March 2012

'Way of Life' Evaluation

Final Report

HALL AITKEN

Content

HALL AITKEN

"The experience has changed the way I look at food and given me the knowledge to feed healthy food to my family. I have really enjoyed getting out and meeting new people on the walks. I now have the cooking confidence to make healthy meals the family will enjoy and benefit from."

Project participant

HALL AITKEN

Executive summary

The Big Lottery Fund (BIG) Wales commissioned Hall Aitken and Old Bell 3 in August 2006 to provide consultancy support to the 'Way of Life'. BIG has also commissioned Hall Aitken to deliver an external evaluation towards the latter stages of the programme, to capture learning to inform future policy.

This final report summarises the learning from the programme, drawing together evidence from our external evaluation and projects' own self-evaluation. It provides a summary of how the 'Way of Life' was developed, its aims and objectives, and an overview of the 14 projects supported by the programme. The report discusses achievements against programme targets before providing an assessment of the barriers and enablers to delivering community based interventions promoting healthy eating and physical activity.

Background

In 2006, BIG commissioned Hall Aitken and Old Bell 3 to provide development support for a new programme, 'Way of Life'. The programme formed part of the Healthy Families Initiative, which promoted a joined up approach to play, healthy eating and physical activity for children. The 'Way of Life' provided an opportunity to test family based interventions to promote healthy living.

The support element of our contract focused on the development of new models of delivery, which would be piloted by the programme. Alongside this, the Hall Aitken team provided support for applicants and materials for self-evaluation.

Following extensive research and consultation three models were designed:

- Healthy Friends, which used peer support to target the *individual*;
- Healthy Home Tutors , providing *family* support; and
- Healthy Places, a *community level approach*.

In 2009, BIG funded 14 projects to deliver a range of interventions using the three pilot 'models' of delivery.

Evaluation of the programme

BIG is committed to learning from its investments and a key element of the programme has been evaluation. There has been a dual approach to evaluating the programme. Projects have received support to deliver their own, self-evaluation, through web based support, materials and tools, workshops and direct support. Although initially challenging, projects have embraced the qualitative tools made available through the programme and self-evaluation has proven an effective management tool.

Towards the latter stages of the programme, an external evaluation of the programme was also commissioned to work alongside the self-evaluation of the programme. We outline our approach to the evaluation, which included case studies, surveys, focus groups, stakeholder interviews and workshops to answer the key research questions:

- Does a community based approach to public health work?
- Have the models worked?

We also discuss the challenges of evaluating such interventions with recommendations for future programmes.

The Case for intervention

In this section, we examine evidence from other intervention research both in the UK and further afield. We also draw upon the work being conducted at John Moores University in Liverpool in the context of the 'Way of Life' programme. The review confirms that the 'Way of Life' projects were delivered in ways which are in accordance with NICE recommendations and include the essential components of successful interventions based on evidence from programmes elsewhere.

The evidence base for such interventions is still relatively weak and the programme can add to this growing evidence base. The research also draws upon the work of Professor Gareth Stratton, Professor of Paediatric Exercise Science at the Research Institute for Sports and Exercise Sciences at Liverpool John Moores University.

Performance overview

During the programme, projects used a questionnaire to measure changes in attitude and behaviour for nutrition and physical activity. This quantitative tool was only one of the tools used to measure change but the data did confirm the evidence from our research of other programmes, principally the more difficult task of changing attitudes and behaviour toward nutrition than physical activity. This section of the report outlines the key performance data from the programme.

Programme issues

In this section, we discuss the learning from our evaluation, drawing on the external evaluation work and the lessons learned from projects from their self-evaluation. The evaluation has identified many factors that underpin successful approaches and these confirm the growing evidence from elsewhere. In particular, we found that schools were an essential partner for all three models and that projects worked best when a whole family approach was adopted.

Delivery benefits from significant 'set up' time, building links with communities to gain trust and to understand what other activities are ongoing. We found that in many areas, there are a plethora of activities which can confuse communities so such set up time is essential. Fun and participation, from project inception to completion, is a further enabler of success.

The evaluation found that there were differences in impact on attitude and behaviour between nutrition and physical activity, again confirming evidence elsewhere. In this section, we discuss these findings and identify lessons for future policy makers and programme management.

The 'Most Significant Change'

A key tool for the evaluation has been 'Most Significant Change'. It encourages projects to collect stories of change and through a process of discussion and selection, which includes project staff, partners and BIG. The story of change chosen to represent the programme was from Pembrokeshire Family Challenge. The story was chosen by delegates at the conference as it draws together many of the positives of the programme from engagement to sustainable improvement in attitude and behaviour to both physical activity and nutrition.

Conclusions

The report concludes by answering the key research questions. We found that the programme does demonstrate that community based interventions to public health can work. Although individual projects took different approaches to engagement and delivery, all were based on solid community development. Projects took time to engage with communities and the benefits of this were clear from our interviews with clients, parents and visits to events.

As for the models themselves, we found that the models were only appropriate in a community setting if applied as a loose framework – precisely the approach taken by BIG. The models would not have worked if applied rigorously. Although this did make evaluation of the models somewhat more difficult, it has been possible to draw out elements of the models that worked best.

"The activities are great. I turn up early for school now so that I can take part in the pre-school training. It only takes a few minutes but you really feel alive after it."

Pupil, Dinas Bran School, Llangollen (F Factor)

Background

The 'Way of Life', which ran for three years to 2012, provided an opportunity to test family based interventions by employing three pilot models to promote healthy living. In this section, we provide an overview of the development of the programme and how its aims, objectives and approach were shaped. We also provide a summary of the projects supported by the programme.

The 'Way of Life'

'Way of Life' forms part of BIG's Healthy Families initiative, which was designed to promote healthy and active lifestyles among children under 12 years old by creating a joined up approach to play, eating and physical activity.

'Way of Life' was developed to contribute to the initiative by:

- promoting a linked approach to healthy eating and exercise through community-based projects working with families;
- contributing to the evidence of what works in promoting healthy eating and exercise in children and families;
- fostering healthy eating and physical activity at local and national levels; and
- Developing links with children's play.

BIG provided £7 million to fund projects of between £250,000 and £500,000 lasting up to three years to deliver the following aims and outcomes:

- increased awareness of healthy eating and exercise among children and families;
- positive changes in attitude and behaviour towards healthy eating and exercise among children and families; and
- Strategic links developed to promote a joined-up approach to nutrition, physical activity and play.

Developing the models

To meet the aims and outcomes of the programme, it was proposed that models should be developed as broad plans for projects. Projects supported by the programme would have to incorporate the approach of the model that they chose to follow.

The model development process comprised desk research and review of more than 200 documents. We completed research into similar programmes and behaviour change models from across the world. Our work also involved significant consultation with stakeholders via interviews and workshops, and an iterative process utilising a specially formed expert panel.

The model development process included consultation with local Health, Social Care and Wellbeing Partnerships to help shape arrangements for managing demand and ensuring applications were developed strategically.

We developed three final delivery models for the programme. They represent different approaches to achieving the programme outcomes, providing a mix of approaches intervening on an individual, family and wider community level as summarised below.

- **Healthy Friends** – targeted on an *individual level*. Projects that used this model provided and supported 'buddying' between children. The aim of Healthy Friends was to engage older children (10-11 years) at primary school with younger children (7- 8 years) of primary school age and their families.
- **Healthy Home Tutors** – targeted on a *family level*. The model supported projects to recruit, train and support a team of tutors to work with families to increase healthy eating and physical activity. They delivered tailored advice and support in designing home-based programmes that were practical, fun and engaging. Tutors worked predominantly in home-based settings, but they also worked with families in established community settings or as part of existing initiatives in promoting healthy lifestyles.
- **Healthy Places** – targeted on a *community level*. Healthy Places referred to a series of linked activities and events for children and their families in local communities. They provided opportunities to taste and cook healthy food, try new activities and promote physical activity and play. The objective of Healthy Places was to use the events to boost regular local community activity and link with existing local groups, schools, community services and businesses to increase the number of families involved and encourage them to make changes in their diet and level of exercise.

Supporting projects

Support has been provided to projects both before and during the programme. From 2006 to 2009, a series of events provided background to the programme and highlighted the key strategic drivers. They also provided an overview of our model development work and some

informal discussion groups to deal with initial enquiries, and collect information about potential partnerships.

We completed a programme of direct mailing which included all local authority Chief Executives, local health boards and CVS contacts. We also set up a dedicated website for the programme (www.bigwayoflife.com) and e-mail address to deal with early queries about the programme, our role and the application process.

We developed an initial applicants' pool and provided a 'match-making' service to potential applicants by putting them in contact with other interested organisations and possible bid partners. By the application deadline our contacts database contained more than 500 individuals and organisations and had received 66 formal expressions of interest.

29 applications were submitted to BIG by the application deadline with 21 of the 22 Health and Social Care Welfare Boards (HSCWB) partnership areas represented. Of these 14 projects were approved for funding.

The 'Healthy Friends' projects

Two projects were supported to deliver this model.

Play Learn and Grow Healthy, Clybiau Plant Cymru

While working primarily with children aged 7/8 years and 10/11 years through a 'buddying' scheme, this project extended to reach younger children aged from 2 upwards and their families. The project aimed to change children's attitude, awareness and behaviour towards more physical activities and making healthier food choices by providing a range of resources for use with the other children in and out of school.

Torfaen Healthy Friends, Torfaen CBC

The project aimed to increase awareness and enable positive changes in attitude and behaviour in children aged between 7-8 years by using children aged 10-11 years as mentors. The programme involved formal and informal activities designed to engage children throughout a 14 week programme, which included play and exercise sessions, audio-visual and practical sessions and peer mentoring.

'Healthy Home Tutors'

Six projects delivered using the Healthy Home Tutor model.

F3, Fun, Food, Fitness, Caerphilly Local Health Board

The Fun, Food & Fitness (F3), led by the Aneurin Bevan Health Board, was a free weight management programme for 8 to 11 year olds in Caerphilly Borough. The F3 project's nutritionist, exercise specialist and behavioural psychologist ran a 10-week course to help families with concerns about their children's weight. Fun activities were used to teach the children and their families about exercise, healthy eating and changing bad habits.

Food and Fitness for Families, Cardiff CC

The Food and Fitness for Families Project provided opportunities for volunteers to receive accredited training to become Healthy Home Tutors to support families to make healthy lifestyle choices. It was a programme designed for families to learn together about nutrition and physical activity through the avenue of play.

LEANA, Swansea CVS

LEANA (Local Education Advice on Nutrition and Activity) promoted healthy eating and physical activity among children (aged 0-12 years) and their families from across Swansea. LEANA worked to deliver advice and support programmes tailored to the needs of the family in their own homes, and provide group activities in community settings. One-to-one and group sessions involving the whole family were designed to be practical, fun and engaging.

Family Challenge, Pembrokeshire CC

Here, personal lifestyle coaches worked with families to make an initial assessment of their needs and agree a twelve week programme, aimed at bringing about more positive behaviour and attitudes towards healthy eating, physical activity and active play. Progress was then monitored and support given throughout the programme by the team.

Family Feel Good Programme, Bryncynon Community Revival Strategy

Delivered as part of Bryncynon Strategy's Feel Good Factory of healthy living projects, this project has provided tailored support including a weekly community based 'Play and Stay' session for families with children under the age of 3, to out of school doorstep physical activities for children and family cookery sessions.

Fun Jam, Conwy CBC

Fun JAM was delivered by a team of professionals with experience of educating families, including young children in all aspects of healthy eating, physical activity, play and behaviour change. The project used a family support model to change existing unhealthy behaviours, while building crucial foundations for positive, future adult health by working with communities.

Healthy Places

Six projects were supported implementing the Healthy Places model.

Fit 4 Fun, Carmarthenshire Children's and Youth Association

The aim of Fit 4 Fun was to raise the awareness of healthy eating issues as well as increase participation in physical activities amongst children and their families in Carmarthenshire. This was to be achieved by staging a host of fun events which were both school and community based. Parents and other volunteers were encouraged to take part in the events and various training courses made available to them in order to make the events sustainable and 'long term'.

5 for Life, Newport CBC

5 for Life aimed to increase health literacy in 12,000 children in Newport. The project had two key messages for children and their families: first to eat five portions of fruit and vegetables per day; and second to be active for 60 minutes a day at least five days per week. This was to be achieved through visiting schools and offering healthy living workshops and taster sessions in a variety of sports and activities.

Fresh Beginnings, Valleys Kids

The project aimed to give children and their families opportunities through a variety of activities to increase awareness of the benefits of healthy eating and physical activities. Valleys Kids offered play sessions and healthy living festivals for the community, bringing together healthy food ideas and different activities to get the family active.

Healthy Together, Ceredigion Local Health Board

Iachus Gyda'n Gilydd worked with children aged 3-11 and their families, to raise awareness and change attitudes and behaviour around healthy eating and physical activity. This project delivered in Llanarth, New Quay, Llandysul, Penparcau and Llangybi and adopted a fun, celebratory based approach to engage communities through local events and activities.

F Factor, Denbighshire County Council

F Factor targeted an increase in healthy eating and physical activity among children under 12 years old through a range of school based and community based festivals and activities. The project worked with Liverpool John Moores University to gather localised baseline and comparative data, to be utilised with the HSCWB and Children & Young Peoples Partnership (CYPP).

Fun, Food, Fitness, Gellideg Foundation CA

The Fun Food & Fitness Programme (FFF) is a partnership initiative which promoted health and well-being among under 12s in Merthyr Tydfil. It aimed to equip children with the knowledge and skills to change behaviour patterns. The project delivered a series of themed activities and festivals for children, their families and friends focusing on healthy food, active lifestyles and 'grow it green'/horticulture.

Evaluation

BIG is committed to using research and evidence to inform its work and as such, evaluation is central to many of its programmes. There has been a dual approach to evaluation of the 'Way of Life':

- Self-evaluation conducted by projects to assess their own progress;
- Towards the latter stages of the programme, BIG commissioned Hall Aitken to provide an independent evaluation of the programme.

In this section, we outline the purpose of the evaluation, the objectives of our work and the approach taken to evaluate the 'Way of Life'.

Self-evaluation

Many of BIG's programmes include self-evaluation as a key component. Self-evaluation is carried out by the project sponsors themselves and involves the collection of quantitative and qualitative data to manage performance and to assess the quality, value and direction of their work.

Self-evaluation is increasingly recognised as a valuable tool by organisations and funders as it enables them to understand what works well (or not) and why this is so. It supports the identification of good practice which can be shared. Self-evaluation allows organisations to learn as they deliver and thereby improve quality.

For the 'Way of Life', Hall Aitken has supported self-evaluation through a range of tools. We have developed a questionnaire to provide quantitative data on progress against outcomes. Alongside this, projects have received support through workshops, guidance and direct support to use qualitative tools, such as case studies, surveys and Rickter Scale training. We have also provided on line resources via the 'Way of Life' website.

We have placed particular emphasis on gathering stories of change - evidence gathered by projects of impact on children, families and communities. Through the 'Most Significant Change' tool, all those involved in the programme, from project staff and volunteers to programme management, have been involved in selecting stories which reflect the true impact of the 'Way of Life'.

Self-evaluation has been new to many organisations and has been challenging. Among the projects there was some apprehension initially about their ability to gather robust evidence. There were also concerns that monitoring and evaluation may take priority over delivery. Much of our support was focused on getting the balance right.

The need to collect quantitative as well as qualitative data also created some tensions for projects. The nature of community based interventions requires tools to measure soft outcomes and qualitative tools are often better suited to this. Some projects found the need to collect quantitative data overwhelming and considered it unnecessary, although over time with support, all projects were able to provide both quantitative and qualitative data.

Programme management by BIG has been flexible and projects have been allowed to adapt delivery to meet local circumstances. Feedback from projects suggests that self-evaluation has been an effective management tool, allowing projects to identify positive and negative impacts early and so amend methods of delivery if necessary. This has meant that projects have been able to build on what works and learn from what works less well, a major aim of the programme.

Self-evaluation has built capacity in many projects, such as the ability to design and conduct surveys, which some projects were doing by the end of the programme. This has helped inform the external evaluation of the programme too, providing common lessons from delivery, both positive and negative, that can be used to inform future programmes.

External evaluation

Hall Aitken was also commissioned to undertake an external evaluation of the programme on behalf of BIG. The aims of this evaluation were discussed in detail with BIG and the following key research questions were identified as central to the evaluation.

Does the community based approach to promoting healthy lifestyle work?

The programme used a community based approach to delivery and we were asked to explore whether this impacts more positively than a traditional, top down approach to health promotion.

Have the models worked?

The programme was developed to trial three models of delivery. We reviewed the models to understand:

- Was a model based approach suitable for implementation within a community setting?
- Is the approach of defining models one that is appropriate for BIG and others to use?
- Which of the models, or elements of the models, worked best?

In addition to these major evaluation questions, we have used the evaluation to gather learning to help inform wider policy development and future programming.

Has the programme changed attitude, awareness and behaviour?

The evaluation examines progress against the programme outcomes, identifying changes in attitude, awareness and behaviour toward physical activity and nutrition.

What works best and why?

The evaluation identifies good practice to inform future delivery. We have worked with projects to understand not just what works well but why it works well – what are the enablers to success?

What is less effective and why?

Equally important we have used the evaluation to understand what works less well and why?

Is there evidence of sustained behavioural change?

Lifestyle changes must be sustainable if they are to lead to healthier communities.

Our approach

The findings from our external evaluation draw on a range of tools, outlined below. The work was carried out with the active participation of all 14 projects and their support in the evaluation has been greatly appreciated.

Self-evaluation questionnaire

Self-evaluation questionnaires were provided to all projects to ensure learning from their self-evaluation is incorporated into the evaluation of the programme. Projects fed into the evaluation the learning they had found at a project level to enable us to identify similarities.

Most Significant Change

The Most Significant Change is a tool which encourages projects to collect stories of change as evidence of impact. Then, project team members select the story of most significant change. Across the programme, these stories of change were then reviewed at a programme level during our annual conference for BIG, and all 14 projects. Each year, the conference selected the story of change that they felt best represented the true impact of the programme.

At our final Annual Conference held in Cardiff on 7th March 2012, attendees were asked to select the story of change which they felt best represented the success of the programme overall. This 'Most Significant Change Story' (Pembrokeshire Family Challenge) is included at the end of the report.

Focus groups

Fourteen focus groups were held with children and families taking part in the programme, one for each project. The focus groups enabled us to gather evidence of change directly and the drivers for engagement with the programme.

Project manager interviews

We held interviews with all fourteen project managers to gather their perception of the programme and identify barriers and enablers to project delivery.

Case studies

We identified six projects to provide case studies for the evaluation. We selected the case studies to provide a mix of rural, semi rural and urban areas and to draw upon experience from all three models of delivery. The projects selected were:

- Food, Fitness, Families, Cardiff;
- Fit 4 Fun, CYCA;
- F Factor, Denbighshire;
- Family Challenge, Pembrokeshire;
- Healthy Friends, Torfaen;
- Healthy Together, Ceredigion.

For the case studies, we held additional focus groups, interviews with team members and local stakeholders to examine the impact of the project. Discussions with local stakeholders focused on the strategic impact of the projects and their complementarity to other local initiatives.

Our work with the case study projects, particularly Ceredigion, also looked at their use of self-evaluation tools and their approach to using qualitative measures for community based health interventions. This enabled us to better understand the impact of self-evaluation as a management and reporting tool.

BIG / project workshops

During the programme we have held a number of workshops and an annual conference, which have been used to identify learning and to share experience. The findings from these workshops and conferences have informed programme development and the evaluation.

We collated the findings of our evaluation in a draft report in September 2011 and these findings have been discussed at some length with the team at BIG and subsequently with all the projects who attended our final annual conference in March 2012. The feedback from these workshops has been incorporated into this report.

Measuring change: challenges for projects and programme

Ideally we would seek to measure changes to knowledge, attitudes and behaviour. Evaluation of change by 'Way of Life' projects was based on clearly defined outcome measures, which were generally identified during the project planning phase.

However, our experience with some projects was that the original targets set in the very earliest days of the project turned out to be unrealistic and over-optimistic. In those instances and because of the flexible approach supported by BIG, the projects have been able to adapt their original outcomes to more achievable targets.

Our suggested best practice is to triangulate the evidence and to ensure that baseline data is collected at the outset of any intervention. The decision to conduct an external evaluation was not completed until the latter stages of the programme.

This meant that it was too late to identify missing baseline data. Because of the lack of baseline data, changing targets and differing approaches to collecting evidence of behaviour change by projects we have based our conclusions on:

- Qualitative research examining the experience and value of change to individuals who take part in projects. We have done this by comparing surveys conducted at the beginning and end of a project and, where possible, follow-up surveys between six months and 18 months after an intervention to see if results have been sustained.
- Interviews and focus groups conducted with beneficiaries.
- Analysing available quantitative data and statistics from the projects.
- Observation and feedback from project workers collated through surveys, interviews and focus groups.
- Using the narrative-based Most Significant Change approach as a way of adding further context and richness to our data.

Conclusion

Self-evaluation, after some initial challenges, has proven an effective tool at a project and programme level. The programme demonstrated the positive impact that self-evaluation can have for project management and learning as well as supporting the external evaluation.

Significant learning has been identified from our external evaluation, and this is highlighted in the following sections of the report. However measuring change has been problematic as baseline data has not been available. Our recommendations for BIG going forward are that they should measure behaviour change based on NICE guidelines (NHS National Institute for Health and Clinical Excellence).

The case for intervention

The purpose and content of this section is to provide a desk based review of the evidence for and against this type of intervention.

It will include a summary of the research into interventions which have used similar approaches to 'Way of Life' and look at relevant findings from the ongoing NICE* programme at Liverpool John Moore University as presented at the 'Way of Life' conference earlier this year.

*NICE is the NHS's National institute for Health and Clinical Guidance. It sets national standards for evidence based delivery of health interventions

Experience elsewhere

What works?

Successful health intervention programmes share common themes. Child-centred interventions have impact, but those which connect only with the child are less successful than those which recognise the importance of the wider environment in which children make their behaviour choices.

- Whole-family approaches work best
- Schools have a pivotal role to play in promoting healthy behaviour in children
- There is growing evidence supporting interventions which involve whole Communities

Families

Parental support is a key factor in successful interventions. There is good evidence[1] that family-based interventions are more effective in treating overweight children, than those which target the child alone.

In Wales the Healthy Home Tutors model concentrates on family-focused solutions that include:

- removing barriers that stop families accessing health-improvement opportunities;
- tailoring responses to each family's needs; and
- providing long-term support.

The development of the Healthy Home Tutors model reflects research conducted into the work of MEND which is among the largest family-based intervention programmes in the UK. It has worked with 15,000 families since 2004. The programmes are always family-based. Several different pieces of academic research have shown that the health benefits of MEND interventions are sustained[2]. Studies showed reduced weight and waist measurements and increased exercise.

The MEND programme is currently targeting 2000 Welsh children as part of the Welsh Assembly's health strategy to reduce the number of overweight children.

Schools

Schools have a pivotal role to play in promoting healthy behaviour in children.

"School-based interventions show consistent improvements in knowledge and attitudes, behaviour and, when tested, physical and clinical outcomes. There is strong evidence to show that schools should include a diet and physical activity component in the curriculum taught by trained teachers; ensure parental involvement; provide a supportive environment; include a food service with healthy choices; and offer a physical activity programme".[3]

A World Health Organisation report which looked at 55 school-based programmes, mostly in North America, found that the most effective programmes had several components and were reinforced by parental involvement and the provision of healthy food options within the schools.

School-based projects showed '*consistent improvement in knowledge and attitudes, behaviours and when tested, physical and clinical outcomes*'. The report suggested, however, that there needed to be more research into the cost-effectiveness of schools-based programmes.

[1] Robertson, Friede, Blissett, Rudolf, Wallis and Stewart-Brown (2008) 'Pilot of Families for Health': Community-based family intervention for obesity' *Archives of Disease in Children*,93, 921-928 *http://adc.bmj.com/*, Hill, Smith and Meadows (2002) 'What are the most effective interventions to reduce childhood obesity? –Clinical inquiries: from the family practice inquiries network', *Journal of Family Practice,* (Oct, 2002)

[2] Swain C.2009, 'MEND Programmes: community solutions to a national problem'. *Primary Health Care*. Vol. 19. Skouteris H, McCabe, M, Swinburn, B, Newgreen, V, Sacher, P, Chadwick, P, 2010, 'Parental influence and obesity prevention in preschoolers: A systematic review of interventions' *Obesity Reviews*. See MEND website for more details. http://www.mendprogramme.org

[3] WHO (2009) World Health Organisation, *Interventions on diet and physical activity: what works: summary report*, WHO Press, Switzerland.

The 'Way of Life' used schools to promote the Healthy Friends model, which pairs younger pupils with an older 'buddy' to encourage positive health behaviours. As the programme developed, all three models have evolved to recognise the importance of schools as a pathway to families.

Communities

Multi-faceted interventions which encourage whole towns to take responsibility for the health of young people have demonstrated measurable success.

EPODE is a community-based lifestyle education programme initially conducted in 100 French towns. Its methods are supported and promoted by the European Commission. It brings together health and educational professionals with retailers and the media in a campaign of physical education and healthy eating initiatives targeting children and their parents.

Evidence collected from eight pilot towns between 2005 and 2009 showed a significant decrease in the number of overweight and obese children. The initiative has been extended to towns in Belgium, Spain and Greece under the umbrella organisation EEN.

In Australia a similar community-based campaign in a town with a population of 11,000 has succeeded in its aims of promoting healthy eating, physical activity and reducing weight in children aged between 4-12 years.

The intervention was state funded and has won international acclaim for its success in reducing obesity levels and health inequalities. The town's population was involved in designing the programme.

Key strategies included 'transforming canteen menus, introducing daily fruit, reducing television watching, and increasing activities after school. The change in school canteen menus was almost immediate, but remained successful. Schools trained new coaches for after-school activities to engage children to new sports and made parents aware of all these new after-school programs.'

In the first three years of the campaign, the town's children had significantly lower weights and smaller waist measurements than in a similar town used as a control. These overseas models have already been used to inform the setting-up of similarly styled interventions in the UK.

Additional findings from the evidence

Other common themes shared by interventions which have produced evidence of success are:

- Data collection is recorded accurately and systematically;
- The method used to recruit beneficiaries is important. Self-referral appears to work best in terms of producing sustained involvement with the programme;
- Volunteers seem more likely to stay the course than those who have been 'recruited' or 'recommended' by health professionals or others;
- Programmes promoting a 'healthy lifestyle' are more effective at recruitment than those focusing only on weight-loss;
- Multi-component programmes are more effective than single issue programmes. Theory should be combined with activities;
- Programmes which just focus on changes in diet are less successful than those which also promote increases in physical activity.

The projects supported by the 'Way of Life' share many of these characteristics and the learning from the evaluation, outlined in the following sections adds to this evidence base.

An academic perspective from Liverpool John Moores University

Professor Gareth Stratton is a Professor of Paediatric Exercise Science at the Research Institute for Sports and Exercise Sciences at Liverpool John Moores University. In 2001 Professor Stratton formed REACH (Research into Exercise Activity and Children's Health) which continues to pursue research aimed at improving knowledge of children's physical activity, health and fitness.

Professor Stratton has chaired the Programme Development Group that wrote Public Health Guidance for Children's Physical Activity on behalf of NICE (National Institute for Health and Clinical Excellence) in January 2009 and currently chairs the group that is writing the physical activity guidance for children and young people for UK CMOs.

Addressing the year 2 'Way of Life' conference in 2011, Professor Stratton warned if current obesity levels continued at their present rate, 25% of children in the UK would be obese by 2050 and that obesity–related diseases would cost an extra £45.5billion per year. His role is to find ways and means to promote physical activity among children. While weight loss is to be commended, he confirmed that his focus is to improve fitness levels.

The NICE recommendations reflect the evidence of international research and Professor Stratton's own work in Liverpool. He argues that the benefits which accrue from successful health interventions such as 'Way of Life' are far more wide-reaching than improved short-term health for individuals.

He reports that the benefits include:

- Improvements in children's cognitive ability and academic achievement;
- Improved social cohesion;
- Reduced risk of criminal behaviour;
- Reduction in long term likelihood of obesity, heart disease and cancer.

The 'Way of Life' models incorporate many of the recommendations for programme interventions identified by Professor Stratton as essential components of successful interventions. These include the key priorities of:

Coordinating a local strategy

The 'Way of Life' project design is informed by the needs of the community and is coordinated with local partners.

Developing a skilled workforce

The 'Way of Life' project staff and volunteers are trained to a high standard.

Providing space, facilities and equipment

The 'Way of Life' provides high quality safe and accessible spaces for children and young people to be physically active. They ensure spaces and facilities meet the recommended safety standards

Working with families

The 'Way of Life' models now all recognise the importance of including the whole family in intervention work with children.

Involving children and young people

In keeping with NICE recommendations, children and young people are involved in the design, planning and delivery of 'Way of Life' activities and involved in research to establish what the barriers and facilitators are to increasing healthy behaviours.

Some research suggests that the rate of obesity among young people may be slowing down, but Professor Stratton warns that even if weight increases are arrested, fitness levels may continue to decline with a similar long-term negative impact on health.

The 'Way of Life' programme of projects reflects this concern by promoting a combination of healthy diet and increased activity to produce overall improvements in fitness.

Conclusion

This section has examined evidence from other intervention research and the work being conducted at John Moore in Liverpool in the context of the 'Way of Life' programme.

The review confirms that the 'Way of Life' projects were delivered in ways which are in accordance with NICE recommendations and include the essential components of successful interventions, as identified by Professor Stratton.

The evidence collected by the projects and through the external evaluation reflects the findings from other research carried out across the UK and internationally, adding to the growing evidence base that demonstrates the value of community based approaches to healthy eating and physical activity.

Performance overview

The purpose and content of this section is to summarise the performance of the projects and programme against targets and to identify lessons from the data collected by projects.

We will do this by first summarising the data from the programme available to date. This is up to and including the quarter year ending June 2011 with limited project data submitted since then, as projects began to draw towards a close.

Findings from the data

The findings below are the top-line from the data evidence across the projects and for the three different models.

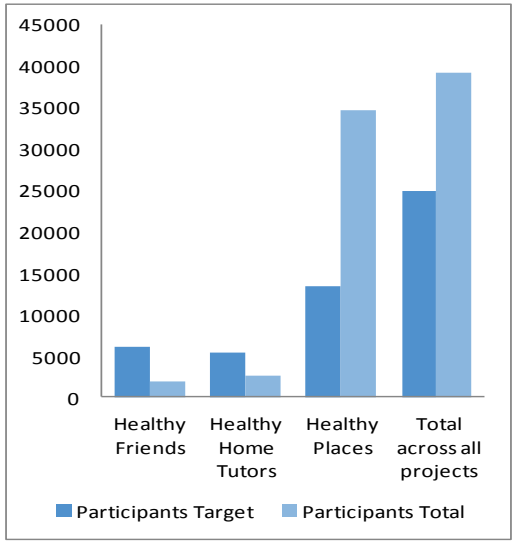
Participants

The number of participants taking part in, and completing the projects is higher than the target number, and the programme has exceeded its targets for beneficiaries who are disabled or from a deprived area. It has not met targets for BME clients and for Welsh-speaking clients.

The total number of beneficiaries participating (38,966) across the projects is more than half again as many as the original target (25,734).

Of those, nearly four times as many (35,395) are completing the project as the target (9,792). The programme has attracted nearly a quarter more disabled clients (420) than the target (341) and more than twice as many beneficiaries (13,833) from disadvantaged areas as the target (5,118). Only an eighth (107) of BME beneficiaries have been involved compared to the target (856).

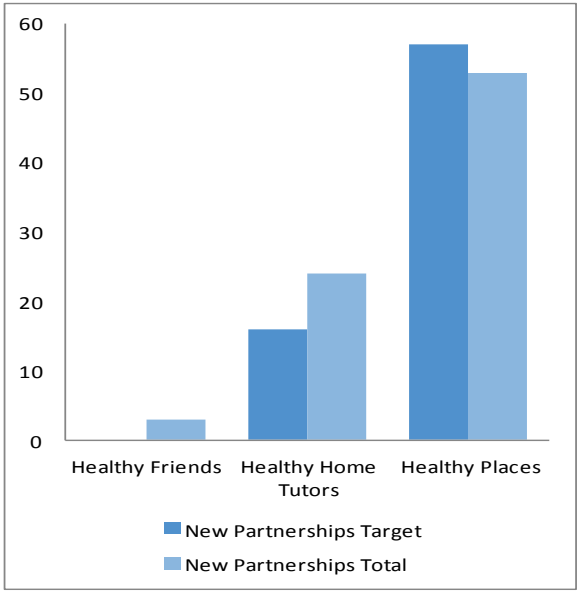
Figure 1: participant numbers



Partnerships

All of the models came close to, or exceeded, the target number of new partnerships formed. Healthy Home Tutors attracted half again (24) as many partners as the target figure (16). Health Places formed 53 new partners, just missing their target (57).

Figure 2: partnerships

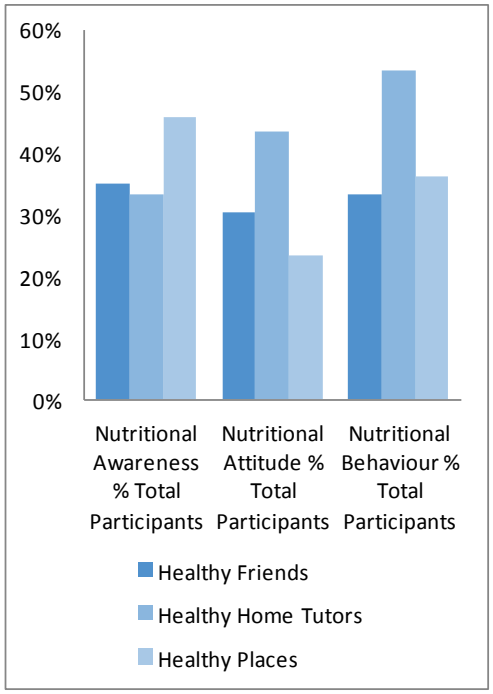


Awareness, attitude and behaviour

There were differences in responses to nutritional and physical activity change, with primary beneficiaries more likely to show changes in nutritional behaviour, rather than physical activity. They were more likely to show a change in attitude towards physical behaviour than nutritional behaviour.

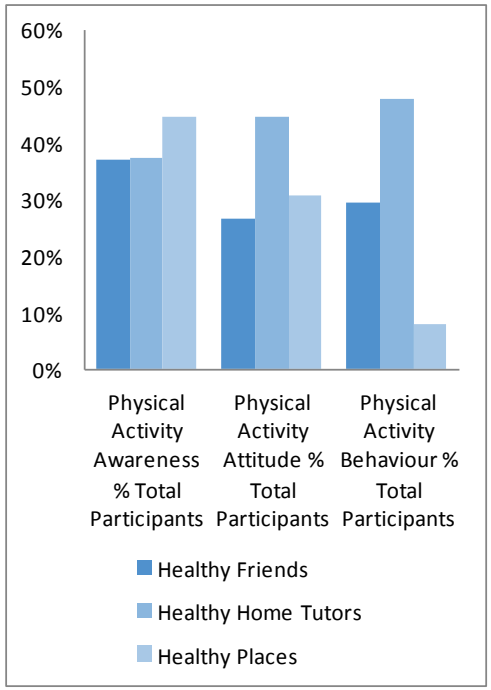
Nutrition: More than half of all primary beneficiaries (26,972) showed improved awareness (16,682) and behaviour (13,844) and slightly more than one third showed an improved nutritional attitude (9,060).

Figure 3: nutrition awareness, attitude behaviour



Physical Activity: Nearly half of all primary beneficiaries (26,972) showed improved awareness (16,331). Slightly more than three out of seven (11,636) showed an improved attitude, but only one out of seven (3,846) demonstrated improved behaviour.

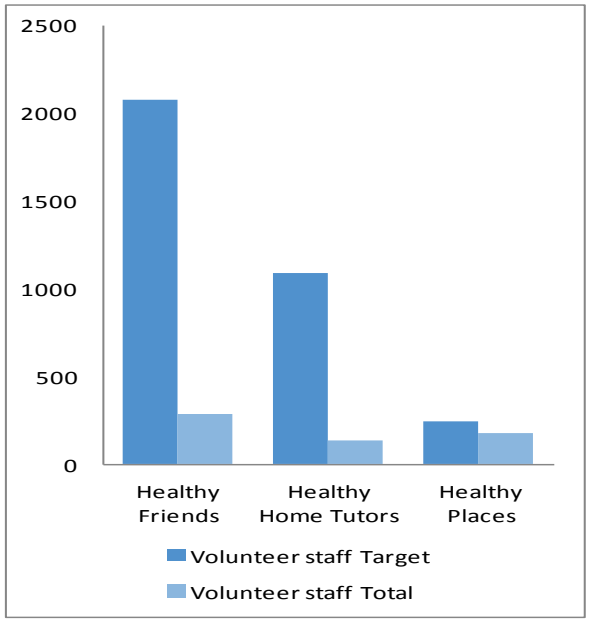
Figure 4: physical activity attitude, awareness, behaviour



Volunteers

None of the models reached their targets for volunteers. Healthy Friends reached 13 per cent (282) of their target (2082). Healthy Home Tutors achieved less than one in ten (135) of their target (1148). Healthy Places achieved nearly three quarters (178) of the target (242)

Figure 5: volunteer numbers



Conclusion

Changes in attitude and behaviour as measured by quantitative data are only one part of the jigsaw. The findings do confirm the evidence from our research of other programmes, principally the more difficult task of changing attitudes and behaviour toward nutrition than physical activity.

The failure to meet some targets has, from discussion with projects, identified a need for more support during the application stage for realistic targets. However, the project was also pioneering and there were not clear models to follow when setting the initial targets – what is reasonable to expect is part of the learning.

Volunteering however is an issue which has been problematic for most projects. In some cases it worked well and probably reflected existing capacity within some organisations to recruit, retain and use volunteers for delivery of projects with people in communities.

The ability to change awareness was limited by already successful messages from public campaigns, notably the 5 a day message and to a lesser degree the 5 x 60 campaign promoted by central government (both of which gained prominence during the period between the original bidding phase and the delivery phase of the Way of Life programme).

There is little difference between the changes to awareness between the Healthy Home Tutors and Healthy Friends models, but Healthy Places seems to have been more effective for improving awareness. This likely reflects a heavier focus on this area when dealing with larger numbers of people, where follow through to the more intensive support required for effecting behaviour change was less viable due to the high ration of staff/volunteers to beneficiaries (many of the Healthy Places models adapted their delivery as the project developed in order to provide more intensive follow up support).

There is greater consistency across the models for nutrition changes, carrying through to higher levels of behaviour change than there is for physical activity. Some projects had a greater emphasis on nutrition and so this may simply reflect that, but it may also reflect a higher general awareness of the healthy eating message, which may have given projects a head start for nutrition (anecdotally some projects indicated that the 5 a day message had been more widely adopted than the 5 x 60 message). The issue of differences in changes for nutrition and physical activity is explored in further detail later in this report.

Healthy Friends and Healthy Home Tutors seem to be more successful in effecting behaviour change for physical activity. This may be partially due to the more intensive support and lower ratio of beneficiaries to workers/volunteers, though this does not explain the relative higher success rate for the Healthy Places model with nutrition behaviour change.

However, some caution has to be exercised when drawing comparisons between the models. There were only 2 Healthy Friends models, which makes it difficult to compare data from that model. Further, the very large numbers of participants involved in the Healthy Places model creates a very different mode of intervention to the other two models. Due to the type and nature of activity, the Healthy Friends and Healthy Home Tutors models were more restricted in their ratios of staff/volunteers to beneficiaries than were the Healthy Places projects.

In terms of performance against targets, achieving larger than anticipated targets was operationally more feasible for those projects already set up for dealing with large numbers of beneficiaries. It is a reasonable assumption to make that it is easier to hit higher percentage success rates against fixed targets when the overall number of participants can be increased significantly.

Further, the willingness to allow projects to adapt and change (provided they broadly stayed within their model descriptions) created some blurring of the differences between the models. This makes comparison of models more difficult.

The blurring between models is explored separately later in this report.

Programme issues

This section analyses evidence collated from interviews and surveys of all projects and from the case study approach, supplementary interviews and surveys of stakeholders and beneficiaries. It also draws upon comments on our emerging findings from BIG and the 14 projects.

Our evaluation has identified a number of important issues which can inform future delivery of community based health interventions. There are also issues which can inform the set up and delivery of future programmes for BIG and other funders.

Programme management

BIG's approach to management of the programme has been warmly received by the projects. BIG has facilitated a flexible approach to project delivery, using the models as frameworks for delivery, rather than rigid project requirements. This has brought real benefits to the programme, allowing projects to develop and try new things while still ensuring the projects kept within the broad parameters of the model framework.

Projects have been able to adapt the details of interventions to accommodate the specific needs of their client group. Because they have been part of a broad programme they have been able to share examples of best practice and incorporate lessons learned into their own development.

"In the early phases particularly, and I think probably continuing in some cases, this flexibility was a bit alien to projects – they didn't fully trust that it was genuinely that flexible". Project manager

The focus has been on learning, not on targets, which has given the projects the space to experiment and use innovative approaches. Some of these have worked well, but with a pilot programme it has been just as important that they have also been allowed to try things which have failed.

Projects took time to adjust to the flexibility that was being allowed.

Those that embraced flexibility found it helpful in reaching their targets and outcomes. Cardiff struggled with client numbers when it initially only targeted exclusively BME communities. They moved to deliver to a wider geographical and cultural base and have found the 'whole community' approach has worked better in terms of numbers, while still successfully attracting beneficiaries from the BME community.

BIG's flexible approach to project frameworks and targets allowed projects to develop at their own pace. Community engagement particularly in the field of health and wellbeing is difficult. Initially there was concern about the length of start-up time for some projects. However the evidence is that those projects which spent time building team capacity although initially slow to meet targets, have reaped the benefits of improved community relationships as the projects have progressed.

In Conwy for example, Fun Jam spent significant time, most of their first year of operation, building bridges with target communities. The success of their project has seen the team receive additional funding to continue delivery.

The long preparation time in bridge building and community engagement has resulted generally in stronger performances. The lesson for future programmes is that significant development time should be built into planning.

Approach at Programme level (negative)

Negative aspects of programme set up are mostly to do with timescales. This has impacted both on the ability to achieve sustained change – and on the ability to monitor the long-term impact of the project work.

Different interventions chose different delivery times within the overall three year timescale. Some projects were undertaken within the length of a school term, some were set within a ten weekly or 12 weekly framework. .Others extended the length of the project to accommodate clients with special difficulties in adjusting to a rigid framework.

But the projects are designed to focus the bulk of their resource on delivery and so generally haven't been able to track beneficiaries after they leave. Three years is not long enough to record long-term sustainability although at least one of the projects has been able to measure change in the medium term. Delivering evidence of behaviour change in a three year programme has been challenging.

Maintaining the legacy

The 'Way of Life' was always intended as a pilot project, and as such projects have always been aware that BIG funding would end in 2012. However a great deal of local learning has been achieved. Many of the

projects have now built strong links within communities where the healthy living message has already, and will continue to, taken root.

It has been a source of some frustration for projects that the programme has ended with little support either nationally or locally to continue the good work that they have started. Obviously the changing climate for public finances has played a major part in this.

"It's always the same – you get their (the community) trust and then have to let them go as another funding source dries up. Someone else will have to start all over again" Project manager

Some projects have managed to continue in one form or another. In Conwy, Fun Jam has continued through additional funding for one more year from the Council. Pembroke will also continue but in a much reduced form. In Ceredigion, Iachus have begun to develop a new social enterprise from the project. However for most the end of BIG funding has resulted in the closure of the project.

Although most projects have now ended, some projects, including Fun Jam, Ceredigion and Pembrokeshire have continued, albeit often at a smaller scale. These projects have continued through ongoing support of Local Authorities and larger, governing bodies.

Looking ahead, for BIG and other funders there may be some programmes, notably pilots, where some element of support is included in programme design for projects which have demonstrated success and who wish to continue, often as social enterprises. This would ensure that there was a platform for maintaining the legacy of such programmes.

Success factors

A number of issues have been identified as important drivers of success and some barriers to delivery are also outlined in this section of the report.

Importance of schools

The initial programme design did not anticipate the need for schools as a conduit to children. But, as has already been identified, they are now a crucial part of delivery across the programme. This reflects the findings of international research as reported in Section 2.

Schools have become essential partners and are recognised as the most effective route for accessing families and the heart of any community. Some projects are integrating their work into the curriculum, but many are delivering as after school clubs, or using the schools as a means of getting their message out, while the delivery might take place elsewhere.

Key factor here has been the leadership of school heads where there is recognition of the importance of quality health activity underpinning the whole curriculum.

Whole family approach

"The family focus is best. Accessing the child is important as they are often more open to learning, but you must involve and engage with parents – working just with the child doesn't work." Project manager, F3 Caerphilly

Again the programme is reflecting international research with our findings confirming the necessity of working with whole families rather than individual children. Our discussions with families and projects confirmed project team's views that the conduit to success was whole family involvement. The focus on children and parents is important, but the best results require whole family engagement. A holistic approach which engages all family members is much more likely to succeed.

Project set up

Some projects have had problems with staff recruitment and staff retention. Sometimes the issue is to do with finding staff that represent the benefits of healthy behaviours. Sometimes the problem is to do with the hours. Some projects require staff to work both part-time and unconventional hours.

Conwy introduced Neuro-Linguistic Programming (NLP) training for all staff. NLP is a psychology-based system which improves communication skills. It enables users to make better and more informed judgements of needs and backgrounds of their beneficiaries, allowing a better demonstration of behavioural change.

Evidence produced by using NLP and other observation initiatives can demonstrate not only the point that beneficiaries have reached on their journey towards good health, but also a much richer understanding of where that journey began.

Moving forward, the key lesson is to ensure projects build adequate set up time into their proposals when seeking support.

Engaging beneficiaries

"It depends where families are in the cycle of change – there may be other issues such as getting financial aid or stopping smoking that are more prevalent in their minds."

"Maybe they can't handle two issues at once. If they are working on behavioural issues perhaps they don't want to also enrol on something that places their child on a strict diet", Project Manager, F3

The evidence suggests that projects across the board have experienced similar enablers and barriers to reaching their client groups. Some projects have been more successful than others but anecdotally it is often those families who are most in need who have been the most difficult to reach. This reflects wider findings across the UK.

The programme has supported and initiated new ways of engaging beneficiaries. More traditional methods of posters and leaflet drops have been superseded by stronger community links. The projects have found that word-of-mouth and snowball effects have been strong methods of developing trust within the community.

Some projects have broken new ground by engaging with private sector childcare providers. (Clybiau Plant, Play, Learn and Grow Healthy). One

manager of a private child care centre (a private sector registered school minder) said it was the first time in more than 20 years of running her business that someone from the public or voluntary sector had offered and provided meaningful help.

Fun and participation is key to success

A light touch approach has been shown to work best. Formal instruction and passive learning is less successful.

Allowing the children to lead the project direction has been shown to increase participation and encourage learning. Successful engagement and improved outcomes are most likely where children's opinions are used to inform the project's structure. Fun and play is a key part of this. It is an essential element of effective projects and underpins their success. The most successful projects share a style of delivery which allows children to be creative and which is fully participatory, informal and non-judgemental.

Denbighshire has successfully promoted new physical activity programmes which encourage the children to take a scientific approach to measuring their own BMI and health performances. This innovative way of embedding the project within the school curriculum has had a positive impact on beneficiaries.

Partnership benefits have been variable

The success of the partnerships overseeing projects has been inconsistent. Although some projects report effective leadership and management support, others have had difficulties.

The partnerships had been an integral part of programme set up, with the aim of providing strategic direction to projects. In some cases, initial groupings which combined forces for the original bid have not always been sustained. Partners have initiated projects and then disbanded failing to provide the proper steering, support or management structure needed to succeed.

Some partnerships have suffered as a result of external forces. Initial enthusiasm and support from key partners has reduced as the economic climate has brought additional pressure to bear on budgets and timetables. As a result some reorganisation of key agencies has meant the loss of crucial players from some of the projects. For some projects this has resulted in a damaging lack of continuity and follow-through on support frameworks as priorities have been reviewed and changed.

"Some partners have never turned up at the management board. Other partnerships with local leisure centres which theoretically provide venues have been unsuccessful because spaces aren't available or suitable for what is needed." Project manager

Where the project itself has been strong enough to create its own momentum, some have thrived without a conventional management structure and without the kind of steering or leadership that less focused projects might require. Small scale projects have been less dependent on strategic partnerships and have delivered effectively without a formal governing board.

The evidence suggests that not all projects need both a governing/management board and partnership board and it could be worth reviewing the original framework design to take that into account with future programmes.

Strategic links

Links between Local Health Boards and Local Authorities are generally very good – the reorganisation of the former and the pressure on budgets of the latter does not seem to have significantly affected the projects. There were some examples where the restrictions on local authority budgets has resulted in difficulties in using up underspend, which may not have been as difficult in the past. Generally though, projects have overcome those issues.

Links between voluntary sector led projects and their Local Health Board and Local Authority were less strong – there had generally been consultation and discussion in order to establish the project initially but there was often not much evidence of dynamic partnership between the public and third sectors.

Equally, although the public sector led projects did generally have some link with the third sector, in most instances the links were not particularly strong or were related solely to delivery rather than a strategic approach to intervention between the sectors. However, this did not seem to be unique to this programme.

There were certainly operational links between different partners, and these generally worked well. These included links between projects and schools to deliver work in after school clubs, links with community centres to provide spaces for activities, links with events and festivals and inter-departmental links within Local Authorities for example between the public health team and the play services.

Overall though, there was relatively little evidence of dynamic partnerships driving projects forwards – in most cases projects were being delivered by one organisation. In some cases there was no obvious strategic partnership governing/overseeing the project, and in others where there were partners and they met, their role seemed largely to share information.

Changing attitude, awareness and behaviour

There is strong qualitative evidence that the projects are successfully changing attitudes and awareness to healthy behaviours, both with nutrition and activity, which is reflected in the data.

"Most children already have a good theoretical awareness of the need to eat healthily. There are signs that the project turns that into action – i.e. showing children how to grow vegetables and that does seem to filter back home with families using ingredients and swipe cards. But while kids participate in physical activity when they are here, it is much less clear as to what extent the project raises awareness of these issues like increasing activity [...] in the wider family". Project manager, HF project.

Different impacts on nutrition and physical activity

The data findings about the differences in responses to nutritional and physical activity change are supported by evidence from stakeholders and beneficiaries. Surveys and our focus groups with children and their families confirm they are more likely to show changes in nutritional behaviour, rather than physical activity.

Projects reported that children are taking part in increased amounts of exercise within the project frameworks and there are examples of positive outcomes when projects have improved the delivery of activities within schools. Some projects, such as F Factor, supported schools in introducing more innovative PE, introducing self-evaluation for the children so that they measure their own improvements or underpinning the activities with learning about the health and social benefits.

Some project staff reported feedback from children indicating that physical activity outside the projects is increasing. One worker described it as "bottom up peer pressure" with pressure filtering from the children to their families and encouraging increased activity. Again our focus groups with children confirmed these reports.

Early findings about changing behaviours are less clear, partly because of the difficulties referred to earlier of showing sustained change within the programme's resources and lifetime.

There is however evidence of short term behaviour change and that can be viewed as an indicator for future behaviour. Children we interviewed during our case studies were taking more physical activity and eating more fruit and vegetables, reflecting the evidence collected by projects.

Programme has impacted at individual, family and community levels

There is strong evidence of the way interventions are impacting on individuals and the wider community and sustaining change in the medium term. The mother of one family lost 18 lbs when she participated in an activity and healthy food project. She was so inspired that when the project finished, she went on to look for specific help for her eating disorder and has since managed to lose six stone in weight.

"The Kitchen Garden Project has had a significant impact on the community. It had brought a wide variety of participation. The project is linked to the school but also open to the whole community. People we have never met before have been interested and inspired to come and get involved." Mara, Llangybi

Three months after completing a Family Challenge experience, beneficiaries were reporting that they had continued to use the skills and knowledge they had acquired to pursue healthy behaviours. One family which had previously spent evenings in bed watching television and snacking removed the televisions from the bedrooms and began a programme of family activities. As well as feeling healthier the family reported that they all felt closer because they spent more time together.

Building capacity

"The experience has changed the way I look at food and given me the knowledge to feed healthy food to my family. I have really enjoyed getting out and meeting new people on the walks."

"Family Challenge was the kick up the backside I needed to exercise more. It showed me what I and the rest of the family were capable of too. It has shown me all the things that are available locally that I had never thought about or knew was there."

"Iachus has allowed me to get qualified as a playworker and increase the work I do in my village. They've been a really positive thing for me and my community", Lynwen, Llanarth

Those projects which have offered training to individuals, to enable the learning to be sustained, once the project has ended, have had mixed results. Some have successfully empowered local communities to take control of their own health and wellbeing and developed the potential for benefits to continue. Other projects have not found the support they hoped for among trained volunteers.

Difficulty in attribution: mixed messages

Many of the projects have been able to confidently identify the impact of their delivery, using the qualitative and quantitative tools employed for self-evaluation. Although all of the projects are working against the background of other health messages – for example the Government's nationwide 5 a day campaign – it's still possible to attribute specific changes to project work.

Country-wide messages may increase awareness of some health issues but the evidence is that children may possess an extensive knowledge of what healthy behaviours are without that knowledge being translated into action.

However, the proliferation of health and wellbeing projects in some areas unconnected to the BIG programme has been challenging for some projects. One example is the town of Peuwlys where more than 60 projects have been found offering a variety of health and wellbeing interventions to a population of 3,500. This confusing situation makes it difficult to identify the full value of a few individual projects given the number of influential variables which may be in involved in any beneficiary's health pathway.

In those areas where a variety of different health interventions are operating there is inevitably duplication of programmes and a waste of resources. Where funders are looking for economies in the present economic climate, it is clear that there is scope for rationalising some of these services, while achieving the same outcomes.

Links with play

One of the intentions of the programme was that it would 'make links with play' and this is certainly evident, with strong links in some areas with Local Authority play services. Where these have been a part of key delivery this has worked well and in the case of Torfaen the strength of that partnership has been such that the project is likely to be adopted within the play service, providing an exit strategy for that project.

However, there were few strong links with play projects and in this sense it does not appear that the programme has made the strategic links that were originally envisaged between the two Healthy Families strands of delivery ('Way of Life' and Child's Play).

But the 'Way of Life' does have a strong play component and where this has been adopted as an integral component of delivery it seems to have worked very well. For example, the Valleys Kids and Torfaen delivery methods particularly have used a play approach that has been very effective and arguably all projects are using some element of play to make the subject matter enjoyable and attractive to potential beneficiaries.

For young children this clearly works. Some projects reported that the physical activity sessions were the greater draw and made the case that nutrition and physical activity sessions need to take place during the same intervention in order to work. But discussion with beneficiaries demonstrated that children also clearly enjoyed the cooking and nutrition sessions, and that there were fun elements to this. A distinction here may be drawn between 'play' - which carries certain definitions - and 'fun'. The latter is certainly vital to ensuring that the messages that 'Way of Life' is trying to convey are delivered to a challenging user group, as we highlight below.

Without a counter-factual case it is difficult to draw a firm conclusion in this area, but there was a sense that delivery of a programme such as this entirely through the medium of play could end up with the play focus over-riding strong health messages. The Valleys Kids model appears to have achieved a strong balance through a play focused project. However if play services generally were to adopt this approach, caution needs to be exercised as the expertise may not exist to deliver a sufficiently robust health message.

Recording change - quantitative data

The evidence from data, case studies and project manager surveys is that outcomes were generally appropriate and measuring these outcomes has been made possible by the monitoring and self-evaluation tools. It should be noted that there have been some dissenting voices about monitoring methods, particularly concerning quantitative data and especially from within the academic community about the original questionnaire design.

These concerns reflect a wider tension within some public sectors and professional bodies about the benefits of softer outcome measurements. For example health bodies which depend upon research methods carried out to strict medical research guidelines may be sceptical of the benefits of social research methodologies.

However the research methods employed here are fit for purpose enabling projects to measure their outcome and assess their effectiveness. It needs to be recognised that projects of this nature are unlikely to have the resources available to carry out robust medical style studies.

Internationally there is growing evidence that this form of monitoring is a realistic and accurate way of assessing whole project value. A 2009 report (*Addressing the Challenges for Evaluation and learning in Community-led Health, healthscotland.com)* commissioned by NHS Scotland recorded that:

"Soft outcomes give a fuller picture of the overall value and success of projects" [and also that] "A longitudinal study of the third sector in Scotland found that many agencies were unable to demonstrate their value because of the tendency of some funders to focus on hard outcomes."

The focus of some bodies on the promotion of more elaborate forms of monitoring results has been criticised by the World Health Organisation.

'The use of randomised controlled trials to evaluate health promotion initiatives is, in most cases, inappropriate, misleading and unnecessarily expensive" WHO, 2003.

Projects have welcomed the introduction and use of Most Significant Change and the Rickter Scale as measurement tools. Projects found MSC, in particular, easy to use.

Some projects have developed innovative methods of data collection, including using the original questionnaire to develop other measurement tools. One project used the questionnaire as the basis for a poster design.

Denbighshire worked with Liverpool University to take part in a study of comparative progress between rural and urban areas.

Some projects (Ceredigion) developed a range of qualitative materials which have engaged the children in a positive manner. By using photographs and other mixed media the children have been encouraged to take part in self-evaluation and self-monitoring.

Overall the methodology employed has proven to be effective, comparatively simple to produce and is providing rich qualitative data which gives meaningful context to the quantitative stats and figures

Volunteers: Lessons learned

While the voluntary contribution has been essential to some projects there are still issues which need to be resolved.

There have been difficulties attracting and retaining the anticipated numbers of volunteers, as is demonstrated by the data earlier. There are several reasons for this. In some areas there is only a limited pool of volunteers, many of whom are already committed among the large number of voluntary projects operating within the target communities.

"There have been difficulties with people thinking that they could do it as an additional job on top of another one, not realising that the out of hours component takes them away from their homes and families every week night potentially." Project manager, F3 Project.

Some of the target numbers of expected volunteer recruitment were unrealistic. Some projects which have managed to recruit the numbers needed have had some issues in managing them.

One project found that some volunteers turned up for training and then disappeared when they realise the extent of the commitment. The project met the challenge by designing a training model which required volunteers to deliver for a period after an initial training session, before being allowed to complete the training with a second session.

Some projects which were designed to use peer mentors found the approach couldn't work because even with training the knowledge base was too low to produce effective leaders. But one other project reports that it is equally important that workers are not too 'high brow'.

Overall projects with a history of volunteer use have done well. Those without that experience have done less well. The evidence suggests there is a need for organised shared learning on volunteer recruitment and management.

Children and families are trying new things

"My son took part in water sports classes but I had never tried. I had one session which gave me the confidence to be a bit adventurous. Since this session I have been back to the water sports centre and hired a kayak with my son." New Quay

"After Iachus led healthy walks and organised fruit picking, we love going out for walks and we're picking blackberries all the time" Llanysul

"The most positive change I've experienced since attending Play Days is using the nature reserve more with the family. It's lovely seeing the children playing and out enjoying nature. It's somewhere more interesting to bring the dog as well and we're now down here most days" Lori, Penoarcau.

"I have purchased a Frisbee, tennis racquets and basket ball net and several times a week I go outside and actively play with my kids. I and several mothers have also started walking three miles once a week while our children are in playschool". Llangeryw

Children are demonstrating a greater willingness to try unfamiliar foods. Kids are now more willing to eat healthily trying a wider variety of healthy food and enjoying it.

A group of children in New Quay went on expeditions to forage for food from the sea. They harvested seaweed and made their own seaweed smoothies and caw dumplings.

"Our family is happier and we talk about healthy eating. Our family cooked risotto with tomatoes and cheese and four herbs and we now know that sweets are bad for you." Girl, 7, Family Challenge

Unforeseen outcomes: confidence and self esteem

Children who took part in the projects reported that they felt happier and are more sociable. Physical activity programmes are teaching children how to play with each other and have also increased their social interaction.

"I like coming into school early now so that we can do the exercises" pupil, F Factor

Improved awareness and attitude has increased confidence and self-esteem among individuals. These benefits are being enjoyed by both direct and indirect beneficiaries in the form of families and the broader community.

"It's been a great way to meet other parents" Fun Jam case study client

There is evidence from our case studies and the Most Significant Change stories that parents are responding to their children's engagement with changing attitudes towards food and activity. The 'Most Significant Change' story selected for the entire programme perhaps best illustrates this. The Pembrokeshire Family Challenge story was chosen by delegates at the conference as it draws together many of the positives of the programme from engagement to sustainable improvement in attitude and behaviour to both physical activity and nutrition.

Pembrokeshire Family Challenge – the 'Most Significant Change'

As outlined earlier, a key tool for the evaluation of the programme has been a process known as 'Most Significant Change'. It is a participatory evaluation tool that encourages projects to collect stories of change as reported directly by beneficiaries themselves. All members of a project team are included in the selection of the Most Significant Change for their project and in turn, all projects are involved in the selection of the Most Significant Change Story for the programme.

The story below was chosen at our final conference of 2012 to best demonstrate the impact of the programme.

The family have three children aged 5, 3 and 2. They were referred by Surestart as they identified they needed help with their eating habits, were recommended to get active, out and about more, and spend time together as a family. Dad is diabetic (type 2) and would benefit from losing some weight.

On the initial visit to the family when taking Dad's health assessment readings I became concerned as his blood pressure was very high. He made an appointment with the diabetic nurse who put him on medication to help bring this down. Both Dad and Mum were overweight and wished to lose some weight. It was decided to set "family" goals rather than individual ones as the children were all so young. Their three goals were:

- To eat healthier;
- To get fitter;
- To get out and about more and do things together as a family.

Goal 1: To eat healthier

Our first few sessions were on the food plate, healthy meals and portion sizes. The family are on benefits so money is a real concern so we looked at healthy eating on a budget. They identified that they would like to do some cooking with the children as the majority of their food came from packets or takeaways. We made fish fingers, potato wedges and strawberry fluff.

The children were excellent; all took part and part way through Dad admitted he did not like fish and had never touched or tasted any. After a little coaxing he made and ate three fish fingers. All the family enjoyed the food. They have made some good changes around healthy eating, they no longer buy packet food, have cut down on takeaways which they had several times a week, and now make most of their food from scratch.

"We eat healthier now, have more fruit and veg, we look at what we eat and have less takeaways. We understand food more now. We used to have chips every day but now it's just once a week. Nicky showed us lots of healthy recipes and made us realise how much cheaper and tastier home cooked food is.

We never used to eat any fruit and veg but now we make sure we have some every day, if we enjoy it, the kids enjoy it and we need to show them. We would have still been in a rut if it wasn't for Family Challenge."

Goal 2: To get fitter

After setting a goal to get fit Mum bought a bike and started regularly using it to go back and forth to school with the children. Dad identified that he had used the gym in the past, but as he has diabetes and high blood pressure I felt he needed specific guidance to get fit, therefore I suggested the GP referral scheme.

Dad is disabled, he has one arm and problems with his feet which means he finds walking any distance awkward, he has a rolling gait but is very determined and providing he takes things gently can walk miles. Dad and older son joined in on many group walking events we arranged as part of the programme.

On attending the first session with the gym Dad's blood pressure was over 100 diastolic so he was not allowed to start the programme until this has dropped below 100 regularly. On discussion about this Dad admitted he is not good at taking tablets and did not take any as regularly as he should, and sometimes ran out of tablets.

We discussed why he needs to take the tablets how they will affect his health both short term and long term and the benefits they can make to his health. He is now taking the tablets regularly and his blood pressure is dropping.

"I am walking more. I take a longer walk to town. I suggested we go for a walk today after dinner"

Goal 3: To get out and about more and do things together as a family

The family attended nearly all the activities that were offered to them and have taken part with great enthusiasm. They went pond dipping in Solva, foraging in Little Milford, activity days in Scolton Manor, swimming, coast path walking and to the beach. After crabbing with the Challenge on two

occasions, they bought their own lines and have been by themselves, and they are now eagerly waiting for the Spring to start again. They now swim as a family when they can and they intend to go to Scolton Manor again. Now they are aware that there are coastal cruiser buses in the summer so they will easily be able to get to the beach during school holidays.

"Nicky told us about the coastal cruiser. We didn't know about that. Normally we wouldn't be able to go to the beach and she showed us how the coast cruiser runs all day nearly."

Dad described last as *"the best summer"* and now they are prepared for the next summer holidays as they have plenty of ideas for activities to entertain the children on a budget. The family used to find getting out and about hard work with the three children but now they realise how much they enjoy it and how much can be done for little/no money.

"We know what we are doing now, we are prepared. Nicky showed and how easy it is. Nicky took us on the bus to show us public transport and we didn't know about the family ticket that was quite cheap. And you could use it all day and we did it a few time afterwards too. Unless Nicky took us on the bus, we wouldn't have known otherwise."

The Family Challenge has been walking the Pembrokeshire coast path for the last few years and we had arranged several walks over the summer and up until now. Dad and Son became two of the main walkers and have taken part in just about every walk since. Over the half term I had some space on one of the activities arranged and on very short notice they came along and not only enjoyed themselves but helped the other family and gave them a great deal of moral support.

Towards the end of my time with the family I felt it would be good to look at some ideas for what they could do after I finished with them. Dad is very soft and finds it hard to say no to the children. I had met Dale who ran the local dad's group and when he told me what they did I felt it would be ideal for Dad. When I suggested it to him he went along the next week and still goes regularly. The son was interested in doing martial arts and I knew there was a Karate club very near to them so I introduced this idea to them and he went along and really enjoyed it.

3 month review

Over the last few months Dad has been working on his diet and his diabetes is now very well under control, his blood pressure had dropped when taken by the nurse at the diabetic clinic.

"Because of the Pembrokeshire Family Challenge my diabetes results were the best they have been since 2006! Before that my diabetes was out of control."

The family are still eating well and making most of their food from scratch.

Dad is still walking as much as possible. The son is now extremely good at Karate and has taken part in competitions and won at his age group. He has achieved a belt already which he is really pleased with. Even though the son is not very good at knowing the days of the week, he always knows when it's Tuesdays and Thursdays and is keen to get ready straight from school for his karate session.

A local football club recently started an under 8's football team which he has also joined and looks forward to each week. Last week Dad suggested the son missed a session because he was so tired, but was told: "*No no I'm fine, I want to go, I love it!*" The younger son is now eager to go but will have to wait till he's a bit older. Dad and the boys now regularly play football together after work. The daughter is also now very active and is keen to join a local dance class but has to wait till she's a bit older to be allowed to join in.

The family have been extremely enthusiastic about everything I have done with them. They have risen to every challenge and exceeded all my expectations of what they would achieve. Their attitude and behaviour towards healthier eating and taking more exercise has changed dramatically and has already been sustained since they finished on the challenge. These attitudes are now ingrained in the parents which will ensure they bring their children up healthier.

"It's the best thing we have ever done"

Conclusions

The evidence from our external evaluation supports the learning that has been gathered by projects from their self-evaluation work. Successful health intervention programmes share common themes.

There is growing evidence supporting interventions which involve whole communities, an aspect of the 'Way of Life' that has been particularly strong. As the heart of many communities, schools can play a pivotal role in promoting healthy behaviour in children.

Child-centred interventions have impact, but those which connect only with the child are less successful than those which recognise the importance of the wider environment, particularly the family, in which children make their behaviour choices.

Does a Community based approach work?

The key question for BIG and the evaluation team was to investigate the success or otherwise of community based approaches.

Traditional approaches to health intervention, with professional advice and delivery, have clearly failed to deliver their message across deprived communities, where levels of obesity and inactivity are escalating.

Across all projects, the approaches taken were different but all were based on solid community development. Projects took time to engage with communities and the benefits of this were clear from our interviews with clients, parents and visits to events.

"You don't feel like you're being judged, that's what I like about the project. Working with people like you makes such a difference". Parent, Valleys Kids

"The help given is really genuine. I thought I was a failure but now I know I can cook healthy and help my family." Mum, Fun Jam, Conwy

Do the models apply within a community setting?

From our work with the projects and analysis elsewhere, we believe that the model approach, if applied rigidly, would be inappropriate for community based approaches. The 'Way of Life' has worked well precisely because the approach taken by BIG has been to allow maximum flexibility for projects.

Rather than apply the models rigidly, the programme has used the models as a framework, providing the parameters within which projects can operate. Looking ahead, we would suggest the use of frameworks for similar interventions would be most appropriate.

Can a model approach ever be appropriate?

A model approach could still be practical, albeit not within a wholly community based approach. We believe that the learning from pilot programmes in particular would benefit from comparison studies, rigidly enforced from the start with clear baselines.

Which of the models worked best?

Finally, in terms of the three models used for 'Way of Life', the evidence and feedback from the projects was that, in fact, elements of all three models worked best together.

We found that the community engagement element of the Events model worked well if attached to some element of the Healthy Home Tutors and Healthy Friends models. On its own the model was of limited value, with long term benefits difficult to measure.

Conversely, the Healthy Home Tutors and Healthy Friends models worked much better when they followed community engagement events, raising awareness and building community trust.

BIG

'Way of Life' Evaluation
Final Report

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