoga, gymnasium, exercise to music and street dance), healthy (and culturally appropriate) food planning and preparation, knowledge dissemination about healthy diet and exercise. Targeted project users comprised disadvantaged groups (and/or those working with these groups), including adults with mental health difficulties, young people (from a range of cultural backgrounds), children, parents and carers, and service providers. Projects included in the case study evaluation were generally community based and/or environmentally focussed and well networked locally. They differed in size from those anticipating approximately 20 participants, to those anticipating 120 participants. Geographically, projects participating in the case study evaluation represented the following locations: Mid Wales rural town, Capital city, North Wales urban town and South Wales Valley.

Findings from the Case Studies

The findings illuminated a number of issues, which are presented in themes as follows:

- Sociability and Fun
- The importance of flexibility
- The importance of networking and teamwork
- Barriers
- Evaluation issues

Sociability and Fun

Projects, not surprisingly, appear to work best and are perceived as successful, both by those who implement them and users, where they are described as a positive experience, have a positive outcome, and are 'enjoyable' and 'fun'. For example, in one project which was perceived as highly 'sociable' and 'fun' by participants, BMIs and blood pressure showed a reduction against baseline. In a recent follow up (3 month post intervention) event, participants perceived that some changes are being maintained over time. Hence one project user who has continued to lose weight, claimed to have "thrown out the chip pan", and altered the way in which the whole family eats.

The importance of recognising that "one size does not fit all" was considered by project deliverers to be a key aspect in how successful interventions were perceived to be, by participants. Project providers of one intervention described how a lack of success of previous interventions in the locality could be attributed to a lack of understanding about what particular resident groups wanted and what most best suited their needs. This served to highlight the importance of ensuring that interventions are community based/developed and are designed and developed bottom up, with input from potential users who are given the opportunity to define their own needs.

At the heart of 'fun' interventions is the importance of an experienced and enthusiastic implementer/class leader, who is able to engage with participants in a challenging way, without appearing threatening or engendering feelings of inadequacy. Light banter, humour and teasing were common elements witnessed at those interventions most enjoyed by participants, who (even after short exposure to the projects) described themselves as feeling 'healthier'/'happier' as a function of their involvement. These participants also anticipated future involvement in this and subsequent interventions.

Importance of Flexibility

Intervention flexibility is a key aspect of community development approaches. Accordingly, adaptability and flexibility were described by project implementers as crucial elements of successful interventions. All project implementers acknowledged that the Welsh Assembly funded programme enabled and facilitated a flexible approach to project development and implementation, and most had already made changes to their initial intervention plan.

The importance of flexibility was highlighted by respondents as especially important vis a vis innovative projects, where the response of participants is difficult to anticipate at the outset, and where refinements to the project content and delivery are anticipated accordingly. It is also important when working with more 'vulnerable' user groups who may find it difficult to express their preferences prior to participation of an intervention.

The importance of Networking and Teamwork

There is substantial evidence from previous intervention evaluations that continuity is a key element driving project success. It is often the case that key project personnel leave (including those involved with project design, development and intervention), taking with them the knowledge and enthusiasm which are key to successful intervention outcomes. While this scenario is often inevitable (especially in the voluntary sector), team working and wider project networking can both protect the intervention from the loss of knowledge and expertise and contribute to a wider support base which will assist sustainability of the project in the long term.

Some examples of this are as follows. Since setting up a project, in one case study, the programme manager and leader have been transferred. However because the umbrella employing organisation has not changed, and because the project aims and activities are well networked into the overall organisation plan, the project enjoys continued leadership input and financial support. In another case study, the project leaders are well networked into the local estate where the project is based, which means that the project has been able to draw on additional existing local resource to assist a swift and effective start up.

In addition, projects which are effectively sharing their experiences with other local groups (who may share some aspects in common, but which may differ in other aspects of their work) claimed to provide and receive valuable support for their endeavour. In one case study, for example, networking with other local project activity has meant a substantial reduction in premises hire for the intervention. Well networked projects tend to perceive themselves as being more likely to be sustainable once the current funding period has expired.

Barriers

A number of barriers were highlighted by the projects, namely: resources, hard to reach populations, and issues of timing.

Resources

As has been well evidenced in prior evaluation studies, resources available are perceived as key to successful intervention as well as sustainability. Resource issues highlighted by project providers in the case study evaluation included funding for equipment, premises and workers.

Project staff noted that in disadvantaged areas, local people may not be able to afford to access leisure facilities. Projects must therefore, obtain access to premises or equipment on behalf of users, or provide their own premises and equipment. Because the latter option is not feasible in most cases (due the level of capital expenditure involved) interventions must rely on sponsors (local sponsors or funding agencies) to provide long term support. As most interventions rely on short term funding they are faced with the difficulty of providing facilities once the funding period elapses. Where interventions are successful, implementers are concerned about sustainability and in some instances about the 'ethics' of short term provision.

While project implementers acknowledged the importance of adaptability and flexibility, they simultaneously highlighted that this had implications for project budgets as interventions were developed, and refined. Many costs associated with these changes were not able to be anticipated at the outset of the project. For example, one project which developed a new activity required an appropriately trained instructor, the cost of which was not included in the initial budget.

Sustainability relies on the continued pursuit of further funding, which is a time consuming activity in its own right. In one case study the manager highlighted how his role as project leader suffers because of the level of his input into funding applications.

Hard to reach populations

Some projects have encountered difficulties in reaching their targeted populations. For example, one case study intervention has found that mixed gender classes, originally planned, are not working because ethnic norms prohibit the attendance of girls in mixed gender activities. While the project has adapted to offer 'girls' and 'boys' nights however this has financial implications for the project.

Issues of Timing

Some projects have revisited the timing of their projects in order to attract the target audience. One case study, for example, started out by holding its activities on Saturday because participants work on weekdays. It was found, however, that Saturday was unpopular with project participants, because it is often time devoted to spending with families. Moreover, projects providing outdoor activities (including cycling and walking) found that implementation was impractical in the winter months because of poor weather and dark nights. Because of this, some projects were revisiting their implementation schedules.

Evaluation Issues

In the initial funding period issues of inclusion and and evaluation resources were highlighted by project implementers and/or by the evaluation team,

Inclusion

Evaluations of interventions, which include users from 'vulnerable' groups can be problematic for evaluators on two accounts. First there is the issue of informed consent (that is – are participants able to give informed consent to the evaluation?), and second these participants may be difficult to engage (and may find the evaluation team intrusive or threatening). It is however very important that the voices of these participants, which are usually silent, are heard. In the current evaluation, team members worked closely with implementers of a project targeting people with mental health difficulties in order that the perceptions of there participants were included in the study.

Evaluation resources

Project workers claimed to have spent considerably more time on evaluation tasks than anticipated. Here they talked about defining the minimum data set, refining the evaluation team's proforma, collating data and report preparation. Most projects talked disparagingly about the levels of 'paperwork' involved in evaluation and how these conflicted with the 'real' work of the intervention. In order to keep on top of the administration, some employed project workers talked about doing tasks in their own time, outside of work. Where the intervention is just one aspect of an implementer's work load, this was claimed to impact upon their other roles and, in one case, cause problems for the overall work manager.

Notwithstanding this, generally project implementers do understand the importance and usefulness of evaluation. Indeed some projects appear very proud of their project accomplishments, even at this initial stage, and recognise the importance of their records in demonstrating good progress. In addition, projects look for ways of reducing the evaluation burden by identifying simple but effective indicators of

outcomes. One project, for example, now keeps a photographic and DVD record of its activities.

The research team have noted the necessity for providing an evaluation strategy, which reflects the flexibility of the projects themselves. As projects adapt, so the evaluation must change accordingly. The evaluation team are therefore scheduling their work with projects (including case study visits and report scheduling) on an individual basis.

Five Case Study Vignettes

Vignette 1

Food and Fitness:
Working with people who have mental health problems

The project ran exercise classes at a local fitness centre. In addition it increased the production of organic food from the garden at the centre for use it in Basic Healthy Food Classes.

Project achievements

"It's been quite a successful year really in our garden. We've done lots of growing, the produce has been great, they've used a lot of it for cooking on a Sunday because we do our own meals on a Sunday….It's all organically grown. We've even sold produce to people walking by….We're being taken a bit more seriously now".

Developments

"The gardening…changed slightly because we've got now children in from the school as well coming to do sort of work experience with the

garden, and then we've sort of developed it in a different way, but it's still all about producing sort of food that then they can use for the cooking and then we do Sunday lunches as well. Since we've done this project we have had some sports relief funding as well which we're doing swimming and badminton and then there's been walking and things so those are I guess spin offs from us obtaining the original grant"

"I think there's a lot more people who have gone on to main (leisure) centre and that's why perhaps some people have dropped out now because they feel that like with the gym, they feel confident enough to because we use the local gym here because it's closer because if someone's starting they don't want to trek miles up to the leisure centre"

The Challenges

"The biggest barrier is people with mental health because if they are having a bad day…you won't see them, they'll stay in doors".

"A lot of people are only on benefits and if we do yoga they've maybe got to pay £3. If they go to the gym it's £4.50 and then they've still got to pay for food for the kids and whatever in the week. When we're doing the healthy eating hopefully they've taken the cooking books away - and I think that side of it will have a long term impact. It is just like they want to join in, they'd want to carry it on, but it just depends on money".

Partnerships, Networking and Links

"(originally) we did want to do partnership working but the amount of other agencies that have now started working with us and referring, so that's really good".

"Our main focus…was to get people with mental health issues more active but then we have had quite a few referrals from Powys Drug and Alcohol, also there's a group (who give) support for women who've maybe had domestic violence and things; and there again there's all mental health issues, but…they've accessed those though because of other problems and they're starting to come to us as well to do the yoga and the gym, so that's been really good you know, more sort of partnership working with other agencies in the town…. So it's definitely widened our work within the community and got more people involved, working with other agencies as well people who wouldn't have sort of accessed it, have now accessed the project".

The Learning

"What I would do is, if we were going to redo the project again, I would definitely write other organisations in to the grant, to say like we've talked about Ty Hafan working with the women and a…Powys Drug and Alcohol and there's Wallich Clifford Community that have sent people who…are homeless…. So I think it would be good to…say that maybe we're the lead organisation but then we've got all these other (agencies)…so they can see partnership work in the community working. And it would be lovely because I will state again that it is such a shame that projects like this start and then all of a sudden, I know money can't go on forever…but then…it's a good way to target the community and get people more active".

What Users Say

"(it) was actually something to do rather than just hanging around the streets with young offenders so it was an opportunity to just grab at really".

"I came here initially with the gardening and now I sort of do…and now I go to yoga which wasn't sort of open to me before, and like I say activity centres and stuff like that, we go out to different places".

"I come in for gardening on a Friday and I'm not feeling too good at all well then it doesn't really matter if I don't actually do anything in the garden I can still sit here and talk to people and you know just generally find out what people are up to and things".

"Sitting at home pondering about things obviously makes it worse and you just make it worse and worse but actually coming to somewhere you can actually just come and relax and have a chat with people it has helped a lot really".

"It has really changed my whole outlook and it also sort of pushes me not beyond my limits but to my limits… in a safe environment".

"When I first came I think it was known as a mental health drop-in centre whereas now we seem more community involved…rather than just mental health centred".

"Before I came here I was about four and a half years on my own and I just lost total confidence I wouldn't do anything".

Vignette 2

Food and Fitness:
Training Play Workers

This project ran workshops to improve the knowledge, skills, confidence and resources available to 'out of school' play workers, in respect of healthy eating and exercise for children in their care.

Project Achievements

"We only aimed to cover roughly sets, say a dozen clubs over two counties, because we only aimed originally for eleven workshops in twenty two counties whereas we've ended up delivering 23 events, 10 workshops, 13 network events, to 470 odd so I guess we've reached more than we actually had thought we would".

"I've noticed a lot more fruit going on the tables…some clubs will just use total fruit you know. They'll cut apples up, they'll cut pears up and so on and they'll use them".

Developments

"When we first (started) we hadn't really factored in that somebody had to have a food hygiene certificate. (Now) we deliver training, although we have done it with an external tutor- we do it with our own tutors now, for food hygiene certificates".

"We've just submitted another Health Challenge Wales bid.. for the next step… from this, which is annual events on a county basis that will hopefully be able to provide workshops for all the elements in here plus food hygiene plus first aid, health and safety… anything that

childcare workers require and we can utilise from this as a main theme".

"We're also applying for a Way of Life grant from the Big Lottery and the next Health Challenge Wales bid which we'll know about in a few weeks".

The Challenges

"There's no big Government money available for equipment and things like this so we've got to look for grants, we've got to look for people who can help"

"Other than finding the resources it's finding out who the coordinators are- like the Healthy Schools and things like this which is people who you can bring in here to give them sort of knowledge about the nutrition side of things. The professionals".

Partnerships, Networking and Links

"We're using "Try Golf" and "Dragon Sports" and any other sports associations in the other areas as well, using other sports development workers and having meetings with the sports council".

"We're talking to The Cooking Bus and to Cooking Cymru…"

"*We have the active club project which is sponsored by the British Heart Foundation based in Loughborough University (and) we want to get that pack translated into Welsh and we want to devise any updating that's needed".*

"We are bringing in some Healthy Schools Coordinators…to explain the nutritional side of things as well, that's where we're bringing in other bodies".

The Learning

"The one thing I feel about this whole thing is that it's shown us you know a lot of the important factors. About the need for people who are working in the childcare sector to have this information at their fingertips and to have those extra special skills for being innovative in physical activity and healthy eating. And we've trained let's say 70 something through this project. There's about 8000 workers, so we've really sort of scratched the surface and as the umbrella organisation for childcare workers, I think it would be a great shame if we weren't in a position in the near future to develop the project one step further and get the message from not only to the childcare workers but to the kids and to their families".

What Users Say

"In the golf session we had a go at trying lots of different games and we even had a turn at presenting different activities to the rest of the group so we could use the techniques and get to know them. And (we) learnt some ideas to use with the children".

"The new ideas of different games just sort of hints and tips that you can get from other people, networking to get to meet faces rather than just voices down the phones and new people obviously with similar interests, that's really good and because it's on a weekend you can fit it round sort of work and things, you don't have to miss anything so that's really useful as well".

"I think it's amazing that we don't have to pay to get on to these things and I think the opportunities it raises are fabulous for people who want to increase their knowledge".

"Well it gives you other avenues to go down like as the lady said she'll come out and do food ones for the children, the golf one was actually useful because we're in a hall so we could do those activities actually in the hall we are in with the children, it opens those doors so you know where because I think anything with childcare, as long as you've got a contact and a pool of information, you know you can sort of tie into that".

"I think it just encourages you, it gives you a bit more insight and just a bit more encouragement to experiment yeah because any training courses everything changes and everything's new and it's perhaps a different way of doing things which is nice".

Vignette 3

Food and Fitness:

A multi ethnic project for young people

This multi-ethnic project built on, and extended an existing intervention, offering basic healthy cooking skills, which demonstrated how to make culturally appropriate meals healthier. In addition, it offered physical activities, additional sports equipment and qualified instructors.

Project Achievements

"The major aim really that has been achieved throughout the scheme is…raising young people's awareness and expectations around the healthy eating agenda in its entirety and we've been very clever in linking that to the young person's life, and the life of our provision, and we do that in a number of ways. We cross fertilise all our programmes to the food and fitness project and everything we do is geared towards that programme".

"There's definitely a change in people's attitudes but in terms of obesity and healthy eating there are direct results, people are making firm choices on eating different fruits… and even coming in some sessions saying "oh where's the brown bread?" (And)…drinking water on a regular basis is something that just didn't happen here (before) you know. If it wasn't Coke or one of those fizzy drinks, it wasn't even considered. So in a very practical way but in a bigger way I think it's young people making choices which is a bigger decision even if they chose to not eat healthy, although they are, would have been an achievement in itself".

Challenges and Barriers

"Well the real barrier is people's home life and what's happening at home. Sometimes I think young people were getting confused in the context of expecting their parents to be at the same level as them. They'd go home and say you know "why haven't we got any fruit?" and things like that. And the reality is you know, if you're unemployed and got four or five children, you have to deal with whatever you have to deal with and sometimes that means people can't think about healthy eating. They think about just providing food you know and the reality is that healthy eating is apparently more expensive".

Networking, Partnerships and Links

"(The project) developed because of the (wider) Healthy Living Programme so it was all around their agenda and we just joined them".

"We had to stop the project when we lost all of our partners. That really affected us because these partners were involved in the whole life of the community, they weren't just food and fitness project, they were my 'adopt a bike' project, they were my 'Bee Healthy (community) Project', they were the women's group part, so we lost them all and you know we have to make serious choices about whether you can continue to maintain when you loose major providers like that. You know they've been the life and soul of it...they were on a five year funding (package). That's why we did one year of the food and fitness project".

Developments

"In the summer when the project first started there were major major incidents in around (two) areas from gangs of young people, two famous ones. …And those young people …for example took over a

park area when there were no adults in there. There was violence, they'd beat up parents and all kinds of bad activities were going on. Then you had (another gang) who were involved in lots of criminal activity in and around (one) area and there were like muggings and street violence in lots of ways. Using the food and fitness approach and (another project) I engaged both gang groups and took them to France for 5 days. And we did an activity base so every morning you had a choice of four activities: abseiling, caving, canoeing, snorkelling, in the afternoon…it gave me the opportunity to do some intense work with young people to find out what makes their group, how that group functions and then find exit routes. We used food and fitness and the 'free food on the Thursday' to engage those people back into our programme and we certainly dismantled (the gang) which doesn't even exist any more. So you can see there's lots of things that are going on that are part and parcel and spin offs of that programme".

"We also set up three local social enterprises out of the programme. The dancers (who) were an intricate part of teaching dance as part of the programme have now formed a company…and they deliver dance to young people. So the youth club members trained through the opportunities of this programme now they deliver. And we've got Digital Beats which is two of our local rappers and MCs who set up a social enterprise".

What Users Say

"I eat all sorts of different foods…I think I would yeah much healthier"

"I usually take part in the activities, play football, pool those kind of stuff"

"I come with my mates…regularly about 4 or 5 days a week"

"it makes me want to exercise more and go jogging and that"

"I told a friend who lives in my area and he comes now"

"like I got fitter and that by playing football and eating healthy food'

"it's better than hanging out on the street and getting in trouble. I'd rather be here than in a cell'.

"I'd be playing football and burning more energy off, eating healthier food"

Vignette 4

Food and Fitness:

Community fitness for disadvantaged adults

This project was a health and well-being initiative targeting community residents aged between 25-40 years. Participants undertook a twelve week programme, consisting of nutritional and physical activity sessions.

Project Achievements

"I wouldn't say benefits to health are huge but the…biggest gains were self esteem and emotional health with this group".

"Biggest unintended outcome has been the changes made to family eating. Changed diets, some members have made wholesale changes to how the family eats. Having healthier meals but also sitting together…fryers been chucked out and will eat oven chips, a lot of small but sustainable out comes".

"Got some knowledge out into the community. There have been big impacts with certain individuals. Collectively can't say they have all lost weight, but that is not how community projects work!"

The Challenges

"It's quite difficult to pitch level correctly to cater for all without being patronising. Teaching adults is a different art, more difficult to control. Children will always have a go, yet adults if they don't want to do something they won't".

"This (intervention) is free, on an estate with 150,000 (residents) and it couldn't attract people! (We) have tried different days and times (and age groups)".

"The biggest barrier is motivation. Most come with low motivation to change so they may not get as much out of it as they potentially could do. If (there were) more motivated people (they) would push the others".

"The cost to run the project is minimal however, it is the time of the professionals which is expensive…makes it a lot more than a few grand. We have done this for free, so our salaries are not in…and we need someone to organise it".

Developments

"We moved some of the weeks round, tweaked the programme, changed the team building and changed some of the physical activity sessions…now we have the course developed (and) it is on the shelf ready to be used by other projects".

Partnerships, Networking and Links

"We link in with the (urban regeneration) partnership, Healthy Living Centre, leisure services, dieticians and the agency nurse"

"The (community) Healthy Living Centre, have given use of premises and recruited course members for free. (The director) of the Healthy Living Centre has been key in the project doing the community side of it running around chasing up things; setting up rooms…otherwise it would have been a full time job for us. She was also a participant which meant she also had a vested interest in its success".

The Learning

"It has been a lot of work to do it to the standards we wanted to do it to. It would be great if it had been a full time job as you would have time to do everything, and extra things…it is going to be a lot of work to develop the second year".

"If was to be sustained would need a full time co-ordinator, then it could run different times, stagger the courses expand to what ever size dependent on the staff. As we have it now it is in a file which can just be lifted off the shelf".

What Users Say

"(it's) made us aware of what is available at the sports centre, Waterworld (and we) had a pass to access the gym, classes and swimming pool for the duration of the course".

"The course made us aware of different forms of physical activities which were available such as trampolining"

"Each week is themed to a different activity around health and lifestyle. (We) had cooking sessions, different types of physical activity, such a as an outward bound team building session. Gym and classes, had trampolining, playground games, walking at Alyn Waters. Diet and nutrition advice"

"Now know what to eat and how much to eat. Learnt a lot about food, we cooked for one another and learnt how to modify recipes to make them more healthy by using different cooking methods such as grilling, using less oil by spraying it on".

"I have more knowledge about the types of fruit and vegetables available, so I try different vegetables, different alternative flavourings to salt, and (know) how to read food labels"

"The team, give great support and advice. They are interested in you. They are encouraging but never judgmental".

The different tips that you are given", "really enjoyed the cooking demonstrations" and "meeting people in the same boat as your self"

"My husband doesn't like different foods, so my friend and I cook for each other once a week and test the recipes. We have become much more adventurous and eat a lot more fruit and veg".

"It is not long enough and I wish it would continue"

Vignette 5

Food and Fitness:

Healthy eating and exercise for parents and young people

This peer-led project ran 'healthy eating on a budget' classes for adults and young people, exercise to music classes for all ages and exercise classes for the over fifties. It also provided training for local people to train as fitness instructors.

Project Achievements

"Increased activity in the community. The project is a catalyst for further investment and (has) snowballed into more projects than originally anticipated. Health promotion is quite enthused by the energy in the area and have done more pilots like dance classes, targeting different age groups".

"Two years ago there was not the same opportunities to access exercise opportunities locally".

"We attract people of all ages…. Some of the most unlikely people attended classes…. We would never have though someone of 80+ would come along to an exercise class. And also attracting 18 and 19 year old lads getting involved in cooking clubs. We never imagined they would take to it so much. (It's) been much more successful that we imagined".

Challenges and Barriers

"One thing…which we have learned loads from is getting local people trained up as fitness instructors - although we gave them a lot of support…we need to give much more intensive support".

The Learning

"One of the key lessons learnt is from training up people as fitness instructors. It is quite a big step/challenge. We (have been) working with people in…an action research organisation looking to help people get back in employment and we have looked at some of their models around the 'build it' project. Get a team leader to give people really intensive support to gain a qualification, in the next round of training…. It has been huge learning curve for us, and have realised that we were expecting too much of people too quickly".

"Like with the food coop, you give support and hand hold for so long, and then gradually draw back…run it once and they are off, it gives them the confidence that they can do it. However long it takes, will try and take that step back. It is a long capacity building process but once it works…we have a completely successful food coop none of us have been there for a couple of months, and that was only just to pop in to say hello! They don't need any help and it would be insulting now to ask".

Developments

"We try not to deliver things in the community ourselves as (we are) trying to raise capacity of local people. However, (we) had to buy in some activity such as summer club, but we had volunteers supporting this and were learning how to operate a sports club. So in future that could be delivered by local people".

"It is coming together but has taken a lot of energy building people up and giving people a vision, to see what it could look like. By having a variety of activities they are beginning to see what the possibilities are, and are able to pursue them more easily".

"We held belly dancing classes, which were never planned (and) thirty kids came to the kids class".

"The Festival Society has some funding for rooms for dance classes, and this will culminate in performances at local festivals. The emphasis is on fitness (and) an aerobics instructor will be doing sessions and demonstrations…we would like to set up an intergenerational dance class. Festival is funding two weeks intensive dance classes at the end of the summer holidays. Hopefully that is some thing which could be come sustainable. There is a load of interest in dance".

"We have used this programme in an application for 'active lifestyles' with the local rugby club to get funding for gym equipment…".

"Since last year the project has gathered momentum. For instance we have had a couple of food hygiene courses and 30-40 people have gone through those, so their confidence is built up a little bit. Plus we have had health promotion to deliver a few cooking courses and using local people to deliver cooking courses using the grant. And we now have a critical mass of people that are interested in learning to deliver cooking on a budget classes. It has taken a few projects to get people confident enough to think they can do it themselves".

Networking, Partnerships and Links

"We link in with Communities First, Health promotion, a Gardening club a local college, the Community Centre, local schools, the church, Sure Start, NPHS, the Health Board, food coop, (and) the local shops on the estate, the owners are keen to support and help out with advertising".

What Users Say

"We're more motivated with our diet and trying to lose weight"

"I exercise more, I think if you are fitter you will do more, so we are trying to make changes"

"I'm less puffed coming up the hill to class"

"It's getting out of the house and having a laugh, enjoying ourselves. The instructor is brilliant. We work hard but she never makes us think we can't do it. She helps us if something is difficult".

" I hope it keeps going, this is the first time that we have had anything like this on our door step, there is stuff going on in (nearest big town), slimming classes and stuff, but it works out expensive by time you've paid for buses and the class. It costs about £3 to get (there) and back".

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