GOSPORT WELLBEING PROJECT

FINAL REPORT - PHASE 1

A collaboration between Gosport Borough Council and Wheatsheaf Trust, funded by The Gosport Health and Wellbeing Partnership

Evaluation and Report – Anne Hutchins, LaBrecque Limited

November 2014

GOSPORT WELLBEING PROJECT

FINAL REPORT - PHASE 1

CONTENTS **page**

Personal statement

My job as evaluator is to communicate the outcomes of this project in an objective and impartial manner. However, I feel I should admit to having been profoundly touched by the visits and interviews I conducted as part of the evaluation process. It has been a privilege to hear and witness the simple, uncomplicated enthusiasm of the people who declared that their lives had been changed as a result of their participation. If an occasional hint of subjectivity appears in the writing, I hope it will enhance, rather than detract from, the overall findings of the report.

GOSPORT WELLBEING PROJECT

FINAL REPORT - PHASE 1

Executive Summary

This project was commissioned by Gosport Borough Council in order to encourage increased levels of healthy eating and physical activity in two of Gosport's most deprived wards, Town and Rowner (Grange Ward). The project delivers on the "Healthier Communities" priority of the Hampshire Joint Health and Wellbeing Strategy.

A paid peer mentor model was adopted, using local people who themselves had long term unemployment and health issues. Because of their experiences, the hypothesis was that they would be able to engage the local community in activities more easily than if agencies were used to provide them.

Evaluation of the work used a mix of qualitative and quantitative data, and focused on the use of peer mentors, the identification of effective communication methods in the two areas, and measuring increased involvement in activities that promoted a healthy lifestyle.

An Interim Report was produced in June 2014 and is available on request.

Towards the end of the original delivery period (April to October 2014, now called phase 1), a six month funding extension was granted (November to April 2015, to be called phase 2). As a result, the evaluation of phase 1 and the production of this report was brought forward to enable a review of the activities, and to ensure any learning could be applied to phase 2. Key learning already identified for phase 2 includes improving general record keeping and designing more suitable mechanisms to measure change.

The monitoring requirement to have contact with 200 residents was exceeded. Five of the six objectives were met, with some of the quantitative, and all of the qualitative data showing evidence of increased healthy eating and physical activity. The personal stories from the peer mentors and activity participants were moving to hear, with declarations that their lives had been changed as a result of the project. These interviews confirmed the effectiveness of using a peer mentor model of delivery in order to engage hard to reach individuals in deprived communities.

GOSPORT WELLBEING PROJECT

FINAL REPORT - PHASE 1

1 Introduction

Gosport Borough Council (GBC), via funding obtained through the Gosport Health and Wellbeing Partnership, commissioned a community development project to focus on encouraging healthy eating and physical activity in two of the Borough's most deprived wards, namely Rowner (Grange ward) and Gosport Town. The project delivered on the "Healthier Communities" priority of the Hampshire Joint Health and Wellbeing Strategy. The community activities offered by the project were decided as a result of local consultation, and with the aim of engaging hard to reach residents.

Following a competitive tendering process The Wheatsheaf Trust (WT) was appointed to undertake the community development work, and LaBrecque Limited was appointed to oversee the independent monitoring and evaluation of the project.

Project delivery was carried out between March and October 2014. In September 2014, a six month extension of funding was granted. It was agreed that the evaluation of what will now be called phase 1 of the project should be brought forward, in order that activities could be reviewed, lessons learned applied, a new Delivery Plan devised, and a new Monitoring and Evaluation Framework developed for phase 2 (i.e. November 2014 to April 2015).

Section 4 of this report describes both the project delivery and the relevant evaluation, and is written using the project objectives listed in Section 2 as the main headings.

Evaluation visits, interviews with managers and peer mentors, and case studies with participants are placed as appendices, but should be read in conjunction with the relevant sections of the report as they contain powerful first hand evidence of the change this project has made to the lives of those participating.

2 Aim and objectives

The aim and objectives of the project were as follows:

Aim: To enable the residents of Rowner and Gosport Town wards to live healthier lifestyles, specifically in the areas of physical activity and healthy eating

Objectives: This would be achieved by:

- Engaging residents to find out their needs and interests, and to understand the barriers to participation
- Developing effective networking and communication strategies
- Recruiting residents as peer mentors and volunteers
- Supporting peer mentors and volunteers to develop relevant activities themselves, or start activities and look to local residents for sustainability
- Increasing the numbers of residents participating in physical activity and healthy eating
- Increasing residents' knowledge of, and/or supporting them to use, relevant local health-related services

3 Monitoring and Evaluation Framework

3.1 The underpinning approach to the project was one of partnership. The Monitoring and Evaluation Framework was designed as a collaboration between the evaluator, the Project Manager of WT, and GBC. The WT Project Manager supervised the Project Co-ordinator, who in turn managed the peer mentors and collected from them the agreed monitoring and evaluation paperwork.

The Project Co-ordinator wrote short weekly accounts of project progress, and the evaluator met monthly with WT to collect, collate and process these items. In addition, WT agreed to keep records of events, activities, communication methods used and signposting activities. The evaluator and WT Project Manager met monthly with GBC to track overall project progress.

3.2 The following methods for gathering information were agreed:

- A Basic Data sheet – to be completed by every individual contact. (**Appendix Ai**)
- A Self-assessment Wellbeing questionnaire – this was designed by WT and contained a series of questions about health, eating habits, physical activity, general wellbeing and lifestyle. The aim was to have these

completed by participants, pre and post project activities. The first 13 questions of the questionnaire were agreed to be the most relevant to the aims of the project, and so the pre and post answers would be entered onto a data base by the evaluator in an attempt to measure change and progress. The remainder of the self-assessment and any personal goals recorded within them would be reviewed and followed up on a one to one basis by WT and the peer mentors. (**Appendix Aii**)

- A Healthy Eating questionnaire – to be completed pre and post activity for those participating in community cookery activities. This contained questions relating to relevant Public Health campaigns e.g. portion size and eating five portions of fruit and vegetables a day. (**Appendix Aiii**)

- An equivalent Physical Activity questionnaire was not used because the detailed standard measures for vigorous, moderate and low activity would not be appropriate for the target client group. Increased activity would be measured through the pre and post self-assessments.

- Templates for case studies - to be used towards the end of the delivery phase.

- Templates to interview the peer mentors to evaluate their experience - to be used towards the end of the project.

- Questions for key managers from the different agencies involved – to be used towards the end of the project.

4 Project Monitoring and Evaluation

4.1 General observations

4.1.1 Considerable attention was paid at the start of the project to design a monitoring and evaluation framework that took account of potential literacy issues within the target client group, and the desire not to overburden the peer mentors with administrative tasks.

4.1.2 The Basic Data sheets were useful for monitoring the number of participants and general information about age, post code etc. Additional questions were added by WT to ascertain whether participants were registered with a GP and a dentist, and which Benefits they might be claiming.

4.1.3 The pre activity Self-assessment Wellbeing and the Healthy Eating questionnaires were widely distributed at the start of the project. Towards the end of the project, it turned out that many of the post activity questionnaires for the Self-assessment and Healthy Eating were completed by people who had not filled in a pre- activity questionnaires, and people who had completed pre-activity questionnaires had not completed anything post-activity.

4.1.4 Even though there were weekly meetings between the Project Co-ordinator and the peer mentors, and monthly tracking meetings with WT, GBC and the evaluator, the extent of the record keeping difficulties were not realised until it was too late to make corrections. At this later stage, questionnaires could not be administered retrospectively. Because of the poor correlation of pre and post Self-assessment and Healthy Eating questionnaires that could be used, the attempt to demonstrate behaviour change using quantitative methods has had limited success.

4.1.5 The most likely explanation is that the peer mentors and the original Co-ordinator, whilst their enthusiasm could not be faulted, had little or no experience of working within the context of a grant funded project. A key lesson learned, therefore, is that the evaluator should be involved with the mentor training at an early stage in order to explain the importance and value of data collection for evaluative purposes. This issue should be resolved in phase 2.

4.1.6 By way of contrast, the qualitative information gathered through interviews with peer mentors (4.5), participants (4.7) and managers (4.9), provided powerful regarding the effectiveness of the project in meeting its aims and objectives.

4.2 Monitoring data

4.2.1 A summary of the Basic Data collected can be seen in **Appendix B**. The sheet was completed by any participant who engaged with the project, with engagement defined as participating on one or more occasion.

4.2.2 The sheets were completed by 235 people, with post codes equally divided between the two target wards, so the monitoring requirement to engage 100 residents from each of the two areas was exceeded. The overall number of people engaged is unknown, but is higher than 235 because this figure does not include the numbers of children who attended activities with a parent.

- Approximately three quarters of the participants were female
- Answers to the question about children affected indicates that 252 children could be impacted by any changes made by adult participants with regard to healthy eating and physical activity, so engagement with parents offers a potential reach to the wider family
- 60% of participants were aged between 26 and 49 years of age, with 25% being 50 years of age and older
- Almost 25% of those completing the data sheets lived alone, and whilst this does not necessarily indicate social isolation, the qualitative evaluation indicated that isolation and staying indoors had been a determinate of ill health for many of the participants

- Approximately one third of participants said they had a long term physical or mental issue that limited their day to day activity
- The majority had a GP and had visited them within the last six months
- The majority had a dentist and had visited within the last year, but almost a quarter did not have a dentist
- 83% claimed at least one state Benefit
- With very few exceptions, participants defined their ethnicity as White British, and this is in line with the ethnic minority data for the whole of Gosport

4.3 Engaging residents to find out their needs and interests, and to understand the barriers to participation

4.3.1 In order to engage the residents, leaflets and posters were distributed in both wards via: GP surgeries, libraries, dentists, chemists, Gosport Voluntary Action, community centres, local schools and through doors.

The Co-ordinator and peer mentors attended various events including school fetes, an activity afternoon at Siskin School, an open day at WT, the Community Wellbeing Day, and staffed a stand for two days at Gosfest.

The Co-ordinator and peer mentors visited and gave talks to existing community groups including Cruise, church groups, women's groups, the Rowner Family Centre, Gosport Voluntary Action, Seafield Community House (Town), and St Mary's Church (Rowner). To engage local residents, a Family Fun Day to Bere Forest was organised in April, with a walk and healthy picnic, and all those attending went on to join project activities.

Somewhere in the region of 1800 to 2000 leaflets were distributed to encourage participation and engagement with activities.

4.3.2 From these engagement activities, residents cited the following as barriers to participating in healthy eating and physical activities:

- Healthy food is too expensive
- Healthy food is boring
- Not knowing how to cook it
- Not knowing what activities are available

4.3.3 In response to these consultations, ten activities were set up, running weekly, and, where possible, in each of the target wards. A summary of these can be seen in the following table. Evaluation of activities is discussed in Section 4.7, but where the Comment column here states "no evaluation evidence" it indicates there was no evaluation visit to that activity, or that participants were not subject to a case study. In phase 2, there will need to be a mechanism to ensure all the activities can be evaluated.

	ACTIVITY	NUMBER OF WEEKLY SESSIONS HELD	NUMBERS ATTENDING DURING PROJECT	EVALUATION COMMENT
1	Cookery Club – Rosie's Kitchen, Rowner. Offered cookery lessons using healthy ingredients, cooking with recipes and cooking on a budget. Attended by adults plus parents with their children.	20	20	Popular, with evidence of engagement and change.
2	Cookery Club – Siskin School, Rowner. Offered cookery lessons using healthy ingredients, cooking with recipes and cooking on a budget. Attended by adults plus parents with their children.	19	11	Popular, with evidence of engagement and change.
3	Healthy Activities group, St Mary's Church Hall, Rowner. Offered an introduction to healthy eating and low level physical exercise	22	35	Popular, with evidence of engagement and change.
4	Healthy Activities group, Seafield Community House, Town. After school club for children offering an introduction to healthy eating and low level physical exercise, with the aim of engaging parents and other adults	21	40	After school club popular with children, some evidence of engagement and change with adults.
5	Walking group, Rowner. Walks based from Siskin School and including adults and children.	15	20	Popular. No evaluation evidence available apart from one individual case study.
6	Walking group, Town.	21	15	Popular, with evidence of engagement and change.
7	An existing over 60s lunch club at Seafield Community House, Town. Peer mentors attended every fortnight to encourage adults to attend other project activities, and once a month gave talks and offered healthy eating options.	19	17	No evaluation evidence available apart from one individual recruited for Healthy Activity group.
8	Weight Management group, Town. Run in partnership with the Health Trainers.	19	6	No evaluation evidence available specifically for people from this project apart from one individual case study.
9	Allotment group, attached to Seafield Community House. Offered physical exercise through gardening, and produce used in the local Healthy Activity group.	12	5	No available evidence available.
10	Cycling group, Town. Offered bikes and activities to encourage cycling for exercise and leisure.	9	3	Minimal engagement.
11	Sailing trips with Ocean Youth Trust	2	24	Offered to participants at the end of the project as an opportunity to take part in a new activity.

4.3.4 In terms of the evaluation of this objective, it has already been noted that the number of people completing the basic data sheet exceeded the output stipulated. Local residents were empowered to assist with the design and timing of activities that they would wish to attend, and all the project activities delivered were in direct response to community consultation. This would indicate, therefore, that there was effective engagement with local residents in the target wards in order to discuss needs, interests and barriers to participation.

4.3.4 Towards the end of the phase 1, WT held a community consultation event which was attended by approximately 30 participants and peer mentors. The aim was to review project activities, further discuss barriers participation, and find out ideas for new activities for phase 2.

4.4 Developing effective networking and communication strategies

4.4.1 **Networking**: The timescale for project initiation was short. Had it been longer, it might have been possible to extend the networking that was undertaken to include other local organisations with existing groups. However, it would appear that WT's experience in the area, and with the target client group, enabled good use of the time available, using local, relevant knowledge about how and where it would be effective to engage residents. Other groups, agencies and professionals were aware of the project and could signpost to it, and the networking carried out was effective, as evidenced by the number of participants.

4.4.2 **Communication**: Apart from the activities listed in 4.3.1, there was no formal mechanism for recording all the networking and communication undertaken during this project. However, the opinion of managers, peer mentors and participants was that the most effective communication strategy for hard to reach residents was by word of mouth, either by Wheatsheaf staff, peer mentors, other professionals in the area, or the participants themselves. The peer mentors provided a pro-active presence in the community, and because they all had long term health and unemployment issues themselves, they had immediate rapport with the target groups.

4.4.3 Leaflets and posters were effective when placed in key public areas, and participants interviewed as part of the evaluation process could say where they first saw the activities advertised. WT and some of the peer mentors strongly believed that the leaflet drops through doors in Town, followed up by two or three subsequent visits by a peer mentor, was a very effective method of turning communication into engagement, but there has been no mechanism to provide evidence for this. By way of contrast, the Project Co-ordinator had evidence that no engagement at all resulted from the leaflet drop undertaken specifically for the cycling activity.

4.4.4 Work on developing the most effective networking and communication strategies can be continued during phase 2.

4.5 Recruiting residents as peer mentors and volunteers

4.5.1 Background

4.5.1.1 The original tender designed by GBC envisaged project delivery being undertaken by one, or possibly two, project co-ordinators, who would recruit volunteers to help them undertake the community consultation, act as peer mentors and signpost to other services. WT, in their tender application, presented a radical alternative by suggesting they would use one part time project co-ordinator, and then use the remainder of the funding to employ local peer mentors from within their current case load of unemployed Gosport residents.

4.5.1.2 WT's core business has traditionally been helping people with long term unemployment issues back into work, Their vision for this project came from seeing the cyclical effects of unemployment, i.e. unemployment leads to social isolation, social isolation leads to long term ill-health and lack of wellbeing, these result in unemployability, and hence people remain unemployed. They had also witnessed people hiding behind their health conditions and using them as excuses not to work, so their kind, caring, but no nonsense approach to client support could be useful in a community development context. Having had a presence in Gosport for many years, they were convinced their knowledge of the area and of the target client group would enable them to deliver a public health project that would adequately fulfil the aims of tender specification.

4.5.2 Process

4.5.2.1 Using their contacts, the WT website, the WT centre in Gosport, and their key workers, the paid peer mentor opportunities were advertised. Applicants benefitted, as with any job opportunity application, from the full support offered by WT. Candidates submitted a CV with a covering letter, and those shortlisted were interviewed by the Deputy Chief Executive of WT and the WT Project Manager appointed to this project. Seven peer mentors were recruited on Zero Hours contracts and they remained on benefits as the Job Centre Plus judged this Permitted Work for a trial period.

4.5.2.2 The following point would be worth noting if the project is replicated elsewhere. For some of the peer mentors, it took additional prompting during their evaluation interviews for them to be able to focus on the personal gains from this specific project, as opposed to those from their

longer term relationship with WT. This would indicate that the historic support they have received from WT to enable them to function successfully as peer mentors has provided significant added value to the project, and should not be underestimated.

4.5.2.3 The original Project Co-ordinator who was signed off on long term sick leave shortly after the project commenced, and the replacement Co-ordinator, were both existing members of WT staff.

4.5.3 **Support**

4.5.3.1 The peer mentors went through some initial training using the WT Induction modules. Any other training and information needs were identified by the group and addressed on an ongoing basis. Through the community consultation process, the peer mentors identified which groups they wanted to lead according to their own strengths, skills and interests.

4.5.3.2 They met together weekly with the Co-ordinator and the strength of the group support meant they readily shared their issues, knowledge and experiences, supported each other outside of the meetings, and were sufficiently well informed and skilled to cover each other's activities at short notice, if required to do so.

4.5.4 **Outcomes**

4.5.4.1 In the early stages of the project, one peer mentor left because they obtained a full time post elsewhere, and one withdrew for personal reasons, so the delivery of activities was carried out by the remaining five. By the end of phase 1, two of those five had worked sufficient hours to come off benefits, and one had obtained an employed position that would commence at the end of phase 1.

4.5.4.2 As part of the evaluation, four of the five peer mentors were selected by WT for interviews. These can be found in **Appendix Ci to iv**. The stories were a privilege to hear and moving to record.

4.5.4.3 All four had been long term unemployed, and had significant long term physical or mental health issues. They each stated unequivocally that the project had changed their lives, citing examples such as having given them back their confidence, broken their social isolation, and made them realise they have skills for which people will employ them. Although they hoped their experience would lead to longer term paid employment, they all wished to continue their activities even if in a voluntary capacity.

I was depressed and on medication, stayed at home and was originally hostile to WT and any attempts to help. But this has brought me out of my shell and been a light at the end of a tunnel. I have confidence again, and self-belief and a whole new outlook on life. (Peer mentor G)

My confidence has improved because I thought I was unemployable, and now I find I have skills people are interested in. My own cookery skills can be used to help other people. I have gained friends at Wheatsheaf and I have a job offer when this project has finished. I am getting a Mobility car today as I will now have a wage to pay for it. (Peer mentor S)

I was socially isolated and chose to take this opportunity to break that. (Peer mentor R)

My confidence and wellbeing has absolutely been improved. I had a series of significant bereavements and everything was a challenge at the beginning. Now I feel completely different. (Peer mentor T)

4.6 Supporting peer mentors and volunteers to develop relevant activities themselves, or start activities and look to local residents for sustainability

4.6.1 The original contract anticipated that once local residents had identified the activities they would like, those activities would be commissioned and then delivered by other agencies. In reality, the peer mentors were so enthusiastic that with the exception of the weight management group (delivered by Health Trainers) they have wanted to plan and run the groups themselves.

4.6.2 In terms of support, once appointed, the peer mentors met together weekly for updates, to discuss and share solutions to issues they were experiencing, and to identify their own ongoing training and information needs. Early on in the delivery, the original Project Co-ordinator went on long term sick leave, meaning that WT had to replace this post at short notice. This was successfully done. Although it resulted in an unexpected change of manager and management style for the peer mentors, it enabled the new Co-ordinator to provide some re-focusing to ensure they could align their enthusiasm with the requirement to meet specified project aims and outcomes.

4.6.3 As part of their own development, the peer mentors arranged and carried out the case study interviews that are discussed in section 4.7.2 and can be found as **Appendix Di to v**. A template of questions was given as a guide, and apart from typing up their notes, there has been minimal editing and they read as recorded by the mentors.

4.6.4 In the original project brief it was hoped that the peer mentors would follow up participants with one-to-one support where personal goals had been recorded in the pre activity Self–assessment questionnaires. This did not happen, primarily because there were too many participants for the peer mentors to deal with individually, and secondly because it was an unrealistic expectation, given the skills and knowledge required to undertake what would, in reality, have been case work. There is no evidence that participants felt they had unmet expectations about this, and it went unremarked until the evaluator asked about it when the second Co-ordinator came into post. It was discussed at the monthly tracking meeting and agreed it was unachievable.

4.6.5 There are hopes to develop a scheme using peer mentors as coaches to assist individuals and families with shopping and cooking on a budget. If this becomes part of the delivery plan for phase 2, then the skills required for this sort of one to one work can be addressed.

4.6.6 With regard to sustainability, the peer mentor evaluation interviews were completed before the funding extension had been agreed, and without exception they wanted to remain involved, even if in a voluntary capacity. Also, in several of the activity groups, there were participants who expressed the desire to be pro-active in keeping the groups running. It would have been interesting to ask how many of the peer mentors would have begun the work if payment had not been a strong incentive. This question could still be asked of them, and the information used in phase 2 when looking to build capacity and sustainability by recruiting volunteers.

4.7 Increasing the numbers of residents participating in physical activity and healthy eating

4.7.1 Quantitative results

The difficulties with record keeping and evaluative paperwork have been dealt with in section 4.1. It may be also be that there were literacy issues for participants which made completing the questionnaires difficult for them, and some of the questions, in retrospect, were not clearly worded, or straightforward in the way they requested answers to be scored. The design of quantitative questionnaires and the possibility of a closer involvement of the evaluator in the process of their administration will be addressed in phase 2.

4.7.1.1 **Self-assessment Wellbeing questionnaire:** 17 pre and post Self-assessment questionnaires were obtained, and a summary of the data from the first 13 questions can be seen in **Appendix Ei**. The small number of people involved makes it unrealistic to claim there is clear evidence of change, and the questionnaires did not identify which project activities the person had joined.

The answers to questions 1 to 7 show little or no change during the period of project delivery. However, the answers to questions 8 to 13 do show that, for those participants, there were overall increases in self-reported levels of physical activity, the sense of control of pain or disability, and satisfaction with physical and mental health. These specific questions would be useful to use in phase 2, provided that the questionnaires can be linked directly to the relevant activity groups.

4.7.1.2 **Healthy Eating questionnaire:** 22 pre and post Healthy Eating questionnaires were obtained and the data from them can be seen in **Appendix Eii**. Again, the outcomes are not clear, possibly because the questions themselves were not worded simply enough. However, there are some indications of change. Question 1 appears to show increased levels of confidence when shopping for healthy food, and question 3 shows more people rating their confidence level higher at the end of the course when cooking with fresh ingredients and following a recipe. Questions 4 and 5 might possibly show a slight increase in the daily portions of fruit and vegetables eaten, but this cannot be stated definitively.

4.7.2 Qualitative results

4.7.2.1 **Participant case studies:** Five case studies were undertaken by the peer mentors with participants from four of the activities. These can be seen as **Appendix Di to v**.

The interviews show that the lives of individual participants have been significantly touched, citing examples such as improved self-confidence, self-belief, and self-esteem, weight loss, healthier eating, increased physical activity, greater social engagement, motivation, family benefits, and desire to gain employment. It has also been reported that some of the participants have applied to WT to become peer mentors or volunteers for phase 2.

> *Mr R got a lot of things out of the course e.g. how to eat healthily, to interact better with others and to join in more. Most importantly, Mr R found laughter. (Cookery Club)*

> *Mother and daughter - It has been a good experience for them both and both have had the chance to taste different healthy fruits which they haven't tried before. The group has given S some play time to be a child. She loves the challenge of different activities supplied at the group. The group has helped their wellbeing and confidence as they are meeting other children and adults. (Healthy Activities, Town)*

> *J suffered from insecurity and social isolation. Since joining the group, J is a more outgoing and confident person and enjoys the fact that she can walk from A to B without someone going to get her, so she has her independence back. "Without the group I would not be where I am today". (Healthy Activities, Town)*

> *There are many positive changes in B's life. She is cycling every day so she is out of the house. She laughs more readily and is chattier. She has signed up to cycle 175 miles to and from Eastbourne next June (2015). She has put down a deposit on a new road bike for this venture so in her own words she is "committed and no backing out now. I would never have thought myself capable of taking on such an adventure as cycling 175 miles but I want to help others". (Weight Management Group)*

> *P could only do limited activities due to her weight. This gave her low self-esteem and most activities with her family were a task. P has a lot more knowledge of healthy eating and exercise so has begun to lose weight which is making her more active, healthier and confident. The family are enjoying the healthy changes and new foods. (Rowner Walking Group, and Cookery Club)*

4.7.2.2 **Evaluation visits to activities:** Four visits were undertaken by the evaluator to various activity groups. Interviews were carried out with as many participants as possible without disrupting the work of the group that session. The results can be seen in **Appendix Fi to iv**. In retrospect, all the activities should have received an evaluation visit in order to give a fuller picture, and this will be addressed in phase 2.

4.7.2.3 What marked the visits for the evaluator was the skill of the mentors in making vulnerable people feel welcome, accepted and cared for. The fact they were truly *peer* mentors was a significant factor in the participants' willingness to engage. Participants commented readily on how good they thought the group leaders were. Because there were no "professional boundaries" being kept, there was a mutual sharing of personal needs and backgrounds which resulted in a mutual support between the peer mentors and the group members. Some participants said they would not have joined groups organised by agencies, making the peer mentor model ideal for engaging hard to reach groups. The Basic Data demonstrated that participants came from all age ranges, although the majority were female.

4.7.2.4 The Walking Group made a particular impression due to the number of participants who had long term, serious health conditions. The question was not directly asked, but observation suggested that most of the group would be in the older age bracket, probably sixty and above. Most said they had joined the group to escape from the social isolation that had resulted from their diagnosis. It was a surprise to find the group regularly walked eight miles, a distance further than many people in a good state of health would consider doing on a weekly basis. Participants did not come with any special clothing or footwear, and walked whatever the weather. Such were the benefits of the group that an informal network of support had developed and members were meeting socially at other times of the week.

4.7.2.5 Comments about what was good about all the groups included:

- the pleasure of meeting and learning with other people
- the lack of judgement in the groups

- their availability to everyone regardless of age or ability
- tasting new foods
- cooking with new recipes
- having fun
- doing things together with their children
- exercising and eating healthily

4.7.2.6 Changes as a result of attending the groups included:

- increased confidence
- coming out of being socially isolated or housebound
- changed attitudes to buying and cooking healthy food
- increased levels of physical exercise

4.7.2.7 The peer mentors seemed genuinely surprised at the skills they had discovered in themselves as a result of leading the groups, and this in turn increased their own sense of worth and confidence to desire, and seek, future employment.

4.7.2.8 The visits took place before the extension to funding had been granted, and all the participants were sorry the groups might end, and were thinking of ways to sustain the activity themselves.

4.8 Increasing residents' knowledge of, and/or supporting them to use, relevant local health-related services

4.8.1 It was anticipated in the original contract that signposting to local health related services would be a key issue addressed within this project. A resource pack of local services was produced by WT for the peer mentors to use when signposting with participants. Information on health and other services was taken to any open events attended as part of this project.

4.8.2 In practice, it has been the one objective not fulfilled, mainly because the peer mentors were engaged in delivering their own activities and signposting does not appear to be an issue that arose for them or their participants. There is a little anecdotal evidence from the peer mentor interviews that some signposting was done with a few individuals who required additional support outside the activity sessions.

4.8.3 Developing the skills of peer mentors to signpost effectively and appropriately will be an area to address during phase 2. There will also need to be a mechanism developed to enable accurate recording for this activity.

4.9 Managers' views

4.9.1 Four key managers were selected for an evaluation interview:

- Jackie Powers, Deputy Chief Executive WT – wrote the tender bid and had the vision for using paid peer mentors
- Mohammed Khan, Project Manager WT – managed the project delivery and attended the monthly project tracking meetings
- Claire Swann, the second Project Co-ordinator WT – supervised the peer mentors and co-ordinated the day to day running of the programme
- Donna Simpson, Health and Wellbeing Partnerships Officer, Gosport Borough Council - commissioner and partnership manager for the project, with oversight of project delivery, monitoring and evaluation, and chair of the monthly project tracking meetings

The interviews can be seen as **Appendix Gi to iv**.

4.9.2 They all agreed that, in the main, the objectives for the project had been adequately met. The exception was signposting to other services. The project was important to them personally, or for their organisation, for a variety of reasons, but all agreed it was important for Gosport because it addressed community fragmentation and health inequalities at a very local level and as a response to what local people wanted. They all agreed the success of the project was due to using the paid peer mentor model and that the most effective way to get engagement was through personal, verbal communication by people who understood the health and unemployment issues themselves.

4.9.3 What went well included:

- having community-led activities that can be easily duplicated
- the number of participants, particularly in the walking and cookery groups
- having the peer mentors deliver the activities themselves

4.9.4 They agreed that what did not go so well was:

- having robust mechanisms for gathering information and record keeping
- the cycling activity

4.9.5 Lessons and improvements that would be required for phase 2 included:

- building on community based activities to empower individuals to deal with wider determinates of health
- finding ways to ensure better record keeping
- offering more training and support for peer mentors to enhance their skills, particularly in record keeping, signposting and understanding the project in the context of Public Sector funding contracts
- developing volunteer mentors
- finding ways to maintain engagement during the winter months

5 Lessons learned for phase 2 and future work

Because of the funding extension, the project has been offered an unusual opportunity to conduct a rigorous evaluation at what has now become the midpoint of project delivery. The lessons discussed in this report can be effectively used to shape phase 2, and can be summarised as follows:

- review phase 1 activities and progress with peer mentors and participants, including review of running children's activities as a means of engaging parents
- review the use and places of distribution for leaflets and posters, and ensure specific marketing tailored for each area
- maintain community consultation throughout project delivery to establish effective networking and communication strategies
- repeat the paid peer mentor model by recruiting new mentors for phase 2
- improve the mechanisms for recording participation, including numbers and ages of children attending activities
- review the monitoring and evaluation paperwork and design simpler, less intrusive mechanisms for gathering evidence to demonstrate the reach and effectiveness of the activities
- ensure an evaluation visit to all the activity groups rather than just a selection
- train and support the peer mentors so that they understand record keeping within the culture and context of public sector funding, including input from the evaluator at an early stage
- involve the evaluator in activity visits throughout the project delivery period to facilitate peer mentor support with record keeping and data collection
- train and support the peer mentors in signposting to other agencies
- develop the use of peer mentors for one-to-one support for individuals or families with regard to shopping, budgeting and cooking healthy food
- focus on sustainability after phase 2, with an emphasis on recruiting volunteer mentors

6 Conclusions

6.1 With the exception of signposting activities, the project aims and objectives as listed in Section 2 have been achieved, and the success evidenced with strong qualitative information, and some less clear quantitative data.

6.2 Having secured funding for a six month extension of the work, the evaluation of phase 1 has captured valuable lessons which can be applied to phase 2. At the time of writing, these were in the process of being implemented, WT having already held a community consultation event to seek views of peer mentors and participants about phase 1, and hear ideas that will influence planning for phase 2. Furthermore, the managers and the evaluator have

already met in order to review and amend the monitoring and evaluation paperwork, and put mechanisms in place to ensure better record keeping for phase 2.

6.3 The timescale for phase 1 was short, allowing only seven months for project initiation and delivery. The observation was made by managers and peer mentors that projects requiring people to make fundamental changes to their lifestyles would demonstrate better health outcomes if they could be commissioned and funded over years, rather than months.

6.4 GBC took a significant risk awarding the contract to an agency with an employability history rather than a public health background. It proved to be an excellent decision, and the successful use of a paid peer mentor model is undoubtedly the most significant outcome of the project. WT's experience with the client group, and their existing long term support of those recruited, enabled them to start delivery with minimum delay. These factors contributed to the success of the project, added value to the contract, and should not be underestimated when seeking to replicate the model elsewhere.

6.5 Using a model of paid peer mentors who themselves had long term health and unemployment issues was innovative, and proved effective for both the peer mentors and the participants. The interviews and case studies with the peer mentors and participants offer moving testimony as to how the project has changed people's lives, and increased the numbers of people participating in healthy eating and physical exercise. Investing small amounts of funding in Zero Hour contracts rather than one or two paid posts has enabled the project to be delivered with additional reach, and also secured engagement with hard to reach individuals. The model demonstrates real value for money, and offers an innovative approach for future commissioning.

6.6 For the evaluation, the qualitative data has been powerful. Quantitative methods for measuring change were not as successful, and the need for review has already been mentioned. Peer mentors will need training and support to be enabled to undertake these activities more effectively. However, this must be done creatively and sensitively, with an approach that neither intrudes on the lives of vulnerable participants, nor swamps the peer mentors with an inappropriate and unwelcome "public sector approach" to monitoring and evaluation. Because of the characteristics of a hard to reach client group, phase 2 may still demonstrate that for these sorts of projects, qualitative data remains the best method for evaluation.

6.5 The partnership between GBC, WT and the evaluator was productive, with GBC providing a supportive atmosphere for discussion, collaboration and project adaptation. The opportunity for ongoing work together in phase 2 has been welcomed. Also welcomed was the funders' ongoing interest in the

project and its outcomes, but without having imposed arduous or inflexible information requirements and reporting schedules.

6.6 For the immediate future, the lessons learned in phase 1 will be applied to phase 2 wherever possible, and the evaluation for phase 2 will be reported in June 2015. For the longer term, provided the organisation commissioned to deliver the work has experience in supporting vulnerable clients, there is every reason to believe the model of paid peer mentors could be reproduced in other geographic areas, as well as adapted to deliver other public health messages to different client groups.

Appendix Ai

BASIC INFORMATION							
We want to find out if the Gosport Wellbeing Project has helped you get happier and healthier. We would be grateful if you would answer these questions for us please.							
NAME:							
POST CODE:							
ABOUT YOU							
ARE YOU (please circle)	**MALE**						
	FEMALE						
	OTHER						
	RATHER NOT SAY						
WHICH AGE GROUP ARE YOU IN: (please circle)	**16-25**						
	26-49						
	50-64						
	65 and over						
DO YOU LIVE ALONE?	**YES**		**NO**				
IN WHAT AGE GROUP ARE ANY CHILDREN WHO ARE TAKING PART WITH YOU, OR WHO WILL IMMEDIATELY BENEFIT (please circle age group and add in how many)	**AGE**		**HOW MANY**				
	0-5						
	6-11						
	12-18						
WOULD YOU SAY YOU HAVE A LONG TERM PHYSICAL OR MENTAL HEALTH PROBLEM OR DISABILITY THAT LIMITS YOUR DAY TO DAY ACTIVITES?	**YES**		**NO**				
DO YOU HAVE A GP?	**YES**		**NO**				
IF YES, HAVE YOU VISITED YOUR GP IN THE LAST 6 MONTHS?	**YES**		**NO**				
DO YOU HAVE A DENTIST?	**YES**		**NO**				
IF YES, HAVE YOU VISITED THEM IN THE LAST YEAR?	**YES**		**NO**				
DO YOU RECEIVE ANY OF THESE BENEFITS? (please circle which ones)	**JSA**	**ESA**	**IS**	**IB**	**WTC**	**CB**	**DLA/PIP**
HOW DO YOU DESCRIBE YOURSELF							
Please only tick one box							
WHITE		**MIXED**					
British		White and Black Caribbean					
Irish		White and Black African					
Other White (please write in)		White and Asian					
		Other Mixed background (please write in)					
ASIAN OR ASIAN BRITISH		**BLACK OR BLACK BRITISH**					
Indian		Caribbean					
Pakistani		African					
Bangladeshi		Other Black background					
Other Asian background							
CHINESE (please write in)		**ANY OTHER** (please write in)					

Appendix Aii

GOSPORT WELLBEING - Self- assessment questionnaire

Read the statements in each section and tick the box that most closely describes how you think about each one.

Physical health needs – good diet and exercise	**Strongly disagree**	**Disagree moderately**	**Disagree a little**	**Neutral**	**Agree a little**	**Agree moderately**	**Strongly agree**
I eat regular meals every day							
I eat a range of vegetables and fruit							
I get enough food to eat							
I am happy about my weight							
I stick to recommended units of alcohol							
I am a non-smoker							
Illegal drugs are not causing me problems							
I move enough to work my heart daily							
I take 30mins exercise 3 times a week							
I take 30mins exercise once a week							
I am in control of any disability or pain I may have							
I am satisfied with my mental health							
I am satisfied with my physical health							

Security, safety and privacy needs	**Strongly disagree**	**Disagree moderately**	**Disagree a little**	**Neutral**	**Agree a little**	**Agree moderately**	**Strongly agree**
I feel safe and secure in my house/flat							
No-one is violent towards me							
I do not feel threatened by anyone							
I can have privacy at home when I need it							
My neighbourhood feels safe enough							
I feel safe when I'm out and about							

Need for family and/or friends and fun	**Strongly disagree**	**Disagree moderately**	**Disagree a little**	**Neutral**	**Agree a little**	**Agree moderately**	**Strongly agree**
My family is close and supportive							
I get together with family on special occasions							
I have friends I meet with most weeks							

I arrange things to do with friends or family							
Fun and enjoyment are part of my life							
I enjoy celebrating with others							
I feel part of a support network of people							
I can go to someone for help or support							

Need for links to the wider community	**Strongly disagree**	**Disagree moderately**	**Disagree a little**	**Neutral**	**Agree a little**	**Agree moderately**	**Strongly agree**
I take part in a sport or exercise group							
I am going to an education class							
I belong to a craft or hobby group							
I attend a religious centre (church, mosque)							
I take part in activities at the local school							
I do some volunteering for a cause							
I know many of my neighbours							
I join in local or national political groups							
I feel part of my community							

My top priorities

When you have reviewed your life needs, decide on the 5 things you most want to do something about and list them below.
Then think about what the first step towards your goals might be. Break it down into several steps if you like.
Decide a deadline by which you will have taken that first step! You can tick it off when you've done it and update your list.

My goals – what I want to do	**What steps I need to take to get there**	**Deadlines**	**Achieved**

Appendix Aiii

GOSPORT WELLBEING PROJECT - HEALTHY EATING QUESTIONNAIRE

Name..... Post Code.....

Age..... Pre activity/Post activity *(please circle)*

(To be completed pre and post activity)

Please circle the answer that most fits your response

1	How confident are you when shopping about choosing healthy foods (where 1 is no confidence at all and 5 is very confident)	1	2	3	4	5
2	During an average week, how often do you prepare and cook a main meal from basic ingredients?	1 Daily	2 4-6 times	3 2-3 times	4 Once a week	5 Never
3	How able are you at cooking with fresh ingredients and following a recipe? (where 1 is not at all able and 5 is very able)	1	2	3	4	5
4	On average, how many portions of fruit do you eat a day? (e.g. handful of grapes, an orange, apple, banana, glass of fruit juice, handful of dried fruit)	1 or less	2	3	4	5 or more
5	On average how many portions of vegetables do you eat a day? (one portion is a side salad, or 3 heaped tablespoons of vegetables, beans, pulses either raw, cooked, frozen or tinned)	1 or less	2	3	4	5 or more
6	Do you consider portion sizes when serving meals?	YES	NO			
7	In the last 7 days, how many times did you have a take away/fast food e.g. pizza or a frozen ready meal?	1 or less	2	3	4	5 or more
OPTIONAL QUESTION						
8	Have you set any personal goals about healthy eating?	YES	NO			
9	(only include on post activity version) If you answered YES, have you achieved any of them?	YES	NO			

Thank you for taking the time to complete this questionnaire

APPENDIX B – BASIC DATA

(Some pilot questionnaires were used early on and did not include all of the finally agreed questions.)

Number of people	Female	Male
235	174 (74%)	61 (26%)

PO12 post code	PO13 post code	PO17 post code	None given
118 (50%)	112 (48%)	1 (0.5%)	4 (1.5%)

Age Group	No.	Female	Male
13	1 (0.5%)	1	0
16-25	30 (13%)	20	10
26-49	141 (60%)	106	35
50-64	45 (19%)	33	12
65+	15 (6.5%)	12	3
Rather not say	3 (1%)	2	1

Lives alone	Does not live alone	No answer	Question not on questionnaire
54 (23%)	146 (62%)	16 (7%)	19 (8%)

Children aged 0-5 affected	Children aged 6-11 affected	Children aged 12-18 affected
103	102	47

Do you suffer from a long-term physical or mental health problem, or disability, which limits day-to-day activity?

Yes	No	No answer
80 (34%)	150 (64%)	5 (2%)

Do you have a GP?

Yes	No	No answer	Question not on questionnaire
213 (90%)	2 (1.5%)	1 (0.5%)	19 (8%)

If yes, have you visited your GP in the last 6 months?

Yes	No	No answer
164 (77%)	47 (22%)	2 (1%)

Do you have a dentist?

Yes	No	No answer	Question not on questionnaire
159 (68%)	56 (23.5%)	1 (0.5%)	19 (8%)

If yes, have you visited them in the last year?

Yes	No	No answer
130 (82%)	26 (16%)	3 (2%)

Benefits

JSA	ESA	IS	IB	WTC	CB	DLA/PIP	Q not on questionnaire
45	49	16	1	15	34	28	7
19%	21%	7%	0.5%	6%	14%	12%	3%

Ethnicity

British	221 (94%)	White & Asian	1	White and Black Caribbean	1
Irish	2	Other Asian	1	Other mixed background	1
Other white: Scottish, Norwegian, Canadian, Spanish	4	Black African	1		
Indian British	1	White & Black African	2		

APPENDIX Ci

QUESTIONNAIRE FOR PEER MENTORS

We want to find out if the Gosport Wellbeing Project has enabled you to share your skills and knowledge with other people in your community. We would be grateful if you would report for us any relevant activity.

NAME: S (female)

WHICH ACTIVITY: 2 cookery classes (Siskin School and Rosie's Kitchen)

- Siskin class held in school kitchens with 12 children and 6 adults, although numbers dropped off during summer holidays. Kitchen not booked for September so leader meeting with 2 parents and children in local playground.
- Rosie's Kitchen (a community café which offered its premises for the classes) averaged 12 adults each week.

Provided simple recipes on a budget, introduced healthy options (e.g. fruit on sticks, smoothies), gave alternative ingredients for each recipe so basic idea could be used in different ways throughout the year, mixed treat recipes (e.g. doughnuts) in with healthy ones (e.g. stir fry).

ABOUT YOUR EXPERIENCES

1	**Why did you decide to become a mentor/volunteer with this project?**

Spent 21 years unemployed due to disability. In 2013 had re-assessment and declared fit to work. Granted one year to lose weight to make employment possible. Had gastric bypass and has so far lost 14 stone. Was referred to Wheatsheaf Trust to attend various courses on employability and re-gain confidence. Was asked to apply to Gosport Wellbeing Project as a peer mentor.

2	**What has been good about your experiences?**

It has been a very good experience. My favourite achievement is that now a 4 year old boy will eat eggs and more fruit – I called blueberries Smurfberries and now he loves them! Also, a man attending the Rosie's Kitchen class was very overweight but now does my recipes at least twice a week instead of buying ready meals.

3	**What has been challenging about your experiences?**

Nothing, all good.

4	**Would you say your own confidence and wellbeing has improved by being part of this project?**

My confidence has improved because I thought I was unemployable, and now I find I have skills people are interested in. My own cookery skills can be used to help other people. I have gained friends at Wheatsheaf and I have a job offer when this project has finished. I am getting a Mobility car today as I will now have a wage to pay for it.

5	**Do you have any thoughts about carrying on with your involvement?**

Willing to stay on as a volunteer if running costs could be provided. Ideally would love to be employed and would like to run a series of 12 week courses that were repeated throughout the year, giving new people the opportunity to attend. Would also like to work with children as a means to engage parents and draw them in too.

"The course should be rolled out on a bigger scale to get more people involved, educating the parents so that their children learn more about eating healthily. We were surprised how some parents could not even cook a healthy meal for their children until they came to the project. There is a great need to educate and teach people so that the knock on effect would be more healthy

people and children within the more deprived areas of Gosport and possibly other areas. The people who have attended said they learned new skills and even the children that took part said to me it would be quite sad if the project had to finish. The children have enjoyed preparing the food, cooking and eating it, so much so that each week they go home with their parents and cook what they have learned on the course. I therefore feel the need and desire to educate as many people as possible would be the way forward for the project."

APPENDIX Cii

QUESTIONNAIRE FOR PEER MENTORS

We want to find out if the Gosport Wellbeing Project has enabled you to share your skills and knowledge with other people in your community. We would be grateful if you would report for us any relevant activity.

NAME: G (male)

WHICH ACTIVITY: supported various events and activities but took the lead in door knocking. Attended original tendering interview and spoke about the project at the Wellbeing Partnership.

ABOUT YOUR EXPERIENCES

1	**Why did you decide to become a mentor/volunteer with this project?**

Had been with WT in a support group which had turned his life around. Went with WT to make the tendering pitch, was then told about the contract and wanted to participate.

2	**What has been good about your experiences?**

Meeting people from all walks of life including disabled people and young people. Door knocking and leaflet distribution in White Lion Walk and Old Road areas (took leaflet and then door knocked at least twice), leaflet distribution in Rowner, attending the Gosport Festival, helped in Rosie's Kitchen, talking to people and helping create a nice atmosphere. Saw people learning and using recipes, and keen to learn, educating the parents in order to educate the children.

3	**What has been challenging about your experiences?**

Nothing, all good. Just slotted in. Has long term health issues himself. Thought numbers would be hard to achieve but have done it. Always had fruit at every activity and encouraged people to eat it and that they can eat healthily on a budget.

4	**Would you say your own confidence and wellbeing has improved by being part of this project?**

Without a shadow of a doubt. Was depressed and on medication, stayed at home and was originally hostile to WT and any attempts to help. But this has brought me out of my shell and been a light at the end of a tunnel. Hoping a job will emerge with WT. Have confidence again, and self-belief and a whole new outlook on life.

5	**Do you have any thoughts about carrying on with your involvement?**

Definitely want to carry on and improve other people's lives.

6	**Did you signpost anyone to other services?**

Yes, dentist, debt, housing

APPENDIX Ciii

QUESTIONNAIRE FOR PEER MENTORS

We want to find out if the Gosport Wellbeing Project has enabled you to share your skills and knowledge with other people in your community. We would be grateful if you would report for us any relevant activity.

NAME: R (female)

WHICH ACTIVITY: 2 Healthy Activities groups:

- Seafield Community House, after school activities aimed at children with a view to engaging parents. Involves healthy food, tasting new food, games, outdoor physical activities and indoor craft. Also includes work on the community allotment attached to the house. During phase 1 saw about 20 children and engaged with about 12 adults.
- St Mary's Church Hall, healthy cookery, new food tasting, simple physical exercises

ABOUT YOUR EXPERIENCES

1	**Why did you decide to become a mentor/volunteer with this project?**

Likes working with people and the health aspect was of interest. Amazed at the number of people who can't cook, and that at some events parents were actively preventing their children trying new things to eat.

2	**What has been good about your experiences?**

Good to be back out and about after losing job. Being accepted by people at the Town project was quite something as known as a closed community, including letting their children engage. The key to being accepted was attitude, wanting to be part of the community and do something with them, not to them. Kids helped, they liked what was going on and that enabled engagement with some of the parents. Enjoyed being involved and been great to be thanked and asked by groups to visit even if activities stop.

3	**What has been challenging about your experiences?**

Was socially isolated and chose to take this opportunity to break that.

4	**Would you say your own confidence and wellbeing has improved by being part of this project?**

Yes. Being out and about again, walking and physically active. Eat well anyway.

5	**Do you have any thoughts about carrying on with your involvement?**

Want to stay involved as there is lots more to be done, and could do it in new areas. The project was aimed at the unemployed but many other families who do work need help with healthy living and need evening activities after work, but haven't got money to do them. Need to look at insurance issues for the activities.

In terms of evaluation, some of it was intrusive. Real measure of success is whether group continues after funding has finished, and if people keep coming and bring more people with them. Should ask people at the end, and if people stop coming find out why.

6	**Did you signpost anyone to other services?**

Yes, to pharmacist for smoking cessation.

APPENDIX Civ

QUESTIONNAIRE FOR PEER MENTORS

We want to find out if the Gosport Wellbeing Project has enabled you to share your skills and knowledge with other people in your community. We would be grateful if you would report for us any relevant activity.

NAME: T (female)

WHICH ACTIVITY: 2 Healthy Activities groups:

- Seafield Community House, after school activities aimed at children with a view to engaging parents. Involves healthy food, tasting new food, games, outdoor physical activities and indoor craft. Also includes work on the community allotment attached to the house. During phase 1 saw about 20 children and engaged with about 12 adults.
- St Mary's Church Hall, healthy cookery, new food tasting, simple physical exercises
- Walking group, meets weekly regardless of weather and usually walk for 8 to 10 miles in the course of approx. 3 hours

Distributed a lot of the early leaflets and posters, and spoke to numerous existing community groups to spread the word about this project.

ABOUT YOUR EXPERIENCES

1	**Why did you decide to become a mentor/volunteer with this project?**

Had been a child minder for 23 years. Been coming to Wheatsheaf for 2 years. Was asked to apply and felt comfortable with the team leader. Fancied organising things and meeting other people. Helped with the walking group and then took on the Healthy Activities groups.

2	**What has been good about your experiences?**

It's developed me, brought me back into work experience, organised for work again. Gained more life skills e.g. going to help with a group for disabled people and learned about disability (NB this was a WT group and not part of this project). The key to being accepted at Seafield House was being yourself and making people feel comfortable. It is an area known for being hard to reach but we definitely were engaging with parents.

3	**What has been challenging about your experiences?**

Suffered a series of significant bereavements. Everything was a challenge at the beginning. It was such a change from previous circumstances.

4	**Would you say your own confidence and wellbeing has improved by being part of this project?**

Absolutely. I feel completely different.

5	**Do you have any thoughts about carrying on with your involvement?**

Would love to stay involved, learning new things, still working. Will continue with the walking group through the winter and in the rain!

6	**Did you signpost anyone to other services?**

Housing, dentist, Healthy Food on a Budget – WT bought £10 vouchers from Asda and I went with people to shop and help them cook.

APPENDIX Di

TEMPLATE FOR CASE STUDIES WITH INDIVIDUALS

1	**Project context**	**Some details about the specific activity the person took part in**
	Mr R took part in a **Healthy Eating on a Budget programme at Rosie's Kitchen** and engaged in helping to prepare the various meals, cook the ingredients and serve the meal onto a plate with good presentation.	
2	**Personal context**	**Something relevant to give a personal context (e.g. their age, gender, socio-economic factors, first name/pseudonym but nothing to identify the individual)**
	Mr R is 21 and has been claiming Jobseekers Allowance for a number of months. He had previously done some catering studies at college so had some past experience of cooking food. The course gave him opportunity to brush up the catering skills he already gained from college.	
3	**Motivation**	**What was it about the project that made them take part in the first place?**
	Mr R wanted to brush up on his cooking skills and also wanted to learn more about healthy eating on a budget. He also wanted to get out of the house more and meet people and to learn more aspects about cooking healthily.	
4	**Barriers**	**What barriers did the person have to overcome to be able to participate (e.g. personal or because of service/project limitations)?**
5	**Challenges**	**What challenges were there to overcome for the person to participate?**
	Mr R had found it very hard to get to mix with people he did not know. He is a very quiet and personal man. He is very shy and finds it very hard to talk in a group and would often remain quiet at the back. He lacked motivation and needed a challenge and a goal to go for.	
6	**Changes**	**What changes did the person see/make in their lives as a result of participating (specific things e.g. got a job, lost weight, joined a gym)?**
	Mr R was aware that changes to his life had been achieved by attending the project. One was that he had become more interactive and joined in all aspects of preparing the food, cooking it and dishing up. He had also learned the value of cooking cheaply but healthily on a tight budget and had passed some of this on to his family. Over the weeks at the project he had changed into a communicative person, able to talk and discuss with the others all aspects of cooking. Mr R had opened himself up and really enjoyed his time on the course. The best part was that Mr R was offered trial employment at a local pub. Sadly they told him his skills were not up to speed and so they could not employ him but he has approached the chef at Rosie's Kitchen and is waiting to hear if they could help him gain these skills in an unpaid role at the café.	
7	**Wider benefits**	**Information about the wider effects of the changes (e.g. in the person's family or community)?**
	Mr R feels that his parents are more pleased with the fact he is engaging with people more than he ever did before. And they can see a change in Mr R which has come about since being on the course. Mr R says he is now eating more healthily and feels better in himself.	
8	**What was good**	**Anything about specific aspects of the project that helped the person?**
	Mr R feels that the project was a good learning experience for his future aspirations. He got a lot of things out of the course e.g. how to eat healthily, to interact better with others and to join in more. Most importantly Mr R found laughter. He also enjoyed preparing the meal, sitting down with others and learning to brush up on skills, and also learnt new skills for preparing and cooking meals healthily and cheaply.	

9	**What could be improved/added**	**Any ideas that would benefit the future work of the project or help sustain the person's changes?**
	Mr R would like it to continue and wouldn't change anything.	
10	**Aspirations**	**Does the person have any aspirations/plans to change/develop further, and if so what?**
	Mr R says he intends to eat more healthily and hopefully find employment as a result of his time spent on the course. He feels his life has changed and he has a more positive attitude in his search for employment within the food industry. We will do everything we can to make this vision come true.	
11	**Quotation**	**A direct comment that sums up the person's experience**

APPENDIX Dii

TEMPLATE FOR CASE STUDIES WITH INDIVIDUALS

1	**Project context**	**Some details about the specific activity the person took part in**
	S is a child who comes to the **After School Healthy Activities Group held at Seafield House (Town)**. Mum H attends now and then.	
2	**Personal context**	**Something relevant to give a personal context (e.g. their age, gender, socio-economic factors, first name/pseudonym but nothing to identify the individual)**
3	**Motivation**	**What was it about the project that made them take part in the first place?**
4	**Barriers**	**What barriers did the person have to overcome to be able to participate (e.g. personal or because of service/project limitations)?**
	H has health problems which is why S helps her mum a lot in all situations.	
5	**Challenges**	**What challenges were there to overcome for the person to participate?**
6	**Changes**	**What changes did the person see/make in their lives as a result of participating (specific things e.g. got a job, lost weight, joined a gym)?**
	Likely to buy fruit now.	
7	**Wider benefits**	**Information about the wider effects of the changes (e.g. in the person's family or community)?**
	When H has come she has been given some adult time to talk about her needs and has been helped with things such as finding a dentist.	
8	**What was good**	**Anything about specific aspects of the project that helped the person?**
	It has been a good experience for them both and both have had the chance to taste different healthy fruits which they haven't tried before. The group has given S some play time to be a child. S loves the challenge of different activities supplied at the group. The group has helped their wellbeing and confidence as they are meeting other children and adults. By learning to associate and mix with others it has given both S and H much more confidence.	
9	**What could be improved/added**	**Any ideas that would benefit the future work of the project or help sustain the person's changes?**
10	**Aspirations**	**Does the person have any aspirations/plans to change/develop further, and if so what?**
11	**Quotation**	**A direct comment that sums up the person's experience**

APPENDIX Diii

TEMPLATE FOR CASE STUDIES WITH INDIVIDUALS

1	**Project context**	**Some details about the specific activity the person took part in**
	Healthy Activities Group at Seafield House (Town), recruited from an over 60s coffee morning held there, and the **Allotment Group**.	
2	**Personal context**	**Something relevant to give a personal context (e.g. their age, gender, socio-economic factors, first name/pseudonym but nothing to identify the individual)**
	J is a lady over 60 who is insecure but feels safe in Seafield House.	
3	**Motivation**	**What was it about the project that made them take part in the first place?**
4	**Barriers**	**What barriers did the person have to overcome to be able to participate (e.g. personal or because of service/project limitations)?**
	Insecurity and social isolation. Afraid of a neighbour.	
5	**Challenges**	**What challenges were there to overcome for the person to participate?**
	Going out unaccompanied. Sometimes J came on her own but sometimes we had to go and meet her.	
6	**Changes**	**What changes did the person see/make in their lives as a result of participating (specific things e.g. got a job, lost weight, joined a gym)?**
	With the support offered, the issues with housing and neighbour were resolved, so she is quite happy to walk to activities by herself. She is a more outgoing and confident person and enjoys the fact that she can walk from A to B without someone going to get her, so she has her independence back.	
7	**Wider benefits**	**Information about the wider effects of the changes (e.g. in the person's family or community)?**
	Peer mentors helped identify the issues, went with her to the council to try and sort things out, and she can now talk to them herself.	
8	**What was good**	**Anything about specific aspects of the project that helped the person?**
	Finding people she could trust and who could help her with personal problems.	
9	**What could be improved/added**	**Any ideas that would benefit the future work of the project or help sustain the person's changes?**
10	**Aspirations**	**Does the person have any aspirations/plans to change/develop further, and if so what?**
	J is planning to take over 2 of the activities when the funding runs out.	
11	**Quotation**	**A direct comment that sums up the person's experience**
	Without the group I would not be where I am today	

APPENDIX Div

TEMPLATE FOR CASE STUDIES WITH INDIVIDUALS

1	**Project context**	**Some details about the specific activity the person took part in**
	The Weight Management Group was facilitated by a My Time Active Health Trainer and supported by a peer mentor.	
2	**Personal context**	**Something relevant to give a personal context (e.g. their age, gender, socio-economic factors, first name/pseudonym but nothing to identify the individual)**
	B is a lady in her 40s with some medical issues.	
3	**Motivation**	**What was it about the project that made them take part in the first place?**
	B wished to lose weight and interact with like-minded people in a small group. She wanted to learn how to buy and eat healthy foods within her limited budget. She was actively encouraged to join this group by her Work Programme Advisor at WT.	
4	**Barriers**	**What barriers did the person have to overcome to be able to participate (e.g. personal or because of service/project limitations)?**
	B openly admitted to be suffering from anxiety, depression, and fear of large crowds. She prefers to be safe in her own home.	
5	**Challenges**	**What challenges were there to overcome for the person to participate?**
	B had to overcome her fear of groups of people, shyness, inhibitions, pressure from her father, low self-esteem and walking into the group on her own. (The peer mentor would meet her and walk with her to the group.)	
6	**Changes**	**What changes did the person see/make in their lives as a result of participating (specific things e.g. got a job, lost weight, joined a gym)?**
	The changes in B are both physical and psychological. She has lost weight, spoken out in the group, and participated in discussions. She has laughed, shared and enjoyed the group's company and positive attitude. She has learned to accept herself and respect her own value. She has continuing pressure from her father to conform to what he wants his daughter to look like, to achieve and to behave. She is working towards breaking that paternal dominance. From the healthy eating choices, B has decided to eat a proper breakfast of cereal and fruit instead of just an apple as was her custom. She thought she would lose weight faster if she stuck to an apple for breakfast but found that by mid-morning she was hungry, lethargic and carving junk food. Making this healthier choice has made B see the benefits and she can now manage through to lunch time feeling satisfied.	
7	**Wider benefits**	**Information about the wider effects of the changes (e.g. in the person's family or community)?**
	B is now more outgoing and willing to engage in more social activities i.e. cycling. She has a more positive attitude to life and can cope with her father better. She is also more positive towards her own daughter and forthcoming new grandchild.	
8	**What was good**	**Anything about specific aspects of the project that helped the person?**
	The project has been very beneficial to B. She feels good about herself, accepted in the group and has learned to trust people.	
9	**What could be improved/added**	**Any ideas that would benefit the future work of the project or help sustain the person's changes?**
	B wants to continue to lose weight and attend the group. She suffers from SAD so will need encouragement to attend the group during the autumn/winter. She admits she needs the	

	weekly support and friendship she receives there. B gets on well with the My Time Active trainer who leads the group and hopes the project will get the funding needed to carry on.	
10	**Aspirations**	**Does the person have any aspirations/plans to change/develop further, and if so what?**
	There are many positive changes in B's life. She is cycling every day so she is out of the house. She laughs more readily and is chattier. She has changed her social habits and understands that some of her old friendships are not beneficial for her. She has signed up to cycle 175 miles to and from Eastbourne next June (2015). She has put down a deposit on a new road bike for this venture so in her own words she is "committed and no backing out now".	
11	**Quotation**	**A direct comment that sums up the person's experience**
	"I would never have thought myself capable of taking on such an adventure as cycling 175 miles but I want to help others". The peer mentor says "This in my opinion shows how much progress B has made from being a shut-in, isolated depressive, to becoming an energetic, thoughtful and outgoing lovely person."	

APPENDIX Dv

TEMPLATE FOR CASE STUDIES WITH INDIVIDUALS

1	**Project context**	**Some details about the specific activity the person took part in**
	The person attended the Rowner Walking Group and the Cookery Club at Rosie's Kitchen	
2	**Personal context**	**Something relevant to give a personal context (e.g. their age, gender, socio-economic factors, first name/pseudonym but nothing to identify the individual)**
	P is a lady in her mid-40s.	
3	**Motivation**	**What was it about the project that made them take part in the first place?**
	P wanted to take part in the walking group for her own, and her family's wellbeing. She wanted to lose weight and become healthier for herself and her child, and also gain knowledge about healthy eating.	
4	**Barriers**	**What barriers did the person have to overcome to be able to participate (e.g. personal or because of service/project limitations)?**
	P could only do limited activities due to her weight. This gave her low self-esteem and most activities with her family were a task.	
5	**Challenges**	**What challenges were there to overcome for the person to participate?**
	Low self-esteem made it hard to motivate herself.	
6	**Changes**	**What changes did the person see/make in their lives as a result of participating (specific things e.g. got a job, lost weight, joined a gym)?**
	Since P began participating in the groups she has begun to lose weight as a result of physical activity and eating healthier. This has resulted in her confidence increasing and her self –esteem rising. She has been able to do more outdoor activities with her family and so is making herself a lot happier.	
7	**Wider benefits**	**Information about the wider effects of the changes (e.g. in the person's family or community)?**
	P has a lot more knowledge of healthy eating and exercise so has begun to lose weight which is making her more active, healthier and confident. The family are enjoying the healthy changes and new foods.	
8	**What was good**	**Anything about specific aspects of the project that helped the person?**
	What was specifically good for P was that the groups were local and close to home so she could walk to them. What has also been good is the knowledge she has taken on board about healthy eating on a budget and that exercise doesn't cost.	
9	**What could be improved/added**	**Any ideas that would benefit the future work of the project or help sustain the person's changes?**
	To continue losing weight and becoming more active, P will need the support and encouragement from outside sources i.e. the Cookery Club and the Walking Group.	
10	**Aspirations**	**Does the person have any aspirations/plans to change/develop further, and if so what?**
	P would like to maintain weight loss, get more ideas about healthy eating so as not to get bored of the same foods, be able to join further fitness groups when she becomes more confident and would like to engage with a Health Trainer.	
11	**Quotation**	**A direct comment that sums up the person's experience**
	My experience was challenging but fun and life changing as I'm a lot happier, knowledgeable, confident and enthusiastic about my, and my family's, future.	

APPENDIX Ei

SUMMARY DATA FROM SELF-ASSESSMENT WELLBEING QUESTIONNAIRE

The Self-assessment questionnaire can be seen as Appendix 1ii. Not all respondents gave answers to all the questions so the totals for each question may not tally.

	Number of respondents giving this score						
Score	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Q1 - pre	1	1	3	1	1	4	5
Q1 - post	2	0	1	2	1	6	5
Q2 - pre	0	2	1	1	3	5	4
Q2 - post	0	0	1	1	3	7	5
Q3 - pre	3	0	2	1	0	3	8
Q3 - post	0	0	1	1	1	5	9
Q4 - pre	6	1	6	0	0	0	3
Q4 - post	6	1	4	2	1	2	1
Q5 - pre	1	1	2	2	0	1	8
Q5 - post	1	1	1	1	1	1	9
Q6 - pre	3	0	0	4	0	0	10
Q6 - post	3	0	0	1	0	0	13
Q7 - pre	3	0	0	1	0	0	10
Q7 - post	2	0	0	4	0	0	13
Q8 - pre	0	2	3	3	2	4	3
Q8 - post	1	1	0	1	1	6	7
Q9 - pre	4	2	1	3	3	0	4
Q9 - post	2	2	0	4	1	3	7
Q10 - pre	1	1	4	0	0	1	5
Q10 - post	2	1	1	0	1	2	8
Q11 - pre	1	0	1	3	0	4	5
Q11 - post	1	0	0	2	0	2	8
Q12 - pre	2	0	1	2	0	2	6
Q12 - post	1	1	0	1	0	4	9
Q13 - pre	2	2	1	2	2	1	4
Q13 - post	1	1	1	4	1	3	5

APPENDIX Eii

SUMMARY DATA FROM HEALTHY EATING QUESTIONNAIRE

The Healthy Eating questionnaire can be seen as Appendix 1iii. Not all respondents gave answers to all the questions so the totals for each question may not tally. Answers to Q8 and Q9 regarding personal goals were confused and have not been included here.

	Number of respondents giving this score					
	Score	**1**	**2**	**3**	**4**	**5**
Questions						
1) How confident are you when shopping about choosing healthy foods? (1 = no confidence and 5 = very confident)	**Q1 - pre**	2	1	10	2	5
	Q1 - post	2	0	7	4	9
2) During an average week, how often do you prepare and cook a main meal from basic ingredients? (1 = daily, 2 = 4-6 times, 3 = 2-3 times, 4 = once a week, 5 = never)	**Q2 - pre**	4	3	5	3	5
	Q2 - post	2	3	8	3	5
3) How able are you at cooking with fresh ingredients and following a recipe? (1 = not at all able, 5 = very able)	**Q3 - pre**	5	1	2	4	10
	Q3 - post	1	3	5	4	9
4) On average, how many portions of fruit do you eat a day?	**Q4 - pre**	6	5	8	2	0
	Q4 - post	4	6	8	2	2
5) On average, how many portions of vegetables do you eat a day?	**Q5 - pre**	5	4	10	3	0
	Q5 - post	3	7	11	0	1
6) Do you consider portion sizes when serving meals	**Q6 - pre**	YES: 14	NO: 7			
	Q6 - post	YES: 16	NO: 6			
7) In the last 7 days, how many times did you have takeaway/fast food? (1 = none or 1, 5 = 5 or more)	**Q7 - pre**	14	3	2	1	1
	Q7 - post	12	5	3	1	1

APPENDIX Fi

EVALUATION VISIT TO ROWNER HEALTHY ACTIVITES GROUP

GROUP: **Rowner Healthy Activities Group**	VISIT DATE: 10/9/14
PEER MENTOR: T	NUMBER OF PEOPLE: 10 (2 males, 8 females)
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Parish rooms- heard others talking • Venue manager • Leader gave talks about the groups to other groups • As already a volunteer at the venue I heard about it • Leaflets • Face Book • Via the local primary school
2. WHAT WAS GOOD ABOUT IT?	• Chilled • Have a laugh • Walks • Company • Exercise but because in company it feels less of a chore • Laughter • Mixed group • Real people – not like going on a course so non-threatening • Quizzes • Tasted food I'd never have thought of eating
3. HOW HAS IT CHANGED YOUR ATTITUDE TO HEALTHY EATING AND PHYSICAL EXERCISE?	• Changed attitudes to food • More adventurous to try new food • Been fed • Tried things for free e.g. fruit as that is expensive • As a single parent it has helped me • Seen fun ways to exercise • The group has made me more confident and outspoken – I'm not like this in all groups • Affected what food and drink are now given at a children's group
4. WHAT COULD BE DONE IN FUTURE TO MAKE IT BETTER?	• Want the group to continue • Looking for others to continue it • Need to be more organised from the start, especially as first Wheatsheaf co-ordinator went off long term sick • More time to set up and publicise - 6 months unrealistic • In future, work more in partnership with Aggie Weston (another local organisation) in order to share staff costs, use faces already known in the area, and spread the work to other existing groups
5. EVALUATOR'S PERSONAL OBSERVATIONS	• Friendly and welcoming • Real sadness at group ending • A deprived community and literacy levels a possible issue for written evaluation work • Today's activity was food tasting (3rd in a series to get group to try new foods) - was surprised by how basic the level of activities needed to be, but participants clearly loved attending and had got a lot out of the group

APPENDIX Fii

EVALUATION VISIT TO TOWN HEALTHY ACTIVITES GROUP

GROUP: **Healthy Activities Town (after school club)**	VISIT DATE: 24/9/14
PEER MENTORS: T and R	NUMBER OF OTHER PEOPLE: approx. 20 children and various parents. I spoke with 3 mother's and 1 volunteer
QUESTIONS	ANSWERS
6. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Wheatsheaf • Via talks given to another group • Word of mouth • School coffee morning
7. WHAT WAS GOOD ABOUT IT?	• Things for the kids to do • Kids tried foods they wouldn't otherwise have eaten • Kids made friends with children not at their school • Helped make friends because only recently moved to the road • Leaders gained trust with residents which is usually hard to do, and in a short time • Need things like this in the area
8. HOW HAS IT CHANGED YOUR ATTITUDE TO HEALTHY EATING AND PHYSICAL EXERCISE?	• Buy more fruit for the children • Enjoy the outdoor games • We eat healthily anyway but it has been a good way to meet other local people
9. WHAT COULD BE DONE IN FUTURE TO MAKE IT BETTER?	• Sadness that it has run for such a short time and leaders might go • Local volunteer and local mother keen to help keep it going • Need to target the children in order to reach the parents
10. EVALUATOR'S PERSONAL OBSERVATIONS	• Deprived area, mostly social housing, lots of children of primary and early secondary age • Leaders keep records and ring to check if families are OK if they don't turn up • Leaders have gained the trust of local people which is apparently hard to do • Funding for project not really aimed at children but local opinion seems to feel that this is the best way to engage hard to reach parents • Didn't get to speak to any children because they were all engaged in outdoor games, but noted the happy atmosphere and general good behaviour

APPENDIX Fiii

EVALUATION VISIT TO ROSIE'S KITCHEN COOKERY CLUB

GROUP: **Rosie's Kitchen Cookery Group** (community café)	DATE: 29/9/14
PEER MENTOR: S with occasional help from G	NUMBER OF OTHER PEOPLE: spoke with 1 male and 5 female participants (one was 13 yrs). Chef present plus numerous children
QUESTIONS	ANSWERS
11. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Wheatsheaf x 2 • Church – talk given by Tricia • Word of mouth • Flyer in café • Chef talks to customers if they show interest in the leaflets
12. WHAT WAS GOOD ABOUT IT?	• Helps women who aren't very good at cooking but don't want to admit it • Given me my confidence back. Did it at college but been out for a year so this is getting me back into a group and cooking. • Meet new people • Eat what we make together and are talking without any TV. Nice to do something together after school (mother who attends with her 2 children) • All learn equally together and picked up new things (mother who attends with her 3 children) • Socialising with others in same situation i.e. have children and on a budget • Learning new recipes and meeting new people (13 yr old who cooks at home each evening for 6 or 7 people)
13. HOW HAS IT CHANGED YOUR ATTITUDE TO HEALTHY EATING?	• Yes, I'm cooking healthier and have changed portion sizes • Yes – learned new healthy stuff, but do eat healthily anyway • Yes - Made toad in the hole from scratch for the first time • Yes – children have eaten things they haven't tried before, and will use it long term • Learned to bulk out my meals with vegetables and eat fruit. Now put salad in sandwiches. I cook well for the children but neglect myself and don't eat properly • My aunty tasted one of the recipes I used at home and asked me to cook it for her, so passing it on to others too
14. WHAT COULD BE DONE IN FUTURE TO MAKE IT BETTER?	• Want it to continue – wouldn't change anything, like it as it is • One person has offered to run it and has approached Wheatsheaf to discuss • Would like to add another group on a different day • Needs to be 12 weeks long so at least 12 recipes can be given and adapted throughout the year
15. EVALUATOR'S PERSONAL OBSERVATIONS	• Attended the last session which was an ending party rather than a cookery session

	• Venue is a community café and was lent free of charge for 6 months, with the chef attending in a voluntary capacity to enable insurance cover • Peer mentor has new job so can't continue • Wheatsheaf will need to notify participants if the group continues • Can't use same venue in future as opening in the evenings

APPENDIX Fiv

EVALUATION VISIT TO ROWNER WALKING GROUP

GROUP: **Town Walking Group**	DATE: 19/9/14
PEER MENTOR: T	NUMBER OF OTHER PEOPLE: 9 (3 males, 5 females, 1x8 yr old child, 1 dog!)
QUESTIONS	ANSWERS
16. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Wheatsheaf • Notice board of local community housing building • Flyer in Morrisons • Via another group • Thorngate Theatre
17. WHAT WAS GOOD ABOUT IT?	• Healthy • Exercise • Lose weight • Meeting people • Friendly • Non-judgemental • Not competitive • All ages, both sexes, diverse group • Seeing the sights of Gosport (2 people were new residents to the area) • The care within the group – know each other's needs and look out for each other • The leader – a real gift of encouragement and understanding diversity and equality issues • The leader – has brought people together even though it is such a diverse group • 1 person had been long term ill and the group enabled her to start walking again • 1 person had attended with a view to bringing a friend with mental health issues – the friend never came but the woman had stayed • 1 person with Parkinson's – group has got her out again • 1 person walks with a stick – has no trouble doing the walks
18. HOW HAS IT CHANGED YOUR ATTITUDE TO PHYSICAL EXERCISE?	• Stopped me being lazy and staying at home • Been ill and had low stamina – group has got me out of the house and walking in a group makes it worth doing, gives motivation • Person with diabetes – walking has lowered their blood sugar levels • Person with Parkinson's – group has given me a reason to get out and I feel better
19. WHAT COULD BE DONE IN FUTURE TO MAKE IT BETTER?	• Pay the leader so group can continue • Determination to keep group going but questions as to whether it would be possible given how important the leader has been to people's sense of care and belonging • Sadness that it has run for such a short time and leader might go
20. EVALUATOR'S PERSONAL OBSERVATIONS	• Very friendly and welcoming • Leader has everyone's phone numbers and rings to check if they are OK if they don't turn up • She brings fruit for everyone to eat at the start and along the way

	• No fuss about clothing or shoes…people walked in flip flops, one with a walking stick • Meet and walk for about 2.5-3 hrs and walk significant distances…today's walk was going to be 8 miles • The group has clearly changed people's lives for the better, including the leader

APPENDIX Gi

MANAGERS' INTERVIEWS FOR EVALUATION PROCESS

Jackie Powers, Deputy Chief Executive, The Wheatsheaf Trust (wrote original bid for the funding to deliver the project)		
	QUESTIONS	**ANSWERS**
1	What was important or special about this project for: • you personally? • your organisation? • Gosport?	• This project was an opportunity to link health considerations with our core work • In Gosport it has raised our profile in areas of the community that our clients live
2	What have you seen as the most effective ways to communicate with/break down barriers to participation the target client group?	• Personal approach • Wheatsheaf Trust staff encouraging clients to partake • Mentors having empathy with the client group • Flexible approach • Activities linked to client
3	Do you think the aims and objectives of the project were met?	• Yes
4	What, in your opinion, went well?	• Activities that are local, community led (mentor) and easily duplicated • Rosie's Kitchen – Healthy eating is an example of a project that could continue because of the community, it is not a WT project
5	What, in your opinion, didn't go so well?	• Activities where a new skill is required – cycling
6	What do you see as the lasting legacy/learning?	• The project was voluntary so people had no pressure to try something without feeling a failure if they didn't like it • Linkages of health and employment services provision
7	What would you do in the future if funding continues and the work could be extended?	• This project did well because it was running over the summer months – the challenge is to compare and contrast this through winter
8	Any other comments you'd like to make?	• This project has been a wonderful opportunity for people facing health concerns to support and help other people facing health concerns and to engage and partake in activities that will improve their lives

APPENDIX Gii

MANAGERS' INTERVIEWS FOR EVALUATION PROCESS

Donna Simpson, Health and Wellbeing Partnerships Officer, Gosport Borough Council (commissioned project and had oversight of project delivery, monitoring and evaluation)		
	QUESTIONS	**ANSWERS**
1	What was important or special about this project for: • you personally? • your organisation? • Gosport?	• Having a tangible project enabled demonstration of what my role is about both internally and externally to GBC. Gave me a chance to use my knowledge of development of these two communities. • Demonstrating the district council's role impacting on public health issues. The project was owned by the Gosport Health and Wellbeing Partnership as project activity within the strategic plan on healthy weight – tangible and understandable. • The health inequalities in Gosport are significant and the project addresses these. • The areas have a strong community ethos so it is important to have community projects to deliver this type of work, and it has definitely impacted the hard to reach.
2	What have you seen as the most effective ways to communicate with/break down barriers to participation the target client group?	• Peer mentors • Verbal communication on a level the communities understand • Message given by people they relate to i.e. not agency
3	Do you think the aims and objectives of the project were met?	• On the whole, yes. Still think we are unclear about best communication methods.
4	What, in your opinion, went well?	• Peer mentor model worked well. The original model was to use volunteers but WT shared hours out so as to employ the mentors and it worked really well. • Steady number of local people participating, particularly the Cooking, Walking and Healthy Activities groups • Link to employability – referrals to and from WT work programmes • Project co-ordination, aside from data collection issues. First Co-ordinator went off long term sick and having the other 2 WT staff taking over and keeping the project on track went well and was useful.
5	What, in your opinion, didn't go so well?	• Collection of data • Needed a mechanism to collect communication methods • Signposting
6	What do you see as: • the learning?	• Peer mentors need to understand the project and its wider context from the start, including why data collection is important. They have owned the intervention without understanding the bigger picture of why they are doing it in the first place, and this led to some supervision issues for keeping the work on track. Originally

	• the lasting legacy	the idea was to get people in to deliver the activities but the mentors have actually done it themselves. However, this might make it more sustainable in the long run. Possibly need to look at management styles of peer mentor as Project Co-ordinator versus WT staff who took over. • Peer mentor model works well if supported by an organisation in the background. Contracted hours helped – wonder if they would have volunteered if it hadn't been an opportunity to enhance their employment skills? • Highlights links to wider determinates of health and how community based projects can empower individuals - its subtle but powerful: e.g. they gain confidence through cookery classes and then might go along to other activities, and by meeting others can share ideas, experience and hear from their peers how to resolve other issues e.g. with local council departments. • Gained interest from Public Health at County Council level where the learning has been shared and could be taken forward in other places.
7	What would you do in the future if funding continues and the work could be extended?	• Training for mentors to understand background and context • Review data collection methods • Activities going forward – carry on successful ones with a clear view of sustainability • Encourage new and different people to engage
8	Any other comments you'd like to make?	

APPENDIX Giii

MANAGERS' INTERVIEWS FOR EVALUATION PROCESS

Mohammed Khan, Project Manager, The Wheatsheaf Trust (managed project delivery)		
	QUESTIONS	**ANSWERS**
1	What was important or special about this project for: • you personally? • your organisation? • Gosport?	• The tender stood out as an area of work WT had not been involved with before, so I went to the DCX to request a proposal was made to deliver the project • Public health was an area WT had not considered and it has been really interesting to see how the project developed. WT changed the original brief in order to develop the peer mentor model. WT will be keen to think about health as a factor in employability and incorporate the learning into the IAG given to clients WT is already supporting. • Gosport is very fragmented and divided geographically. WT knew this but the divide between Town and Rowner is huge and they hadn't appreciated just how different things are in terms of the provision of services, the ability to access and the unwillingness to travel even if activities are free. This realisation will help in future because we now know to clearly communicate and market activities in each area, for that area.
2	What have you seen as the most effective ways to communicate with/break down barriers to participation the target client group?	• Door knocking and word of mouth – community projects need word of mouth. Face Book never happened because we lost the first co-ordinator, but keen to pursue some kind of social media in phase 2.
3	Do you think the aims and objectives of the project were met?	• Generally yes • Work is needed on networking and communication • Paid peer mentors were successful, but not recruiting volunteers. This could be looked at in phase 2 as a means of sustainability. • Supporting peer mentors to develop activities themselves had some success but they had strong ideas that needed managing • Increasing numbers of residents participating in healthy eating, good success. Increasing numbers of residents in physical activity, some success. Want to develop both in phase 2. Some momentum was lost when the first co-ordinator went off sick and the second person needed to re-engage the peer mentors to get them back on track. • Signposting was to some extent successful but we can't measure effectiveness.
4	What, in your opinion, went well?	• The cookery clubs and the walking groups • Seeing 6 months on the difference the project has made to the peer mentors
5	What, in your opinion, didn't go so well?	• The cycling didn't take off despite exploring ways to make it work. Peer mentor struggled to recruit and get people to engage. Maybe it is because

		people perceive bikes as a main means of transport and not as a leisure activity.
6	What do you see as the lasting legacy/learning?	• That people who took part in any of the activities will continue to benefit and be inspired to review their physical and healthy eating lifestyles.
7	What would you do in the future if funding continues and the work could be extended?	• Engage greater numbers of participants • Add training for paid peer mentors to develop their employability longer term • Develop volunteer peer mentors with specific skill sets • Do as much as possible to engage residents with activities that are impartial, unbiased and available to everyone – not get side tracked by existing groups with their own agendas
8	Any other comments you'd like to make?	• It was a very fun project to participate in. • It was well received within WT with the clients • Can market better going forward • Hope to sustain activities as an exit strategy in phase 2 • Has given WT an insight to working with public health which is not an area they have worked with before

APPENDIX Giv

MANAGERS' INTERVIEWS FOR EVALUATION PROCESS

Claire Swann, Project Co-ordinator, The Wheatsheaf Trust (supervision of peer mentors and day to day co-ordination of the programme)		
	QUESTIONS	**ANSWERS**
1	What was important or special about this project for: • you personally? • your organisation? • Gosport?	• Have done community/outreach work for WT before, so leading a group of peer mentors put the skills together • WT lead the project with a focus on employment for the peer mentors beyond the life of the project, as well as focusing on project delivery • Developed community interventions where there was a need that wouldn't have been provided for otherwise
2	What have you seen as the most effective ways to communicate with/break down barriers to participation the target client group?	• Speaking, talking, hands on communication
3	Do you think the aims and objectives of the project were met?	• On the whole yes
4	What, in your opinion, went well?	• Reliable peer mentors who were community based, understood the needs of that community and were flexible and driven to develop the interventions.
5	What, in your opinion, didn't go so well?	• Leafleting through doors, specifically for cycling activities. It generated no enquiries or take up. Some of the activities didn't go as well as expected.
6	What do you see as the lasting legacy/learning?	• Need to find a better mechanism to track attendance, and also a way to follow up initial interest and turn that into regular attendance at activities.
7	What would you do in the future if funding continues and the work could be extended?	• Expand the support available for healthy eating e.g. peer mentors offering a coaching/support role to individuals, to include personal meal planning, going shopping with them, assisting them cook plus information on sourcing cheap healthy food, market days, recipe cards etc. Could develop a Facebook page.
8	Any other comments you'd like to make?	• Keen to allow peer mentors to further develop their community skills. They are good at engagement but could expand into signposting and wider support. Need to resolve the effectiveness/validity of activities aimed at children with a view to engage parents.