GOSPORT WELLBEING PROJECT

FINAL REPORT - PHASE 2

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

Evaluation and Report – Anne Hutchins

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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.

An Interim Report was produced in June 2014, and an Evaluation Report for Phase 1 (delivery period April to October 2014) was produced in November 2014. Both are available on request.

Towards the end of Phase 1, a six month funding extension was granted (November 2014 to April 2015, plus an additional month to May 2015), identified as Phase 2.

This report evaluates Phase 2, and amalgamates the learning from both phases to serve as the Final Report for the project.

Evaluation of the work used a mix of qualitative and quantitative data, and focused on evidencing achievement of the project objectives. Simplified questionnaires and interview pro-forma were developed with the aim of creating tools that can be reproduced in future projects.

An innovative paid peer mentor model was adopted for delivery of the activities, 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. Within their role, the peer mentors took responsibility for identifying community needs, organising and delivering activities, encouraging participation, and collecting information data for monitoring and evaluation. **The success of this model is the outstanding outcome of the project, and has led directly to the engagement of hard to reach residents.**

When combined, the quantitative and qualitative data provide evidence that the aim and objectives of the project were clearly met. Barriers to participation were understood and mitigated, effective methods of communication for hard to reach residents were developed, and local activities initiated that demonstrated the desired outcomes of increased healthy eating, physical activity and mental wellbeing. The personal stories from the peer mentors and activity participants were moving to hear and a privilege to record, with declarations that their lives had been changed as a result of this project.

Section 5 summarises the key lessons learned throughout the whole period of project delivery, with the aim of providing evidence based insights that might be helpful for future initiatives. The lessons are grouped under the headings:

- Paid peer mentors
- Evaluation
- Long term funding
- Involvement of commissioners and evaluators
- Communication

GOSPORT WELLBEING PROJECT

FINAL REPORT - PHASE 2

1 Introduction

1.1 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.

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

1.3 Phase 1 project delivery was carried out between March and October 2014. In September 2014, a six month extension of funding was granted so that delivery could continue until April 2015, and then a further month was added so the work continued until May 2015. An evaluation report for Phase 1 was published in November 2014 and is available on request. It contains the background information to the project which will not be repeated in this report for Phase 2.

1.4 Overall, the evaluation for Phase 1 clearly demonstrated the effectiveness of using a model of paid peer mentors for reaching hard to engage communities. It also highlighted the difficulties mentors had with record keeping and the collection of monitoring and evaluation data. The Phase 1 report outlined actions that would be necessary in order to improve matters during Phase 2, and these can be summarised as:

- Review all activities and the methods used for advertising them
- Undertake additional community consultation
- Repeat the model of paid mentors and recruit additional ones
- Review the paperwork and collection methods for monitoring and evaluation
- Provide some training for peer mentors to help them understand the reasons and importance of record keeping

- Involve the evaluator more closely during the delivery phase

1.5 Section 4 describes both the project delivery and the relevant evaluation for Phase 2, and is written using the project objectives listed in Section 2 as the main headings.

1.6 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

2.1 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

2.2 As a result of the lessons learned during the evaluation of Phase 1, three additional objectives were added for Phase 2:

- Improving record keeping
- Recruiting additional peer mentors

- Developing links in order to support activities being delivered as part of the county's wider healthy weight/physical activity agenda

3 Monitoring and Evaluation Framework

3.1 The underpinning approach to the project was one of partnership. The Monitoring and Evaluation Framework for Phase 1 was designed as a collaboration between the evaluator, the Project Manager of WT, and GBC. WT managed the peer mentors and collected from them the agreed monitoring and evaluation tools and paperwork.

3.2 As a result of the lessons learned in the first phase of the project, Phase 2 began with a review of the Framework, along with all the completed tools and paper work that had been used in the monitoring and evaluation process for Phase 1. The evaluator ran a training session for the peer mentors on the importance of keeping records and gathering data to monitor and evaluate project activity. This enabled them to understand how the tasks of data collection from their own activity group contributed to the wider context of measuring outcomes, and fulfilling funding obligations and accountability.

3.3 New registers and questionnaires were designed to ensure record keeping was both simplified and made more relevant to measuring specific outcomes. The peer mentors retained responsibility for ensuring activity participants completed the agreed paperwork, and the Project Co-ordinator kept a greater scrutiny of the activity group registers, and passed the paperwork to the evaluator more frequently. This enabled correlation and timely follow up of missing information, and the closer involvement contributed to a more complete set of quantitative data for Phase 2 than had been achieved in Phase 1.

3.4 Following the review at the end of Phase 1, the following methods for gathering monitoring and evaluation information were agreed for Phase 2:

- A Basic Data sheet – to be completed by every individual contact. This was greatly simplified from the version used in Phase 1 (**Appendix Ai**).

- A Physical Activity questionnaire – to be completed pre and post activity by those participating in groups run to increase physical activity. This new questionnaire was designed for Phase 2 from certain questions in the Phase 1 Wellbeing questionnaire that showed a quantitative shift in physical activity behaviour (**Appendix Aii**). The Wellbeing questionnaire from Phase 1 was not used in Phase 2 as consultation indicated participants thought it was too long and the questions too intrusive.

- A Healthy Eating questionnaire – to be completed pre and post activity by 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**).
- A template for case studies - to be used towards the end of the delivery phase.
- A template to interview the peer mentors to evaluate their experience - to be used towards the end of the project.
- A template for 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 By involving the peer mentors in some training about record keeping and the reasons for monitoring and evaluation, and by keeping closer watch during the delivery period, the record keeping and process for undertaking the evaluation for Phase 2 was more efficient and productive than in Phase 1.

4.1.2 The effort to create a simple means of measuring change quantitatively was greatly improved during Phase 2. Low literacy levels meant some participants required one to one assistance completing them, but this additional effort ensured their views were recorded. The questionnaires would still need refining and simplifying in format for future use, but they have succeeded within the parameters of this project to demonstrate self-reported improvements in healthy eating and physical activity. It was unfortunate, but not unexpected that a number of participants were not in attendance on the days when the evaluations were carried out. Despite that, however, pre and post activity questionnaires were completed by 56% of participants for Physical Activity and by 64% for Healthy Eating.

4.1.3 The templates of questions for managers, peer mentors, activity evaluation visits and case studies proved helpful tools to capture qualitative information.

4.1.4 It was encouraging to note that having engaged in one activity, a significant number of residents joined at least one other activity group. This confirmed the value of offering a range of activities, and offering them in each locality so that access was not a barrier to engagement.

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 In Phase 1 the target for participants was 200. Basic Data sheets were completed by 235 adults, although the actual number was higher than this because it did not include the unrecorded number of children who attended activities with a parent. In Phase 2, the sheets were completed by 72 adults, with an additional 32 children who attended the After School Club. A participant target was not set by funders for Phase 2. Given that an estimated 12 individuals had their data recorded twice (included in both Phase 1 and 2), the total number of recorded participants throughout the year of delivery was approximately 327 people.

- Post codes for participants was almost equally divided between the two target wards
- The answers to the question about children affected indicated that 275 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
- 10% of participants were under 16 years of age
- The majority i.e. 49% of adult participants were between 26 and 49 years of age
- 30% of adult participants were over 50 years of age
- With very few exceptions, participants defined their ethnicity as White British, and this is in line with the ethnic diversity profile for Gosport

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

4.3.1 Engagement

4.3.1.1 During Phase 1, the strategy to engage residents and find out their needs and interests included:

- Distributing leaflets and posters in public areas such as GP surgeries, libraries, dentists, chemists, Gosport Voluntary Action, community centres, local schools and through doors
- The Co-ordinator and peer mentors attending various events at local schools and community venues
- The Co-ordinator and peer mentors visiting and giving 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)

- A Family Fun Day to Bere Forest with a walk and healthy picnic was organised in April to engage local residents, and all those attending went on to join project activities

4.3.1.2 In response to these consultations, 10 activities were set up, running weekly, and details of these can be found in the Phase 1 Report.

4.3.1.3 Towards the end of Phase 1, WT held a community consultation event which was attended by approximately 30 participants and peer mentors. The aim was to review the Phase 1 activities, further discuss barriers to participation, and gain ideas for new activities for Phase 2. In response to this event, the Town Walking group, the Allotment group and the Rowner Healthy Lifestyles group were continued from Phase 1, and nine other activities were initiated. The activities for Phase 2 can be found in **Table 1** below.

4.3.1.4 In Phase 2, the engagement strategy included:

- Distribution of flyers and posters
- Regular door knocking by mentors in each area
- Attendance by the mentors at community events including Gosport and Rowner Open Days and a stand at the entrance to the Town supermarket
- Informal contacts at school gates and in the Family Centre

Table 1 Summary of Activities, Phase 2

	ACTIVITY	NUMBER OF WEEKLY SESSIONS HELD	NUMBERS ATTENDING DURING PROJECT	EVALUATION COMMENT
1	**Town Cookery** – Monday 10.30-12.30pm, Christchurch Hall. Offered cookery demonstrations using healthy ingredients, cooking with recipes and cooking on a budget, followed by group lunch to eat the meal prepared. Attended by adults.	19	21	Popular, with evidence from questionnaires of engagement and change.
2	**Town Allotment** – Tuesday 1.00-3.00pm, Seafield House. Offered physical activity through gardening, and awareness of healthy eating through using produce from the community allotment.	26	6	Small group but popular, with evidence from questionnaires of engagement and change. No produce was grown during the winter, but much had been planted by the time of the evaluation.
3	**Rowner Cookery 1**– Tuesday 4.00-6.00pm, Rowner Family Centre. Offered cookery demonstrations using healthy ingredients, cooking with recipes and cooking on a budget, followed by group supper to eat the meal prepared. Attended by adults, a significant number of whom came from the Guinness Trust and had learning difficulties. They attended to gain skills for independent living.	24	15	Popular, but little evidence from questionnaires of change. One of the case studies was taken from this group.
4	**Rowner Walking** – Wednesday 9.30am, Rowner Family Centre. Offered gentle walks in local area to encourage young mothers with buggies and older people with long term conditions.	14	21	Popular, with evidence from questionnaires of engagement and change. One of the case studies was taken from this group.
5	**Rowner Healthy Lifestyles** – Wednesday 11.00-2.00pm, St Mary's Church Hall. Offered an introduction to healthy eating, food tasting, and low level physical exercise.	23	30	Popular, with evidence from questionnaires of engagement and change.
6	**Town Healthy Activities/After School Club** – Wednesday 4.00-6.00pm, Seafield House. Offered 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	44	36	After school club popular with children. Some evidence that parents got involved in the Town Cookery 2 group. One of the case studies was taken from this group.
7	**Town Table tennis** – Thursday 2.00-4.00pm, Conservative Club. Offered sociable games of table tennis regardless of ability.	24	23	Popular, with evidence from questionnaires of engagement and change
8	**Town Walking** – Friday 10.00-12.00pm, WT. Offered walks around Gosport or occasionally Portsmouth, between 4 and 12 miles a	28	19	Popular, with evidence from questionnaires of long term engagement and change.

	session, regardless of weather. Aimed at people with long term conditions.			One of the case studies was taken from this group.
9	**Town Cookery 2** – Friday 10.00-12.00pm, Seafield House. Offered cookery demonstrations using healthy ingredients, cooking with recipes and cooking on a budget, followed by group lunch to eat the meal prepared. Aimed at engaging adults from a hard to reach area.	18	13	Popular, with evidence from questionnaires of engagement and change.
10	**Rowner Bowls** – Friday 3.30-5.00pm, Offered indoor bowls and other games to encourage families to come and exercise together.	22	28	Popular, with evidence from questionnaires of engagement and change.
11	**Rowner Cookery 2** – Friday 4.00-6.00pm, St Mary's Church Hall. Offered cookery demonstrations using healthy ingredients, cooking with recipes and cooking on a budget, followed by group supper to eat the meal prepared. Aimed for families to attend.			No attendees. Will change time, day and venue to be run as a targeted activity for Supporting Families cohort as well as the community local to the venue.
12	**Town Cycling** – Sunday afternoon. Originally planned to offer cycle maintenance but no suitable premises could be found. In April 2015, started family cycle rides, but poor and sporadic attendance.			No evidence of success by time of evaluation.

4.3.2 **Barriers to participation**

4.3.2.1 In Phase 1, 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

4.3.2.2 In Phase 2, the key barriers to participation were noted by the peer mentors as:

- Starting some of the activities in winter – people can't be bothered to attend in poor weather
- Venues and/or times for the activities
- Transport – the bus timetables changed so one group had to change its meeting time
- Wording on publicity materials (see 4.4.2 for examples)
- Entrenched social isolation that residents were unable to break free from despite numerous contacts and encouragement – "routines and ruts – people get stuck, are hard to get talking, and want to stay safe"

- Fear that starting an activity might incur future cost
- Not having referrals from other organisations – “people have a fear of getting involved, and don’t want to come to something alone, so mentors who understand social isolation would have been a better way of targeting really isolated residents”.

Some of these barriers are further discussed in Section 5.

4.4 Developing effective networking and communication strategies

4.4.1 **Networking**: In Phase 1, 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. During Phase 2, the peer mentor networking was effective within the aim of the project, as evidenced by the number of overall participants, and the numbers engaged in more than one activity.

4.4.2 **Communication:** Phase 2 confirmed that for community projects aimed at engaging hard to reach residents, the following were the most efficient and cost effective ways to enlist participation:

- Word of mouth and repeated one to one chats by peer mentors who were local, trusted and seen to share similar backgrounds and problems. This was effective where contact details were taken and followed up with phone calls or texts.
- Flyers in community areas and posters on public place notice boards (e.g. GP surgeries, Children’s Centres, local schools, local sheltered housing, and libraries). Consultation and feedback from participants indicated these needed to be carefully worded, as in the following examples:
    - People were put off attending if the publications mentioned the word “healthy” e.g. *Healthy Cookery* was changed to *Cookery on a Budget*
    - The implied need for regular commitment rather than a drop in. People wanted to come and go as they wished, although after attending once, they usually committed to regular attendance.
    - The gender of the mentor. One activity targeting young mothers was run by a male, and mention of this on the flyers and posters put single women off attending. When it was not mentioned, they arrived at the activity, and the fact the leader was male became irrelevant.
- Repeated door knocking in each area

- Community events where there was time for mentors to chat to people

4.4.3 Communication that was not useful included:

- Static stalls with leaflets e.g. in the local supermarket where people did not want to stop and talk. These events were time consuming and not effective in converting contacts to engagement.
- IT, web sites and social media, although texting and Face Book were used by some of the mentors for keeping in touch with individual participants once they had engaged.

4.5 Recruiting residents as peer mentors and volunteers

4.5.1 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 employ 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.

4.5.2 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 un-employability, 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.

4.5.3 At the start of Phase 1, seven peer mentors were recruited, and five remained throughout the six month delivery period. The process was recorded in the Phase 1 Report. At the start of Phase 2, three of the original peer mentors were retained, and two additional mentors were recruited.

4.5.4 The peer mentors went through some initial training using the WT Induction modules, with additional training on record keeping, monitoring and evaluation provided by the evaluator at the start of Phase 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.

4.5.5 **Outcomes**

4.5.5.1 The Phase 1 Report contains moving testimony of the outcomes for four of the original five peer mentors. At the end of Phase 2, the three original mentors were interviewed again, plus the two new recruits. The interviews for Phase 2 can be found as **Appendix Ci to v**.

4.5.5.2 The evaluator and the managers all noted that for the three mentors who had been with the project since the beginning, the growth in their confidence to organise and run the groups, and deal with the evaluation paperwork, had increased markedly. The following quotes from each of them show how they have valued the opportunity the project has given them:

> *I have been a mentor from the start of Phase 1 and my confidence has gone on growing. I am actually quite ill, in pain and on medication. Initially I was severely depressed, but this has brought me out of my shell. Because of my conditions, I can't do physical care work, but I would love to find employment that enabled me to talk to people as a means of supporting them.*
>
> *(Peer mentor G)*

> *I love every aspect of the activities I've been involved in. I've come out of myself and love working with people.*
>
> *(Peer mentor R)*

> *I have been a mentor from the beginning and I have come on a real journey this last year. I'm doing things now I wouldn't have contemplated six months ago. The people in the groups are like family to me. I have obtained paid employment but if the project had continued I wouldn't have looked for other work as I love it all so much.*
>
> *(Peer mentor T)*

4.5.5.3 By the end of Phase 1, two of the five mentors had worked sufficient hours to come off benefits, and one had obtained an employed position. All five had been long term unemployed, and had significant long term physical or mental health issues. At the end of Phase 2, two

mentors had found paid employment, two will continue to work for WT as peer mentors to deliver a targeted healthy eating group for Supporting Families, and one remains actively looking for work. If the funding had continued, they would all have wished to remain with the project, and plan to stay involved in some of the groups in a voluntary capacity.

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. At the start of Phase 1, the peer mentors were so enthusiastic that they wanted to plan and run the groups themselves. At the start of Phase 2, the peer mentors were clear about which of the new activities they felt confident to run, and the three original mentors significantly extended the hours they were working.

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

4.6.4 Phase 2 has seen a continual commitment by many of the participants in terms of regular attendance and a willingness to volunteer to run the activities themselves. In terms of sustainability, an impressive five of the ten activities are going to continue running after the project ends. Four activities are going to be sustained by group members in a voluntary capacity. These will be: Rowner Walking, Town Walking, After School Club (Seafield) and Table Tennis. The fifth, based on the successful model of cookery demonstrations, group participation, shared meals and recipes to use at home, will be a healthy eating group run by two of the peer mentors using funding from Supporting Families. Participation for this group will be encouraged through the Supporting Families programme via signposting or direct referral from organisations, as well as being open to the wider community.

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

4.7.1 Quantitative results

The pre and post activity questionnaires were designed to enable participants to self-report changes in behaviour and attitude. Literacy levels for some of the peer mentors and participants was known to be low, so many existing health questionnaires would have been too complicated, looking for results at

too high an activity level. At the start of Phase 2, the questionnaires were revised and the Physical Activity one designed.

The Co-ordinator and evaluator worked closely together with the peer mentors, resulting in improved record keeping. For the Phase 1 evaluation, mentors were supposed to retain the pre activity questionnaires and return them to participants at the point when they completed the post activity questionnaire. This was not done, and so participants were unable to remember what they had written and the scoring improvements were poorly evidenced. In Phase 2, the pre questionnaires were kept by the evaluator and returned during the evaluation visits. Whilst no claim is being made as to the statistical significance of the results, the figures show a definite change in scores from before and after the activities in a way that gives a helpful quantitative backdrop to the qualitative interviews.

4.7.1.1 **Physical Activity questionnaire (Appendix Ei):** 28 out of a possible 54 participants (54%) completed a pre and post questionnaire for Physical Activity. The post activity scores showed that:

- There was an increase in people believing they moved enough to work their heart daily
- There was an increase in the numbers of people exercising three times a week rather than only once
- There had been an increase in the number of people who felt in control of their pain. This correlates with comments made during the evaluation visits when individuals commented that they had been told there was nothing that could be done medically to improve their pain levels, but the exercise was helping them control it better.
- There was an increase in the numbers of those very satisfied with both their physical health and their mental health

If the questionnaire is to be used in future, feedback indicated that clarification needs to be made to ensure people only answer Q2 or Q3, and not both. This confusion was remedied verbally during the collection of post questionnaires for Phase 2.

4.7.1.2 **Healthy Eating questionnaire (Appendix Eii):** 21 out of a possible 33 participants (64%) completed a pre and post questionnaire for Healthy Eating. The post activity scores showed that:

- There was an increase in confidence when shopping for healthy food
- There was an increase in the number of times per week people cooked from basic ingredients. This correlates with the

enthusiasm expressed for taking the demonstrated recipes home and doing them again by themselves or with the family.

- There was an increase in those feeling enabled to cook and follow a recipe
- There was some evidence that people were eating an increased number of portions of fruit every day, and clear evidence of an increase in the number of portions of vegetables eaten every day. This corroborates the comments made during the evaluation that participation in the food tasting sessions and using new recipes had encouraged people to try things they would not normally have tasted, and they then planned to buy those products on an ongoing basis.
- There was little change in considering portion size as the majority were aware of this issue from the start
- There was some evidence that people had decreased the number of times they bought fast food or take-aways

If the questionnaire is to be used in future, feedback indicated that the format and agree/disagree answers were confusing, so it would need to be further simplified and the questions separated out so that it is easier to read and understand.

4.7.1.3 Phase 2 of the project saw the encouraging outcome of 20 people (28%) joining two, three or four other activities. Because of the variety of groups on offer, and the trust built up by the peer mentors, once the initial social isolation had been broken, people were keen to extend their experiences and build on new friendships.

4.7.2 **Qualitative results**

4.7.2.1 **Participant case studies:** Four case studies were undertaken by the peer mentors with participants from Phase 2. These can be seen as **Appendix Di to v**.

The interviews show that the lives of individual participants had been significantly touched, citing examples such as improved self-confidence, self-belief, weight loss, healthier eating, increased physical activity, greater social engagement, motivation, family benefits, and a desire to help others.

C has learning difficulties and currently lives with her parents. Since attending the cookery group she has lost weight, feels more confident, can now cook on a budget and wishes to live independently.

K has overcome depression and significant illness to attend the groups. He now feels more confident, happier, physically better because of the exercise, and is going to take on leadership of Town Walking group when the funding stops.

S has been able to disclose serious issues for herself and her children, and has improved her physical and mental health as a direct result of joining one of the groups.

J has had long term issues around social isolation, depression and lack of confidence to leave the house by herself. Since becoming involved in the project, she now volunteers with the After School Club, plans to lead the sustainability of the Allotment and is starting her own animal care project for people in her neighbourhood.

4.7.2.2 **Evaluation visits to activities:** Visits were undertaken by the evaluator to nine of the activity groups, with one of the mentors overseeing the evaluation of a tenth. Rowner Cookery 2 and Town Cycling were not visited because at the time of the evaluation the activities were not running. Participants were given back their pre activity questionnaires and asked to complete a post activity questionnaire. During the visits other evaluative conversations were undertaken and summaries of these can be seen as **Appendix Fi to x**.

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 willingness of people to engage. Participants commented readily on how good they thought the group leaders were. Because there were no “professional boundaries”, 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.

4.7.2.4 The two Walking Groups made a particular impression due to the number of participants who had long term, serious health conditions. Many were in the older age bracket, and most said they had joined the group to escape from the social isolation that had resulted from their diagnosis, a bereavement or recently moving to the area. The Town 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 informal networks of support had developed, and members were meeting socially at other times of the week as well as joining other activity groups being run by this project.

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

- meeting new people, interacting, being sociable
- making new friendships
- everyone is accepted
- incentive to get out of the house
- their availability to everyone regardless of age or ability
- tasting new foods
- cooking with new recipes
- learning to cook
- having fun
- 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
- improved mental health and general wellbeing

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 that could be viewed as unfulfilled, 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. In Phase 1 there was 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. In Phase 2, signposting activity was added to the weekly registers in an attempt to make it easier to record, but it seems even less was noted than Phase 1.

4.8.3 The participants noted how supported and cared for they felt by the mentors, so there is a view that sign posting may have been going on at a very informal level, but not recognised or identified as such by the mentors. The mentors were clearly responsible for directing residents to join additional healthy activity groups connected with this project.

4.9 Managers' views

4.9.1 Two managers were interviewed and two responded by email for the evaluation for Phase 2:

- Claire Swann, the 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
- Jackie Powers, Deputy Chief Executive, Wheatsheaf Trust - wrote original bid for the funding to deliver the project
- Mohammed Khan, Operations Manager, Wheatsheaf Trust - Line Manager for the Project Co-ordinator

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

4.9.2 They all agreed that the objectives for the project had been adequately met. The possible exception was signposting to other services, but there was a feeling this was probably being done informally as people supported each other with shared experiences, and that the phrase "signposting" was not common parlance for either the mentors or participants.

4.9.3 All four managers 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 lived locally, and understood the health and unemployment issues themselves.

4.9.4 What did not go so well included the lack of evidence for signposting to other health services, the fact the funding was time limited, the cycling activity did not produce engagement, and the missed opportunities to link project activities to wider county initiatives.

4.9.5 The lessons and legacy of the work included the model of paid peer mentors that could be reproduced elsewhere, the long term benefit and employment gained by the mentors themselves, the linking of health and employment as related issues, the sustainability of certain activities by volunteers, and the dissemination of learning via wider county networks.

5 Lessons learned that serve as recommendations for future initiatives

The cumulative lessons learned from both phases of the project are summarised in this section under five headings. It is hoped they may serve as useful recommendations for any future initiatives.

5.1 Paid peer mentors

5.1.1 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 ease with which the mentors related to residents, and were open about their own problems meant the project aims of increasing the numbers of people participating in healthy eating and physical exercise were met, along with additional, wider benefits in terms of breaking social isolation and improving mental wellbeing.

5.1.2 It was noted both by group participants and project managers that the peer mentors were trusted in ways that agencies were not, and so investing small amounts of funding in Zero Hour contracts rather than in staff posts enabled the project to achieve additional reach, and secured engagement with hard to reach individuals. The model demonstrates real value for money, and offers an exciting approach to commissioning that could be reproduced in other geographic areas, as well as adapted to deliver other public health messages for different client groups.

5.1.3 The personalities of the peer mentors were key to the success of this project, and their determination to make the best of this opportunity, despite their own problems and difficulties, is to be commended. However, what should not be underestimated when seeking to replicate the model elsewhere, is WT's experience with the client group, and the long term support they had already given the mentors prior to their recruitment to this particular project.

5.1.4 WT invested in employing a part time Project Co-ordinator who was experienced in working with the long term unemployed. This person's role, along with the skills they brought to the post, contributed to the success of using a peer mentor model. Such a post should be costed into any future peer mentor initiatives as a key feature, because there were times when the mentors required strong line management, and to be kept focused and on task. It also enabled weekly group supervision to support the mentors during the delivery period, and this level of continuous support allowed issues to be noted and resolved quickly. During Phase 2, the Co-ordinator greatly assisted the process of tracking and collecting of monitoring data.

5.1.5 Genuine community consultation, using the peer mentors local knowledge, and their ability to develop activities valued by residents, has promoted attendance and long term engagement. These factors have enabled the

activities to become established, and the benefits to be experienced. This, in turn, has undoubtedly led to the high level of sustainability planned for when funding ceases, whereby local residents are prepared to give their time voluntarily as a sign of their determination to keep the groups running.

5.2 Evaluation

5.2.1 The initial delivery time for Phase 1 was six months. Despite knowing there was going to be an extension of funding, it was decided to continue with the evaluation process already planned, thereby giving an opportunity for a mid-term review, as opposed to a final review. Key lessons from Phase 1 were then implemented to make Phase 2 more effective. Mid-term project reviews are often planned, but not necessarily carried out with sufficient rigour. This project really benefitted from having an opportunity to review and make significant changes, and so building in a planned mid-term review is a definite recommendation for new initiatives.

5.2.2 The aim to design simple questionnaires that would enable self-reported improvements to be shown in a quantitative way was successful. For use in any future initiatives, they would require further simplification in wording and format, and time and personnel would need to be available to help some individuals complete them. No pretence has been made to claim the results demonstrated statistical significance, but as tools to evaluate similar community based projects where literacy levels are an issue, they could be used again.

5.2.3 For future initiatives, it would be useful to develop a tool to measure improvements in mental health. There were many comments throughout the evaluation process about how people's sense of wellbeing had improved, but there was no succinct way to capture this. Current known questionnaires seeking to measure mental health tend to be focused on how a person feels on a given day, and can be intrusive. The participants in community projects are difficult to engage in the first place, and would probably be unable and unwilling to identify their sense of social isolation at the start of a project. Had time allowed, this project would have sought to develop and pilot a one to one guided interview that would enable participants to reflect on their journey and self-score retrospectively on the progress they had made.

5.3 Long term funding

5.3.1 Projects requiring people to make fundamental changes to their lifestyles would probably demonstrate better health outcomes if they could be commissioned and funded over years, rather than months. Short term funding also risks residents being reluctant to engage with new initiatives because they have committed in the past and have already experienced the sense of loss when projects finish too soon.

5.3.2 In this project, the success of the paid peer mentor model was outstanding. There was an obvious development from Phase 1 to Phase 2 in the growth of their confidence and skills, and there was also a growth in some of the participants evidenced by their determination to sustain the groups in a voluntary capacity when the funding ends. Had there been a Phase 3, the evaluator and managers believe there would have been a deeper level of training for the mentors to enable them to take on some case work, an upskilling of volunteers to run additional activities, and a development to enable targeted referrals from other agencies with regard to client groups with long term illnesses. This would deliver action against the "Prevention of ill health" priorities in terms of supporting people with long term conditions, and breaking social isolation by improving an individual's connection to their local community.

5.3.3 Various recent research projects have indicated that social isolation is more harmful to health than obesity, and that having strong social networks increases cognition, motivation, and quality of life, and decreases mortality. This project has demonstrated that only small amounts of funding are required to develop and sustain local community groups, but the outcome benefits are magnified in terms of health and wellbeing. The number of comments participants made about breaking out from their isolation, and the fact that such a high proportion joined more than one activity group, would suggest that long term funding would be money well invested in order to reduce wider health and social care concerns.

5.3.4 If a means of calculating the financial value of the social capital of health and social services *not* accessed as a result of the project could be found, it would not be an unreasonable proposition to suggest that some of these savings could be the means of funding what was discussed in 5.3.2 and 5.3.3 above.

5.4 Involvement of commissioners and evaluators

5.4.1 One of the key benefits noted by the commissioning manager and the evaluator was the opportunity to make field visits and have close involvement throughout the delivery period. Written, or even verbal reports would never have brought the work to life, particularly in regard to the vulnerability of the participants, and the simplicity and creativity that was required to engage such hard to reach residents. It is, therefore, a strong recommendation that members of project steering groups, commissioners, and staff of stakeholder agencies and organisations take time to make field visits to ensure they experience the front line work first hand.

5.4.2 Evaluators are often not commissioned until a project is under way, and sometimes only as an afterthought. In this project, where those delivering were not familiar with, or accustomed to public sector methods and the

accountability required by funders, it proved crucial to effective monitoring and evaluation to have the evaluator involved from the outset with the design of materials, mentor training, hands on data collection, and evaluation visits.

5.5 Communication

One of the project objectives was to find the most effective ways of communicating with hard to reach residents. These have been discussed in section 4.4, but can be summarised as requiring:

- Detailed local knowledge, from local residents, about the most likely places people meet and look for information
- A basic understanding of social marketing and the key factors for the target client group
- No assumptions that local people make widespread use of IT and social media
- No assumptions that communication materials require a large marketing budget, or that materials need to look too “professional”
- Building in time to trial communication materials and adjust them in the light of local feedback

6 Conclusions

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

6.2 For the evaluation, the qualitative data has been powerful, and case studies and personal interviews have been an effective tool to use. The pre and post questionnaires demonstrated that simple methods can be developed to measure change in a quantitative way. However, time and personnel need to be factored into resource costs to enable this to be done effectively. In addition, it would be beneficial to develop a simple tool to measure improvements in mental health.

6.3 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. It offers a creative model for future commissioning across a number of health topics, and with a range of different partners.

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Appendix Ai

GOSPORT WELL-BEING PROJECT

PHASE 2

BASIC INFORMATION		
We want to find out who has taken part in this project so we would be grateful if you would answer these questions for us please. If you have already completed this for another activity, don't do it again! Please just enter your name and answer the 3 questions at the bottom of the page.		
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	
IN WHICH 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	

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)	

1. **Activity group:**

2. **Why have you joined this group?**

3. **What do you hope to get out of being part of it?**

Appendix Aii

GOSPORT WELL-BEING PROJECT

PHYSICAL ACTIVITY QUESTIONNAIRE

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

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

(To be completed pre and post activity)

Please tick the answer that most fits your response

Where 1 = strongly disagree, 2 = disagree moderately, 3 = disagree a little, 4 = neutral, 5 = agree a little, 6 = agree moderately, 7 = strongly agree

		1	2	3	4	5	6	7
1	I move enough to work my heart daily							
2	I take 30 minutes exercise only once a week							
3	I take 30 minutes exercise 3 times a week							
4	I am in control of any disability or pain I might have							
5	I am satisfied with my physical health							
6	I am satisfied with my mental health							

Thank you for taking the time to complete this questionnaire

Appendix Aiii

GOSPORT WELL-BEING 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 7 is very confident)	1	2	3	4	5	6	7
2	During an **average week**, how often do you prepare and cook a main meal from basic ingredients?	1 = never	2 = once or twice	3 times	4 times	5 times	6 times	7 = daily
3	How able are you at cooking with fresh ingredients and following a recipe? (where 1 is not at all able and 7 is very able)	1	2	3	4	5	6	7
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 = none	2 = one or two	3	4	5	6	7
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 = none	2	3	4	5		
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 = none	2 = once or twice	3	4	5	6	7

Thank you for taking the time to complete this questionnaire

APPENDIX B – BASIC DATA

Number of adult participants

	Number of people	Female	Male
Phase 1	235	174 (74%)	61 (26%)
Phase 2	72	49 (68%)	23 (32%)
Total for project	**307**	**223 (73%)**	**84 (27%)**

All participants were recorded in Phase 2 regardless as to whether they had given their details in Phase 1. As an estimate, 12 individuals have been recorded twice.

Post codes of adult participants

	PO12 post code	PO13 post code	Other post code	None given
Phase 1	118 (50%)	112 (48%)	1 at PO17	4
Phase 2	41 (57%)	29 (42%)	2 at PO15	0
Total for project	**159 (52%)**	**141 (46%)**		

Ages of participants

Years	5-12	13-15	16-25	26-49	50-64	65+	Rather not say
	Male						
Phase 1	unknown	0	10	35	12	3	1
Phase 2	10	3	4	7	3	9	
Total	10	3	14	42	15	12	1
		Female					
Phase 1	unknown	1	20	106	33	12	2
Phase 2	18	1	4	17	13	15	
Total	18	2	24	123	46	27	2
Project Total F&M	**28**	**5**	**38**	**165**	**61**	**39**	**3**

Numbers of children reported to be affected by adult participants

	Aged 0-5	Aged 6-11	Aged 12-18
Phase 1	103	102	47
Phase 2	9	9	5
Total for project	**112**	**111**	**52**

Ethnicity of participants

	Phase 1	Phase 2	Total for project
British	221 (94%)	70 (97%)	291 (95%)
Irish	2		2
Other white	4		4
Indian British	1		1
White and Asian	1		1
Other Asian	1		1
Black African	1		1
White and black African	2		2
White and Black Caribbean	1		1
Other mixed background	1		1
Spanish		1	1
No answer given		1	1

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: D (male)

WHICH ACTIVITY: leads Rowner Walking, Cycling, and helps at Town Cookery, Rowner Cookery, Seafield Cookery and Allotment

ABOUT YOUR EXPERIENCES

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

I heard about the project via WT and wanted to volunteer in the area I live in. I'm a single father and people there know me, know my kids and it helps build community. I needed a job that fitted round the kids.

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

It has helped my mental health. I've had the kids for six years now, and I needed to get out and about talking to people. My physical health has improved as I've lost half a stone in the last six months through being involved in the activities. It's given me a purpose to go out, and I try and tell others about my experience.

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

There haven't been any personal challenges as I've always volunteered. But there have been financial challenges as I haven't been doing 16 hours work and it's messed up my Housing Benefits.

The cycling project hasn't really taken off but I built my own bike and got back cycling myself again after many years.

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

Not my confidence as that's pretty high anyway, but definitely my mental wellbeing.

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

I hope to continue the Rowner Walking group as a volunteer, and also get involved in the new Fur and Feathers project at Seafield. I am continuing to look for paid work though.

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

I signposted someone to WT to get some therapy services and possibly AA support.

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: E (female)

WHICH ACTIVITY: leads both Rowner Cookery groups

ABOUT YOUR EXPERIENCES

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

I was involved as a participant in a Phase 1 cookery group. I personally, and my children, gained a lot from the group, but apart from that, I saw what other people had gained and how the simplest things had such an impact on their lives. I wanted to become a group leader as I am a born teacher and naturally share knowledge with others.

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

I thought being a mentor was voluntary, so getting paid was good! Also good was giving people a copy of the recipe and seeing how people grow and change in confidence.

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

No personal challenges. But trying to get people to come along even though it was free. Also, at the start we called it a “course” and wanted people to commit to an 8 week block. People wouldn’t join and wanted to dip in and out. But once they came they stayed committed!

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

I am a confident person anyway, so for me it has been the feel good factor of helping other people. The group contained people with learning disabilities (local Guinness Trust house), so I assessed their needs and then got everyone contributing by chopping and joining in. They learned small skills along the way, such as how to cut leeks, and which bit of a spring onion you can eat.

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

I have offered to carry on the cooking group if people pay to cover the costs for the ingredients, but not enough have said yes yet to know if this will happen. I now have other part time employment opportunities which took off at the same time as this started.

APPENDIX Ciii

This mentor was employed throughout the project and the two interviews have been kept together for continuity, with Phase 1 comments in italics and Phase 2 in bold.

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.*

Phase 2: has been actively helping lead Rowner Healthy Lifestyles and Rowner Cookery groups

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.

I've been in since the start. I have illness and severe depression, a lot of pain. But meeting people and mentoring has brought me out of my shell.

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.

My confidence has gone on growing. I've done lots of door knocking, putting leaflets through doors, and helped at the two Rowner Cookery groups, although the Friday one didn't work despite changing the time and day.

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

Definitely want to carry on and improve other people's lives. **I would like a job talking with people. I can't do physical work because of my illness and various conditions, but I can do permitted ESA work so it doesn't affect my benefits. We will try and carry on the Tuesday Rowner Cookery group by seeing if people will pay to have their ingredients.**	
6	**Did you signpost anyone to other services?**
*Dentist, debt, housing***.** **Not an issue during Phase 2.**	

APPENDIX Civ

This mentor was employed throughout the project and the two interviews have been kept together for continuity, with Phase 1 comments in italics and Phase 2 in bold.

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*

Phase 2: leads Allotment and Seafield Cookery, and supports Seafield After School Club, Bowls and Table tennis

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.

I have come out of myself. I like all of the project and I like working with people. If you talk enough to people I find they just come along. I've made friendships and that will carry on after the project stops.

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

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

As a mentor, I don't think we reached enough people who really needed the groups. If we had had people referred to us by other agencies then we could have targeted those people and made more of a difference to people who are really isolated.

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.

Yes definitely.	
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.* **I would like another paid job, and I do other community work anyway. I've set Seafield After School Club and the Allotment to carry on with volunteers, but I don't know how long that will last as groups need leaders.**	
6	**Did you signpost anyone to other services?**
Yes, to pharmacist for smoking cessation. **For financial advice, but not an issue in Phase 2 and anyway, people are afraid of official routes.**	

APPENDIX Cv

This mentor was employed throughout the project and the two interviews have been kept together for continuity, with Phase 1 comments in italics and Phase 2 in bold.

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: *ran 3 activities*

- *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.

Phase 2: leads Rowner Healthy Lifestyle, Bowls, Table tennis, Town Walking, and Seafield After School Club

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.

I have been involved for a year now and am much more relaxed. The groups are all running well. I treat everyone as if they were my family. It has been a two way exchange, and one member of a group has introduced me to sing in a choir which I wouldn't have done otherwise. Older people know how to cook, it's the younger ones who need the skills because they haven't learned from their parents. Members of the cooking group bring puddings they have made to the group because they are so happy to come. We have no waste. I write out the recipes, how much everything cost, where I bought it, and we have had meals that cost 40p, so they can go home and do it again for their families.

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.

Since Phase 1 there haven't been any more challenges to overcome. The people have changed my life and they say I've changed theirs.	
4	**Would you say your own confidence and wellbeing has improved by being part of this project?**
Absolutely. I feel completely different. **I am doing things now that six months ago I wouldn't have thought possible. I've never been in a plane and now I am about to fly on a foreign holiday booked with friends. I could not have dreamed this would be happening a year ago.**	
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! **T needs to work so with the project funding ending has been looking for jobs. She has now got one as Events Organiser in a care home. She does not have a start date yet so will continue leading the activities as long as possible. If this project was going to continue she would not have looked for other work as she loves doing this job and everything about it. She might try and stay part of some of the groups if she can.** **T believes Gosport really needs the groups and thinks it is a shame they are ending. Although it has been good for people, she worries it might be "wasted" if people slip back into isolation.**	
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. **Signposting has not been relevant during Phase 2.**	

APPENDIX Di

TEMPLATE FOR CASE STUDIES WITH INDIVIDUALS

1	**Project context**	**Some details about the specific activity the person took part in**
	Rowner Cookery group – started January 2015 and meets every Tuesday at 4pm	
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)**
	C is a 34 year old female with depression, mild autism and anger management issues. She lives at home with her parents.	
3	**Motivation**	**What was it about the project that made them take part in the first place?**
	C wants to live independently one day. Her parents currently cook most of her meals and although she can cook fairly well already, she wanted to learn to cook from recipes, using fresh ingredients, and find out how to eat better for less money i.e. on a budget.	
4	**Barriers**	**What barriers did the person have to overcome to be able to participate (e.g. personal or because of service/project limitations)?**
	C was nervous about coping in a group with other people.	
5	**Challenges**	**What challenges were there to overcome for the person to participate?**
	She was worried her anger issues might make it a problem to be with others in a 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)?**
	C has had no anger issues in the group and has enjoyed helping others if needed.	
7	**Wider benefits**	**Information about the wider effects of the changes (e.g. in the person's family or community)?**
	C has said that since she started eating more healthily she has lost a few pounds in weight and feels a lot better in herself. She felt she needs to control her anger more and that she has done this. Her wellbeing has improved a lot and she now rides her bike to the cooking sessions, and has enquired about joining one of the walking groups. She has a little more confidence since joining the group. Her parents have noticed a change in her attitude at home, and she has told them how much she looks forward to coming every week.	
8	**What was good**	**Anything about specific aspects of the project that helped the person?**
	C has enjoyed learning, chopping fresh vegetables and other ingredients, making sure sizes and quantities were correct and following instructions about the method. She feels she can now eat healthily at a fraction of the cost because we've shown her how little some things cost. She did well with all the activities, and felt she demonstrated her cooking skills.	
9	**What could be improved/added**	**Any ideas that would benefit the future work of the project or help sustain the person's changes?**
	C is quite upset the group will come to an end soon, but if there is somewhere else to go to continue to learn to cook then she would want to go along.	
10	**Aspirations**	**Does the person have any aspirations/plans to change/develop further, and if so what?**
	To live independently and continue learning the skills she needs to do so.	
11	**Quotation**	**A direct comment that sums up the person's experience**
	C's experience of her time with us is that she has gained confidence in preparing and cooking food. She feels better coping with others in a group. She feels happier in herself and she has thoroughly enjoyed herself and learned a lot of valuable things which she can take with her, and move on in her life.	

APPENDIX Dii

TEMPLATE FOR CASE STUDIES WITH INDIVIDUALS

1	**Project context**	**Some details about the specific activity the person took part in**
	Rowner Walking group, started January 2015 and meets every Wednesday 9.30-11am	
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)**
	S is a female in her early 30s, a single parent with two children, and in part time employment in the care sector.	
3	**Motivation**	**What was it about the project that made them take part in the first place?**
	The peer mentor knew this person from talking to them on daily walks to school. After explaining the purpose of the activity to S she agreed to join to get some exercise.	
4	**Barriers**	**What barriers did the person have to overcome to be able to participate (e.g. personal or because of service/project limitations)?**
	Social isolation.	
5	**Challenges**	**What challenges were there to overcome for the person to participate?**
	Personal problems that hadn't been disclosed to anyone.	
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)?**
	During the first walk S confided in the peer mentor about issues in their life. One concerned one of her children, and because the mentor had their own child going through the mental health system, they were able to offer advice about procedures and strategies that could be put in place at home to ease the problems with the child's behaviour and emotions. S also disclosed her problem with alcohol. The ability to talk openly and confidentially ensured she came on the walk every week, and because of the exercise at the beginning of the day, she has stopped drinking during the week and become involved in other social groups.	
7	**Wider benefits**	**Information about the wider effects of the changes (e.g. in the person's family or community)?**
	S brought the children on the walks during school holidays. She also joined some of the other project activity groups to meet new people and do additional exercise.	
8	**What was good**	**Anything about specific aspects of the project that helped the person?**
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?**
	The group has been so beneficial to some members that they have taken it on themselves to suggest continuing meeting up every week and continuing the walks. S is one of those people.	
11	**Quotation**	**A direct comment that sums up the person's experience**

APPENDIX Diii

TEMPLATE FOR CASE STUDIES WITH INDIVIDUALS

This case study is continued from Phase 1, with original remarks in italics and Phase 2 remarks in bold.

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?**
	Having been involved in Phase 1, J has found a new lease of life through volunteering throughout Phase 2 at the Seafield Cookery group, the After School Club and the Allotment.	
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. **J has come so far in such a short space of time from being introvert, having problems with housing and problem neighbours, to not even wanting to come out of the house without someone being with her.**	
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. **She is now quite happy to go places with the aid of her bike, although rarely rides it but it helps her get out of the house, gives her exercise and helps her socialise which she found difficult to do.**	
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. **Because of everything she's gone through, and her love of animals, J is in the process of opening up an animal centre in her back yard. She has organised a jumble sale to raise money and it was very successful. The plan for the animal centre is for children, families and all people to visit by appointment so they can also enjoy her love for animals, and maybe interact with them, and learn how to look after them and treat them.**	
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. **When the funding ends, J is going to continue with help from others to carry on running the After School Club and maintain the Allotment, which will stop her going back to what she was before she got involved.**	
11	**Quotation**	**A direct comment that sums up the person's experience**
	Without the group I would not be where I am today **The animal centre means I can give a little back to the community and continue my great progress.**	

APPENDIX Div

TEMPLATE FOR CASE STUDIES WITH INDIVIDUALS

1	**Project context**	**Some details about the specific activity the person took part in**
	Town Walking group from the start of the project, **Table Tennis and Town Cookery** since January 2015.	
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)**
	K is a male, aged 57 and with lots of difficulties such as illness and money problems.	
3	**Motivation**	**What was it about the project that made them take part in the first place?**
	K seeks to be as sociable as possible and started attending the groups to get out of the house and meet other people who were in the same sort of situation as himself.	
4	**Barriers**	**What barriers did the person have to overcome to be able to participate (e.g. personal or because of service/project limitations)?**
	To join the groups, K has had to overcome deep depression and other illnesses such as curvature of the spine. He blames himself for the way he and his wife now have to live. He had expected better when they got to this age.	
5	**Challenges**	**What challenges were there to overcome for the person to participate?**
	K had to make himself get out of the house and start talking to other people.	
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 participating, K feels a lot more confident and happier in general, although he still has down days. He's feeling life in general, and at home, is better and not so miserable, and since he's been getting out to the groups and taken part in different activities, his life now has a meaning.	
7	**Wider benefits**	**Information about the wider effects of the changes (e.g. in the person's family or community)?**
	Because of the walking and table tennis, K gets more exercise and feels physically fitter. He and his wife now attend the table tennis and cookery group together.	
8	**What was good**	**Anything about specific aspects of the project that helped the person?**
9	**What could be improved/added**	**Any ideas that would benefit the future work of the project or help sustain the person's changes?**
	Long term sustainability of the groups would benefit himself and others who come along.	
10	**Aspirations**	**Does the person have any aspirations/plans to change/develop further, and if so what?**
	K has found something he would be good at doing, helping other people who are in the same situation as he was in. He plans to take on the leadership of the Town Walking group as a volunteer when the funding comes to an end.	
11	**Quotation**	**A direct comment that sums up the person's experience**
	K has enjoyed all of the time spent with the groups and it has helped him in lots of different ways. He wishes they were going to continue so they could carry on helping the many other people out there who need to get the help he received.	

APPENDIX Ei

SUMMARY DATA FROM PHYSICAL ACTIVITY QUESTIONNAIRE

Where 1 = strongly disagree, 2 = disagree moderately, 3 = disagree a little, 4 = neutral, 5 = agree a little, 6 = agree moderately, 7 = strongly agree

Number of respondents: 28

			Number of respondents giving this score						
		Score	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Questions									
1	**I move enough to work my heart daily**	**Q1 - pre**	1	3	0	3	6	4	11
		Q1 - post	0	0	1	2	3	8	14
2	**I take 30 minutes exercise only once a week**	**Q2 - pre**	9	5	0	2	0	2	3
			7 gave no answer because Q3 was more relevant						
		Q2 - post	0	0	1	2	2	1	1
			22 gave no answer because Q3 was more relevant						
3	**I take 30 minutes exercise 3 times a week**	**Q3 - pre**	2	1	0	5	5	6	7
			2 gave no answer because Q2 was more relevant						
		Q3 - post	0	0	2	0	2	5	14
			5 gave no answer because Q2 was more relevant						
4	**I am in control of any disability or pain I might have**	**Q4 - pre**	1	3	2	3	7	4	8
		Q4 - post	0	0	2	4	1	5	14
			2 gave no answers, no reason given						
5	**I am satisfied with my physical health**	**Q5 - pre**	2	2	5	6	4	5	4
		Q5 - post	0	0	2	4	7	4	11
6	**I am satisfied with my mental health**	**Q6 - pre**	1	1	2	2	3	10	9
		Q6 - post	0	0	1	4	3	4	16

APPENDIX Eii

SUMMARY DATA FROM HEALTHY EATING QUESTIONNAIRE

	Number of respondents giving this score							
	Score	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Questions								
1) How confident are you when shopping about choosing healthy foods? (1 = no confidence and 7 = very confident)	**Q1 - pre**	0	0	3	3	3	7	5
	Q1 – post	0	0	0	1	2	4	13
		1 gave no answer, no reason given						
2) During an average week, how often do you prepare and cook a main meal from basic ingredients?	**Q2 - pre**	NEVER 2	ONCE OR TWICE 3	3 TIMES 3	4 TIMES 5	5 TIMES 3	6 TIMES 1	DAILY 4
	Q2 – post	1	2	4	2	2	3	7
3) How able are you at cooking with fresh ingredients and following a recipe? (1 = not at all able, 7 = very able)	**Q3 - pre**	2	1	2	1	3	6	6
	Q3 – post	1	1	0	0	2	4	13
4) On average, how many portions of fruit do you eat a day?	**Q4 - pre**	NONE 0	ONE OR TWO 9	3 4	4 4	5 1	6 0	7 3
	Q4 – post	0	6	4	1	2	3	5
5) On average, how many portions of vegetables do you eat a day?	**Q5 - pre**	NONE 1	ONE OR TWO 4	3 8	4 4	5 3	6 0	7 0
	Q5 – post	0	1	6	5	8	1	0
6) Do you consider portion sizes when serving meals?	**Q6 - pre**	YES: 19	NO: 2					
	Q6 – post	YES: 21	NO: 0					
7) In the last 7 days, how many times did you have takeaway/fast food?	**Q7 - pre**	NONE 12	ONCE OR TWICE 8	3 TIMES 1	4 TIMES 0	5 TIMES 0	6 TIMES 0	7 TIMES 0
	Q7 – post	16	3	1	0	0	1	0

APPENDIX Fi

EVALUATION VISIT TO TOWN WALKING

GROUP: **TOWN WALKING**	VISIT DATE: 17/4/15
PEER MENTOR: T	NUMBER OF PEOPLE (on date of visit): 5 female, 3 male, plus mentor
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Wheatsheaf • Notice board of local community housing building • Flyer in Morrisons • Via another group (Zumba, choir) • Friend • Library • St Mary's church
2. WHAT WAS GOOD ABOUT IT?	• Social, kinship • Sociable • Mixed group • Meet people – person lives alone • Company – recently moved to area and didn't know anyone • Improves mental and physical health • Learn and share history of Gosport • Incentive to get out • See new places, even though lived here all my life • Security – wouldn't walk on my own • Pain relief – walking helps long term condition • I've joined other groups because of coming here
3. HOW HAS IT CHANGED YOUR ATTITUDE TO PHYSICAL EXERCISE?	• I walk daily anyway but enjoy being with the others • Having company encourages you to walk • Have Parkinson's and walking has improved my physical health and helped pain relief • I used to hate being at home, feeling it was a prison. Now my attitude has changed and I do a lot more at home and for others. • I started walking once a week and now I walk every day • Early dementia – walking helps me exercise • I was down and the group has lifted me
4. EVALUATOR'S PERSONAL OBSERVATIONS	• Several members of the group have been in it since it started • The group have found care, companionship and acceptance – all have long term health conditions but have found real support through this group • Group has broken social isolation for many • One member has volunteered to continue the group, plus add an additional day • One member is a local historian and their knowledge has added to the pleasure of the walks

APPENDIX Fii

EVALUATION VISIT TO TOWN (CHRISTCHURCH) COOKING

GROUP: **TOWN COOKING**	VISIT DATE: 20/4/15
PEER MENTORS: T AND D	NUMBER OF PEOPLE (on date of visit): 8 female, 3 male, 2 mentors
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Notice board in a sheltered housing • Via Town Walking group • Peer mentor • Leaflets • Friend/relative • Chance – came on wrong day for a different group • St Mary's church
2. WHAT WAS GOOD ABOUT IT?	• Social, meeting people, new/different people • Gets me out of the house, something to look forward to • Nice range of people • Meeting friends • Meeting new people and regaining confidence to talk to people • I'm older and live alone, I look forward to meeting the others • The friendliness of the group • How welcoming the mentor is • The recipe book as it gives new ideas • Conversation within the group – broken our loneliness • Sharing ideas and learning to cook in different ways • Knowing how to cook more healthily • It's given me confidence to join other groups • Been depressed and was staying indoors – best thing I've ever done
3. HOW HAS IT CHANGED YOUR ATTITUDE TO HEALTHY EATING?	• Meals have been enlightening, cheap but healthy • Improved our awareness of taste and presentation which has helped us with our cooking at home • I now eat less, and eat more fruit • I'm aware of portion size • Appreciated using fresh produce • I've learned about healthy eating by talking in the group about what's good for you • I've always eaten healthily but I was socially isolated • We've learned to use frozen vegetables and now waste less food • I eat more healthily and chose carefully what I eat and the portion size • I have changed my attitude to healthy eating, and take the recipes home so my adult children can use them or I can use them to cook for the family
4. EVALUATOR'S PERSONAL OBSERVATIONS	• The overwhelming impression was of the group breaking social isolation and loneliness, as well as improving attitudes to healthy eating • Genuine fear about members slipping back into isolation when the group stops

APPENDIX Fiii

EVALUATION VISIT TO ROWNER BOWLS (DONE BY MENTOR)

GROUP: **ROWNER BOWLS**	DATE: 17/4/15
PEER MENTOR: T	NUMBER OF PEOPLE (on date of visit): 2 families
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Word of mouth • Leaflets
2. WHAT WAS GOOD ABOUT IT?	• Being able to do different activities with the children • Interaction of parents and children
3. HOW HAS IT CHANGED YOUR ATTITUDE TO PHYSICAL EXERCISE AND HEALTHY EATING?	• Have spent more quality time with the children • The children have tried fruits they would normally never have eaten
4. EVALUATOR'S PERSONAL OBSERVATIONS	• Didn't attend this group, and on day of evaluation numbers attending were low • An additional comment made was that it would have been good to involve schools to promote more parent/child interaction

APPENDIX Fiv

EVALUATION VISIT TO ROWNER HEALTHY LIFESTYLE

GROUP: **ROWNER HEALTHY LIFESTYLE**	DATE: 22/4/15
PEER MENTOR: T and G	NUMBER OF PEOPLE (on date of visit): 6 female, 2 male, plus mentors
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Talk by mentor at another group • Word of mouth by family or friend • Through being a member of another group
2. WHAT WAS GOOD ABOUT IT?	• Laughter • Good company • Meet new people • Made new friendships • Fun exercises
3. HOW HAS IT CHANGED YOUR ATTITUDE TO PHYSICAL EXERCISE AND HEALTHY EATING?	• Thought exercise was boring but now have new, fun ways to do it • Tried new fruits • The taster sessions introduced me to new foods I found I liked
4. EVALUATOR'S PERSONAL OBSERVATIONS	• Initial impression left questions about evidence for changed lifestyles. However, given that group literacy levels were low ,and mental health, dementia, and mild LD were issues for some members, there was no mistaking the fun and friendship provided by the group, and the pleasure they'd had doing simple exercises together each week.

APPENDIX Fv

EVALUATION VISIT TO ROWNER WALKING

GROUP: **ROWNER WALKING**	DATE: 22/4/15
PEER MENTOR: D	NUMBER OF PEOPLE (on date of visit): 3 female, 2 male, plus mentor
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Contact through walking to school/school gates • Via the mentor • Poster • Word of mouth
2. WHAT WAS GOOD ABOUT IT?	• Social side – would otherwise be stuck indoors and not exercising • While walking I could talk in depth about my problems. Some things I've never admitted before and having offloaded to the mentor I went home walking on air • Been on pills and too stiff to walk. Now I come each week and feel much better • New into the area, didn't know anyone so get to meet people • I suffer from anxiety and depression – this group gets me out and interacting with other people • Walking in company • Look forward to the group • Lost weight doing the walks
3. HOW HAS IT CHANGED YOUR ATTITUDE TO PHYSICAL EXERCISE AND HEALTHY EATING?	• Because of this group I've joined a slimming club so I can eat healthily as well • Walking has changed my mental attitude - I feel myself again after years of not feeling well • I enjoy regular exercise • As a result of walking I've started tidying and clearing my house • I walk anyway but I've enjoyed talking with others as we've done it
4. EVALUATOR'S PERSONAL OBSERVATIONS	• Group generally younger in age than Town Walking • They all said the group had changed their mental wellbeing more than anything else • Mentor plans to volunteer to keep the group running after funding ends

APPENDIX Fvi

EVALUATION VISIT TO SEAFIELD AFTER SCHOOL CLUB

I spoke with the children, but the comments captured here are mostly from the peer mentors and volunteer

GROUP: **SEAFIELD AFTERSCHOOL CLUB**	DATE: 22/4/15
PEER MENTOR: T and R	NUMBER OF PEOPLE (on date of visit): 11girls, 5 boys, plus mentors and 1 adult volunteer
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Children live in neighbouring streets and would probably be out playing together anyway
2. WHAT WAS GOOD ABOUT IT?	• Most came in at 4pm and ate a hot pasta meal with cucumber, orange, grapes and strawberries on offer as well • Had organised games and activities outside • Came in and did talent/singing activities • Depending on weather, often do arts and crafts • Children like knowing the club is there for them each week • Sometimes get young teenagers coming along and they now talk to the staff and share their problems
3. HOW HAS IT CHANGED YOUR ATTITUDE TO PHYSICAL EXERCISE AND HEALTHY EATING?	• The children said they eat things now that they wouldn't eat before because they had the chance to taste them in the club • They have done some growing activities in the local community allotment • They clearly enjoy the outdoor activities and mentors report they have come out of themselves and enjoyed the attention from adults
4. EVALUATOR'S PERSONAL OBSERVATIONS	• The area is notoriously difficult to engage adult residents in activities and workers have to gain their confidence first. There are three generations of unemployment and strangers are not easily welcomed. • Direct evidence to changes in healthy eating and physical activity cannot be obtained, but the volunteer is a local resident and reports that because parents see things being done for their children there has been a greater sense of community, her house doesn't get broken into or garden trashed, and children's language has improved and they show greater respect • The club was continued during Phase 2 as a means of engaging parents. As a result some of the parents joined the Seafield Cookery group and some have volunteered for the Allotment project so there is evidence that this has worked as a strategy. The end of the funding means the effort to engage adults could be unsustainable, but one of the mentors and the volunteer are hoping to continue the weekly but for a reduced time slot.

APPENDIX Fvii

EVALUATION VISIT TO TABLE TENNIS

GROUP: **TOWN TABLE TENNIS**	DATE: 23/4/15
PEER MENTOR: T and G	NUMBER OF PEOPLE (on date of visit): 5 female, 2 male, plus 2 mentors
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Word of mouth • Via other groups • Community consultation
2. WHAT WAS GOOD ABOUT IT?	• Gets me out of the house • It's fun and we have a laugh • Like being with people I see from other groups
3. HOW HAS IT CHANGED YOUR ATTITUDE TO PHYSICAL EXERCISE AND HEALTHY EATING?	• Do a lot of bending and stretching both playing and picking up the ball • Some members attend for a couple of hours of snooker beforehand in the same venue, and that involves stretching
4. EVALUATOR'S PERSONAL OBSERVATIONS	• The tables have been donated • GBC donated the bats and balls • Activity takes place in the Conservative Club who store the equipment and have offered a significant reduction in hire fees • The group caters for all levels of fitness and ability and is welcoming and inclusive • The group plans to keep the activity going, with one participant volunteering to lead, and members will donate money towards the hire costs

APPENDIX Fviii

EVALUATION VISIT TO SEAFIELD COOKERY

GROUP: **SEAFIELD COOKERY**	DATE: 24/4/15
PEER MENTOR: R AND D	NUMBER OF PEOPLE on date of visit): 6 female, 1 male, plus 2 mentors
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Via a talk by the mentor at a local coffee morning
2. WHAT WAS GOOD ABOUT IT?	• Tasting different kinds of food • As an incentive and reward, if people attend all 16 sessions then they get given a free copy of the Winchester Night Shelter Recipe Book • Each week the mentor cooked a recipe from this book and gave the sheet to the group • Being given recipe sheets so we can try it out at home • Teaching method of mentor • Meeting people and getting out of the house • Mentor cooked new things herself • 3 of the group are diabetic and all the recipes help with sugar levels
3. HOW HAS IT CHANGED YOUR ATTITUDE TO PHYSICAL EXERCISE AND HEALTHY EATING?	• I learned to use every day ingredients that are healthy • Gave new ideas of what to cook • Lots to do with vegetables • Shown how to use different things and be healthy • Recipe to use left-over food so can avoid waste • Group said they would carry on cooking at home with what they've learned
4. EVALUATOR'S PERSONAL OBSERVATIONS	• Mentors warned that because of the LD and low literacy levels, 2 of the questionnaires were unlikely to be accurate. As evaluator, I have decided to include them as all others are self-reporting and so should keep that integrity throughout. • Notoriously hard area to gain adult engagement, and the group seemed really appreciative of the opportunities it gave them to meet people and learn about healthy eating. • Surprised the demonstration model worked so well – kitchen was too small to have group participate so they watched through the hatch, but everyone said it was a good way for them to learn

APPENDIX Fix

EVALUATION VISIT TO THE ALLOTMENT

GROUP: **ALLOTMENT**	DATE: 28/4/15
PEER MENTOR: R AND D	NUMBER OF PEOPLE (on date of visit): 3 female, 1 male, plus 2 mentors
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Through other groups • Through another group member
2. WHAT WAS GOOD ABOUT IT?	• Made friends • Community spirit • Everyone mucks in • Given me more confidence and come out of the house to join in • Been able to share my gardening knowledge with the group • Got me doing physical exercise again after a car accident
3. HOW HAS IT CHANGED YOUR ATTITUDE TO PHYSICAL EXERCISE AND HEALTHY EATING?	• I'm outdoors much more • I come every day to water it, so I'm committed to it and it gets me out and moving • It's actually helped my mental health • I've rented an allotment as a direct result of coming to this group
4. EVALUATOR'S PERSONAL OBSERVATIONS	• The group members believed there was a close correlation between running the Seafield After School Club and the fact the allotment was no longer being vandalised. The children attending the club go into the allotment and now feel some ownership of it. • Volunteers are going to continue and involve local children in planting flowers, and using any produce with other groups that use Seafield Community House.

APPENDIX Fx

EVALUATION VISIT TO ROWNER COOKERY

GROUP: **ROWNER COOKERY 1**	DATE: 1 female, 3 male, plus 2 mentors
PEER MENTOR: E and G	NUMBER OF PEOPLE (on date of visit):
QUESTIONS	ANSWERS
1. HOW DID YOU FIND OUT ABOUT THE GROUP?	• Guinness Trust support workers
2. WHAT WAS GOOD ABOUT IT?	• Company • Taught me how to prepare different foods • Experimenting with foods • Enjoyed coming and eating healthily • Made friends • Learned to cook – I lived with my parents who did the cooking, or I got take aways. Now when I'm not working I cook at home.
3. HOW HAS IT CHANGED YOUR ATTITUDE TO PHYSICAL EXERCISE AND HEALTHY EATING?	• Its changed how I think about eating healthily – I eat more healthy food now • I've bought cookery books and I do the recipes from the group at home
4. EVALUATOR'S PERSONAL OBSERVATIONS	• Disappointing attendance the session I visited. Family and housing issues were reasons given my people for not being there that week. • The 4 attending were all from the Guinness Trust and had LD. 1 was also deaf, but could lip read and clearly enjoyed the group. • 1 person had only been attending for 3 weeks so had no pre-questionnaire, but showed me photos on her phone of the recipes she had been cooking at home since coming to the group. • The mentor had been a participant at a cooking group in Phase 1. Her observation was that residents attending without LD needed the same level of support (although given in a different way) to those with LD whilst learning to cook. • The activities were developing. In the first weeks whilst needs were assessed, group members watched the demonstration. Then they all took part in preparing/chopping ingredients etc. This week, and for the remaining weeks, having watched the demonstration they are all preparing a meal for themselves, eating together when the food was cooked. • The group clearly enjoyed watching the demonstrations and gathered round and chatted about the ingredients and the recipe. • Both mentors were very supportive of the members but did not over support, allowing them time and space to prepare the food themselves as they would have to when alone at home.

APPENDIX Gi

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. Enabled me to gain additional funding and raised the profile of my post. • It demonstrated in a tangible way GBC's knowledge of the district and communities in it, and its ability to identify local needs and respond to them effectively. • The wider population won't know about the project but the targeted areas and individuals (both mentors and residents) have been enabled to connect to their community in ways that weren't happening before. They have also been introduced to local community facilities they wouldn't have known about e.g. Seafield Community House and the Town Conservative Club where activities have been hosted.
2	What have you seen as the most effective ways to communicate with/break down barriers to participation the target client group?	• In Phase 2, the focused communication e.g. leaflet drops and door knocking with leaflets in hard to reach areas • The community event in Rowner where it was evident that the mentors could connect with residents in ways that agency staff could not. The mentors were not intimidating, whereas residents often have barriers, dislikes and suspicions of organisations. • Perhaps there could have been more exploration of using social media. It was used at a personal level between individuals, but it probably would not be used by most of the client group anyway. Maybe an agency Face Book page would have been off-putting and seen as "official".
3	Do you think the aims and objectives of the project were met?	• Overall the aims and objectives of the funding bid and the evaluation plan have been met. The sign posting strand could be deemed a weak area, but the feeling is the mentors were probably sign posting through their support to residents, but not recognising or naming it as such within how they saw their role.
4	What, in your opinion, went well?	• In Phase 2 the engagement has gone well, and that is down to the way mentors talk to people and recruit them to activities. They have shown relentless enthusiasm despite the weather or having to lead groups on their own instead of in pairs.

		• Sustaining and expanding the activities that started in Phase 1, i.e. the Walking, Healthy Lifestyles and Healthy Eating groups, and starting new activities as a direct result of the consultation held at the end of Phase 1 e.g. the Table Tennis group. • Recruitment of new mentors for Phase 2 and their welcome and integration into the existing mentors group. • Overall, the case studies and what they show about people's growth in confidence and changed lifestyles.
5	What, in your opinion, didn't go so well?	• Throughout Phase 2 there has been a willingness to try and link this project to other, wider County activities and initiatives. Opportunities have been missed due to the timing of when the wider activities were starting, capacity of county staff to respond to attempts to link in, and the difficulty of seeking to link local responses to a local need into higher level county wide plans and strategies.
6	What do you see as: • the learning? • the lasting legacy	• Low cost, small amounts of funding brought huge benefits to both mentors and participants, not just in terms of healthy eating and physical activity, but also in much wider benefits from improved mental health and breaking social isolation. • Having the commissioner linked to the mentors through visits, attending activities in Phase 1, including them in other projects/events. This gave first hand opportunity to see the growth and changes in people and groups. • Having the co-ordinator involved in the monthly update meetings, as well as receiving written reports. This gave a better sense of the reality of the work and its progress. • One of the cooking groups will continue using the same model, but funded and targeted at the Supporting Families programme. • Key participants have volunteered to maintain many of the activities, and it is hoped that they will receive ongoing support by joining Gosport Voluntary Action. • The project sits within the County Healthy Weight Strategy so hopefully the learning will be disseminated for possible use in other districts.
7	What would you do in the future if funding continued and the work could be extended?	• The project developed from Phase 1 to Phase 2 and it would have developed again had funding been sustained. There would be another level of referral (not to enable case work, as there would be too many and the needs too great, and it would require a different model of peer mentor training and supervision) looking to support the Prevent agenda, particular groups with long term conditions, or socially isolated.

		• Fuller, more detailed training for the peer mentors on topics such as professional boundaries, safeguarding, MECC and open discovery questioning skills. • Phase 1 gave the mentors confidence. This led to Phase 2 where they could deal with increased numbers of activities. The next phase could have allowed useful group members to be targeted and upskilled as volunteers, and the exploration of finding a financial value to the social capital the project generated.
8	Any other comments you'd like to make?	•

APPENDIX Gii

MANAGERS' INTERVIEWS FOR EVALUATION PROCESS

Claire Swann, Project Co-ordinator, 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?	• In Phase 2, as Co-ordinator, having time to think about the value to people rather than focus on achieving number targets • Seeing the impact on people's mental health as a result of the activities
	• Your organisation?	• The organisation could extend the mentor's employment • Enabled focus on a solely community based project as opposed to the usual employment project • Potential impact as WT looks to set up social enterprises in the future
	• Gosport?	• Phase 2 gave time for the mentors to gain confidence and start new activities. • Existing participants could continue with activities and join additional ones. • Word got out and people learned to commit, evidenced by the numbers of people who joined more than one activity.
2	What have you seen as the most effective ways to communicate with/break down barriers to participation the target client group?	• Talking face to face, on their level, which is the concept of peer mentors • Door knocking • Posters in public places, using mentors local knowledge • Text messaging to keep in touch with group members
3	Do you think the aims and objectives of the project were met?	• Yes, aims and objectives were met. • Possible issue about signposting, but it was going on informally. The mentors were given lots of information about other services and did sign post families to what was free/affordable locally to families on benefits. • Mentors also sign posted in terms of people going to other project activities, and continuing things like healthy cooking at home on their own.
4	What, in your opinion, went well?	• The engagement of participants and ongoing participation for Phase 2. • The development of confidence for the mentors. They know what works and they've gone and done it. • Commitment and high attendance rates – it's how things are worded so that people feel in control. There have been no prizes, no incentives – people come because they enjoy it.
5	What, in your opinion, didn't go so well?	• Possibly in depth conversations to direct residents to other health services, but we moved away from

		one to one follow up and case work would require a different skill level.
6	What do you see as the lasting legacy/learning?	• The model of employing peer mentors – local people, who live in the community, share the same life style, exactly the same situations of being on benefits and with long term conditions themselves, same status, connections with local area, know the area and what's going on.
7	What would you do in the future if funding continued and the work could be extended?	• Run it all again using the same model. Encourage the mentors to develop conversations with participants on wider health issues, which might then involve signposting in the way agencies understand the term.
8	Any other comments you'd like to make?	• The project clearly had an impact on mental health, and mental health impacts on physical wellbeing. It would have been good to have got a measure of how far people had come on their journey from social isolation/depression etc. to how much they valued being part of the group activities by the end of the project.

APPENDIX Giii

MANAGER'S INTERVIEWS FOR EVALUATION PROCESS

	Jackie Powers, Deputy Chief Executive, 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 was an opportunity for Wheatsheaf Trust to link health issues and employment services together. • We were also able to test, develop and prove models of engagement that tackled both health and employment barriers.
2	What have you seen as the most effective ways to communicate with/break down barriers to participation the target client group?	• Regular and consistent interventions. • Cost effective and realistic interventions that can be replicated by people in day to day living.
3	Do you think the aims and objectives of the project were met?	• Yes but I think these projects are often too short to have the long term impact that we would like. It also precludes more experimental testing of new ideas.
4	What, in your opinion, went well?	• The Walking groups and the Healthy Eating groups as these were local and social but achievable. • Using mentors that had been in similar positions to many of the participants.
5	What, in your opinion, didn't go so well?	• As a time limited project it was difficult to use this to attract more funding – it may in the future but the project will need to stop and then start again. As an organisation we find it is the consistency of our approach that brings long term results.
6	What do see as the lasting legacy/learning?	• Health and employment should be linked as not only is this a proactive way to engage people but it also has mutual benefits. • 2 of our mentors who had long term health issues have gone on to sustainable employment.
7	What would you do in the future if funding continued and the work could be extended?	• We would continue to link health activities to our core employment services which support the long term unemployed who often present with health issues or unhealthy lifestyles.
8	Any other comments you'd like to make?	• This project has been able to have a far reaching effect in the communities in Gosport and also has brought together groups of people who may not have mixed before. Each have brought strengths to the group and individually have benefited from the interventions. Using mentors, though experimental, was effective and is something we intend to replicate in future projects.

APPENDIX Giv

MANAGER'S INTERVIEWS FOR EVALUATION PROCESS

	Mohammed Khan, Operations Manager, Wheatsheaf Trust (Line Manager for the Project Co-ordinator)	
	QUESTIONS	**ANSWERS**
1	What was important or special about this project for: • you personally • your organisation • Gosport	• What was special for me personally, was the fact that we were successfully in convincing Gosport BC to adopt our mentor model for the project. • However the more important thing both from a personal and organisational perspective is the progression/ outcomes the mentors have achieved in their own journeys.
2	What have you seen as the most effective ways to communicate with/break down barriers to participation the target client group?	This must be the face to face work of local peer mentors who know the area and the community, as they are a part of it.
3	Do you think the aims and objectives of the project were met?	I believe that the aims and objectives of the project were exceeded through the activities of the peer mentors and this is also evident from the fact that we have volunteers interested in continuing some of the activities.
4	What, in your opinion, went well?	The walking groups, cooking sessions/food tasters, and activity groups
5	What, in your opinion, didn't go so well?	The cycling did not take off as we had hoped.
6	What do see as the lasting legacy/learning?	The employment and progression outcomes for the mentors, and the role of the peer mentor in community based projects.
7	What would you do in the future if funding continues and the work could be extended?	Develop the cookery sessions further to incorporate a Foodshare distribution point in Gosport, so that alongside providing raw food produce to vulnerable families and individuals we would be showing them how to eat and cook these into healthy meals.
8	Any other comments you'd like to make?	This project was a first for Wheatsheaf Trust in terms of working on a health and wellbeing project. The success in meeting the objectives along with the outcomes and progression achieved for the mentors has really boosted our confidence in considering other pieces of work in this field. This, and the findings of the evaluation will be used for any future bidding we may do for future pieces of work.