



Riverside Community
Health Project

Healthy Family Initiative

Evaluation Report

May 2008

Catherine J Mackereth, *Evaluator*

With the help of
Bren Riley, *Development Worker, Riverside Community Health Project* Michelle, Julie,
Catherine, Lorraine, *Group Members*

Evaluation of Healthy Family Initiative

Contents

	Page
Executive summary	3
Introduction	4
Riverside Community Health Project	4
Background	5
Strategic context and floor targets	7
FATAL Project	9
Resources	9
Development	9
Intervention	10
Community involvement and engagement	13
Participation and health	14
Children's participation	15
Governance and structure	15
Monitoring	17
Milestones	18
Sustainability and future plans	19
Recommendations	20
Conclusion	20
References	21

Evaluation of Healthy Family Initiative Executive Summary – June 2008

Riverside Community Health Project is a community-based project which aims to promote the health and well-being of the population based in the Inner West of Newcastle upon Tyne.

The problem of obesity had been recognised at both national and local level, and policies have consequently been developed. The Healthy Family Initiative aimed to address this problem, working from the perspective of local people, using the principles of community development to improve health.

The Healthy Family Initiative aimed to develop group activities to:

- address issues which affect group members as women
- look at healthy eating and healthy lifestyles with children

Two groups, one of women from black and ethnic minority community, have been convened, with a further one planned. Activities have been planned and carried out, around food, shopping, cooking and eating, as well as physical activities, including day trips out.

Key issues have been evaluated: community involvement and engagement; participation and health; governance and structure; monitoring; sustainability and future plans. The Healthy Family Initiative has successfully worked with local groups to address issues around food and physical activity. The groups have identified their own needs and developed a programme of activities that is appropriate to the needs of those parents attending, and the needs of their families. A key element has been the involvement of children, which has been highly successful from both the parents' and the children's perspectives.

Recommendations:

- Obtain funding for further groups to be offered as appropriate – identifying groups with particular needs, e.g. other ethnic groups, may be appropriate;
- Explore the possibilities of developing programmes to work with families within the home
- Encourage RCHP users to address issues related to food and eating within the centre
- Identify opportunities for promoting this work more widely

Evaluation of Healthy Family Initiative

Introduction

The Healthy Family Initiative was developed to provide a programme of activities addressing food, nutrition and exercise, to improve the health of families at Riverside Community Health Project. Funding was obtained from the Neighbourhood Renewal Fund for the project. Two groups of local people, including one black and minority ethnic group have completed the programme, and a further group is about to start meeting. This evaluation report provides the background to the project, both locally and nationally. It describes the process involved in setting up the groups and reports on the users experiences of the group. It then highlights key elements of the groups which provided the evidence for the success of the project.

Riverside Community Health Project (RCHP)

Riverside Community Health Project (RCHP) is a community-based project which aims to:

'To preserve and protect the health of persons in Newcastle particularly by advancing the education of the public in the promotion of health awareness health related issues and health problems' (RCHP Business Plan 207)

RCHP has agreed a Mission statement as follows, which guides all of its work:

'Riverside Community Health Project works according to community development principles to improve the health and well-being of disadvantaged communities by acting with others to ensure appropriate service provision'

The Business Plan (2007) identifies the focus of the work of RCHP over the next 3 years (2008 to 2011), which will be to achieve the following strategic objectives:

- *To support children to raise their aspirations, make informed choices, and improve their life chances*
- *To support parents to counter disadvantage*
- *To support women to counter disadvantage and influence decisions that affect them, their families and communities*

Riverside Community Health Project (RCHP) is based in a library building in Benwell, Newcastle upon Tyne. It started life in the 1980s as an innovatory multi-disciplinary child health project, in response to the growing awareness of links between poverty and ill health. It is a charity limited by guarantee and was developed to extend community development and support work with local communities to tackle issues that relate to health in the broadest sense.

RCHP has now had a sustained presence in the west end of Newcastle for over 25 years, across Benwell, Scotswood, Elswick, Fenham, Cruddas Park, Arthurs Hill and Westgate. There is a strong community trust in RCHP due to the longevity, consistency of service and commitment to the area and its people.

The Inner West is an area of high deprivation, with a greater proportion of people who are unemployed when compared with the rest of Newcastle. There are high rates of lone-parent households, families without cars, and privately rented accommodation. The area also has high rates of physical and mental ill health, shown by rates of long-term sickness, prescribing patterns and local psychiatric admission rates (Newcastle City Council 2001).

The area has a large ethnic minority population, which is made up of predominantly Asian people. RCHP has always worked with this community, in particular with the Bangladeshi population. There is a growing immigrant population including asylum seekers and refugees, from a wide range of African countries and an increasing number from Eastern Europe, particularly the Roma community.

RCHP has recognised the importance of food and eating for family health for many years and have organised events and courses around improving the diet of local residents. However, through discussion with users of the centre, it was decided that more could be done to promote healthy eating.

A funding bid was put together by RCHP to the Neighbourhood Renewal Fund. This was successful and £25,000 was allocated to work with families around healthy living activities, including physical exercise, access to the outdoors, and healthy eating. A group of local families were supported in developing their own programme of sessions and events, which have proved popular and are being sustained by the group themselves. A new group, aimed at the black and ethnic minority population is now being supported, with a further group due to start in the near future.

Background

The national and local contexts have been explored to ensure that the project has direct relevance to policies identified at these different levels.

National context

The prevalence of obesity and overweight has increased rapidly over the last twenty years in Western societies. The World Health Organisation has described the problem as 'a global epidemic'. In 2001, nearly two thirds of men and women were either obese or overweight. In the UK obesity levels have more than doubled in the last ten years. Poor diet is associated with high

levels of deprivation and is therefore an important aspect in addressing the inequality agenda (DH 2004).

The problem of obesity has been highlighted by the government in the Public Health White paper, *Choosing Health* (DH 2004). Three key principles were identified to underpin the strategy:

- Informed choice for all
- Personalisation of support to make healthy choices
- Working in partnership

Six key priorities were established, but two are most relevant to the present proposal:

- Tackling health inequalities
- Tackling obesity

More recently (2008), the government has produced a National Obesity Strategy, entitled *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England*. It identifies the Government's new ambition:

'of being the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels.'

There are five areas for tackling excess weight:

1. Children: healthy growth and healthy weight – early prevention of weight problems to avoid the 'conveyor-belt' effect into adulthood
2. Promoting healthier food choices – reducing the consumption of foods that are high in fat, sugar and salt and increasing the consumption of fruit and vegetables
3. Building physical activity into our lives – getting people moving as a normal part of their day
4. Creating incentives for better health – increasing the understanding and value people place on the long-term impact of decisions
5. Personalised advice and support – complementing preventative care with treatment for those who already have weight problems

The National Institute for Clinical Excellence (2006) has recently produced guidelines around obesity, which promotes 'community programmes to prevent obesity and improve diet and activity levels'.

Local context

The Director of Public Health Report (2006) in Newcastle identified that reducing health inequalities is a major task for health and local authorities in the area, as well as reducing the year on year increase in obesity. This has

been endorsed by the *Newcastle Health Eating Action Plan* (2006) and the *Newcastle Health Improvement Strategy* (Newcastle Well-being and Health Partnership 2007). This latter document devotes a chapter to tackling the issue of being overweight or obese and identifies that:

- one in every three children in Newcastle is either overweight or obese
 - the number of adults in Newcastle eating five or more daily portions of fruit and vegetables is approximately 5% lower than the national rate
- It recognises the importance of supporting individuals and families in a community-based setting.

The *Newcastle Plan for Children and Young People 2006 – 2009* identifies supporting children and young people to live healthy lifestyles, in the 'Be Healthy' section of *Every Child Matters*, by helping them to 'eat healthily and avoid the problems associated with being overweight and eating too many foods high in fat, sugar and salt.'

Strategic context and floor targets

Floor targets

The following PSA target has been set by the government to:

Halt by 2010 (from 2002-2004 baseline) the year on year increase in obesity among children under 11 in the context of a broader strategy to tackle obesity in the population as a whole

This will be achieved through delivering a programme of activities that is likely to include information on good diet and nutrition, outdoor education and activities, arts activities and community sports and physical activities.

Strategic Objectives

Newcastle upon Tyne's Local Strategic Partnership (LSP) has identified Local Area Agreement targets. The work of the FATAL group contributes to these targets under the headings identified below:

Theme Objective	Floor Target	Detail Measure	Outcomes
Improve the health of the population as a whole	Life Expectancy	Will reduce death rates	Death rates from cancer, circulatory diseases, respiratory illnesses, accidents and suicides Reduce infant mortality and morbidity
Tackling obesity, improving diet and increasing physical activity	Halt the year on year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.	Number of families eating 5 fruit and veg per day	Families eating nutritionally balanced diet, particularly those who are disadvantaged, thereby reducing health inequalities Increase knowledge and understanding of healthy eating Reduced mortality and morbidity, particularly from circulatory diseases, cancer, diabetes.
	Percentage of children and young people who take part in organised out of school sporting activities	Number of children participating in an out of school activity as developed by the project	Increased physical activity for children
	The percentage of resident adults in Newcastle participating in at least 30 minutes of moderate-vigorous physical activity and sport on more occasions per week	Number of adults participating in a physical activity as developed by the project	Increased physical activity for adults Increased activity for families together Improved mental health

FATAL Project

The project was developed to address the targets identified by the LSP, but was driven by the needs identified by the users of RCHP.

The following objectives were identified by the initial group:

1. to address issues which affect them as women
2. to look at healthy eating and healthy lifestyles with children

These were seen to be relevant to the group themselves and were not about what they were being told by national or local government or any other official bodies.

Resources

The NRF grand funded

- development worker's time for 3 days per week, which included time for setting up groups, networking, partnership development and face to face contact
- management costs, including support, supervision and administration
- development costs, including crèche, events, activities, group work, report writing, dissemination and training
- running costs, including light, heating, insurance, telephone, printing and publicity

The grant provided £25,000 from NRF, which was supplemented to the sum of £40,130 by RCHP.

Development

An initial meeting was held with the manager of RCHP and two users of the Project to discuss their interests. They felt that a group to address healthy eating would be of interest to themselves and others. They were clear that they did not want a traditional 'slimming group', which would focus on losing weight, as they recognised that counting calories was not something they would find helpful, and that it could carry potential disincentive for those who were perceived as being less 'successful' at losing weight. They also objected to the term 'obesity', feeling that this was used to avoid the word 'fat', which is perceived by some as offensive. Personally, they preferred the term 'fat', which they felt was an honest term which reflected their size and shape.

Having agreed that this work should go ahead, an opportunity for funding came up from the Neighbourhood Renewal Fund. A funding bid was submitted and was successful, for £25,000. It was agreed that an Advisory Group would be convened, made up of a mixture of users and professionals.

The Advisory group was made up of:

- manager of RCHP
- parent participation team leader

- member of a local community development organisation, with an interest and expertise in developing food work
- member of the management committee, with an interest and experience of developing food work
- two local residents and users of the Centre

They met on three occasions to discuss the development of the project. However, after the group commenced, no further formal meetings were held, due to difficulties of convening times convenient to all.

There was considerable discussion amongst the members of the group and workers at RCHP about the name. FATAL was chosen by members of the group, as an acronym: Family Attitudes Towards an Alternative Lifestyle. Some people felt that it was not a positive name, whereas others felt that it was appropriate, as the outcome of a poor diet is fatal! The group's decision was that the name was appropriate, and in keeping with the principles of community development, was kept.

Intervention

First Group

A 'brainstorming' session was held to generate ideas for the group. Initial ideas from families included:

- budgeting
- looking at food in cupboards
- looking at how supermarkets are set out
- marketing at supermarkets
- comparing a weeks shopping trolley with one that is healthy
- looking at meals cooked and how many different ones for each mealtime
- cooking vegetables in different ways
- involving children in shopping
- involving children in cooking
- food tasting
- ask Asian families to talk about their food
- looking at own behaviour and responses to food
- days out to Newburn, Jesmond Dene, the beach, Metroland, South Shields
- activities: gym, badminton, cycling, rounders, soft play, fishing, walking, volley ball
- take photos and video activities
- look at 'e' numbers in food
- monitoring children's treats (sweets) and then reduce

Sessions

The first group met 10 times. Some of these sessions, particularly in the early stages involved discussion about organising future activities, as well as

discussing food and issues around healthy eating. At the meetings, if there had been an activity, this was reviewed: things that went well, things that could have gone better, things not to be repeated etc. Minutes were taken by a different member of the group every time, which ensured there was a record of decisions made and who had agreed to take action.

Activities

1. Shopping

The group bought a typical weekly shopping basket and a 'healthy' shopping basket, in order to compare the two.

The group found that some of the cheap foods were healthier than the more expensive ones.

When discussing what the group ate at home, they found that many of them cooked several meals for different family members. Previously they had been too embarrassed to share this information with others and this provided the opportunity to discuss the best way of tackling the issue.

2. Food tasting day

The parents were very keen that the children should be involved in the activities. It was agreed that a tasting day should be organised, and that the children should be responsible for buying and preparing the food. The group made a list of the foods they wished to buy and worked with the children to find pictures on the internet.

The children were given pictures of what they had to buy, which avoided the need for them to have to read. They were then given money to buy the food, so they had control over the finances, which was to give them some idea about the reality of shopping. They then prepared the food and everyone was encouraged to try all the food, including raw food from the 'fruit table and the



vegetable' table.

3. Family days out at Newburn Activity Centre

The group members chose the activities they wanted to do, which included soft play, archery, badminton, cycling, climbing and the bouncy castle. It was felt that activities should range from highly active to fairly sedentary, so that no-one would feel excluded.



The children took the lead in organising the menu for the packed lunch, which was expected to be healthy: no chocolate biscuits, no fizzy pop, and no cakes. After the success of the first day, a further day at Newburn was organised.

4. Green day

The group discussed how to have days out which were environmentally friendly. Many families do not have cars, and a minibus was considered as an option for a day out. It was also recognised as being a 'greener' option. In the end, they agreed to go to the coast on public transport. This entailed:

- walking to the bus stop,
- bus to the station at Newcastle
- Metro to North Shields
- ferry to South Shields
- Metro back to station
- bus to Benwell
- walking home

Twenty-five individuals attended this day out. Several problems were experienced, particularly with prams. The Low-liner buses could only take two prams, and some buses already had prams on when it arrived at the bus stop. The day entailed a considerable amount of walking, but this was found to be enjoyable, because the children were with each other and having a good time.

5. Fishing

Although the days out (described above) were seen as very successful and enjoyable, the group recognised that these activities were not accessible for everyone, for example some people with a disability. A fishing trip was organised, as this was seen to be accessible for all. People borrowed fishing rods and other equipment from friends, so there was no need to buy anything.

Evaluation forms were distributed to the group and a small number of responses are collated (Appendix 1). Subsequently, the evaluator worked with four members of the initial FATAL group, looking at evaluation issues.



They provided information for the current report and worked together to develop a questionnaire to be used with the second group. The evaluation questionnaire was initially piloted with a staff member and another group member. Amendments were made and the questionnaires were finalised for use with future groups, both at the beginning and end of the sessions (see Appendix 2).

Second group

Activities suggested:

- physical activities – bike riding trampoline, Archery
- trips/outings – Alnwick Castle, High Force, farm
- healthy eating – easy recipes
- bowling
- walking in the countryside
- Newburn leisure centre
- Going to the gym – as a group
- Walking – National Trust properties- Wallington Hall – Gibside
- Guest speakers health professionals - nutritionist, health trainers and previous group members.



Questionnaires were distributed to the group for evaluation and there were 10 responses. These have been collated (Appendix 3). They showed high levels of understanding of what constitutes a healthy diet. One group member said she always ate a healthy diet, half said they often did and the rest said they sometimes did. The major barriers to eating a healthy diet were time and their own and children's

preferences. All who had children old enough to answer reported that their children knew what a healthy diet is.

There was an even split between those saying they exercised and those that did not, though all except one felt their children got enough exercise. The open questions about the group showed that the women enjoyed the sessions, in particular the trip to Newburn. They were very positive about meeting together as a group and were keen to continue to meet. One question has been added subsequently about how people found out about the group.

Community involvement and engagement

As identified earlier, a community development approach to health improvement is fundamental to the ethos and principles of RCHP. It has been defined as being about

'building active and sustainable communities based on social justice and mutual respect. It is about changing power structures to remove the barriers that prevent people from participating in the issues that affect their lives' (CDX 2001)

The Fatal group has been organised according to the values underpinning community development (CDX 2001):

- Social justice – the group is concerned with making decisions around the group and meeting their own needs
- Equality – the group has been inclusive, in inviting all users to become involved. Recognition that minority ethnic groups may have different issues around food has led to the second group being specially geared to the needs of that group and has included the use of translators throughout
- Learning – the development of the group has been a learning process in itself for individuals, as well as the knowledge gained from talking and discussing food, nutrition and exercise, and the wider issues that have been raised about the economics of food and shopping, the cultural and family expectations of cooking and providing meals, and the social and political aspects of advertising and image promotion.
- Co-operation – working in the group has given people the opportunity to work together; to identify and implement action; to negotiate acceptable outcomes for all involved; to respect each others contributions.
- Participation – the group have been able to exercise their autonomy and share power, experience, skills and knowledge. People do not come to any activity as a blank sheet to be filled with information, but have a wealth of knowledge that can be shared with others. Some members of the group have been involved in developing an evaluation tool, as described earlier.

Participation and health

The importance of participation in promoting health is often overlooked, despite it being a cornerstone in empowering individuals to make choices within the lives they live. Spending time with others helps develop social networks, which have been found to relate directly to health. For example, lack of social support is associated with increased mental health problems, such as depression (Coyne and Downey 1991). Social support may improve mental health by offering opportunities for social interaction and help with practical problems, thus reducing loneliness and improving levels of perceived support; by helping individuals cope with

‘the ‘hassles’ of everyday life by giving reassurance that the individual is loved and valued, which enhances self-esteem and feelings of self-worth; by giving reassurance and feedback about the individual’s competence, ’ thus helping to restore a sense of mastery and control.

(Cooper et al 1999, p 15)

Social support can be provided through the development of social networks, which have been found to be consistently associated with improved morbidity and mortality (Berkman and Glass 2000). Networks are an important aspect of

social capital, which is increasingly being linked to health (Burt 1997). Social networks are concerned with

‘the relationships that exist between groups of individuals or agencies, and the resources to which membership of such groups facilitates access’ (Hawes et al 2004, p.971).

They are closely linked to ‘social capital’ which has been described as:

‘the glue that holds society together’

(Kawachi et al (1997) p57, citing Putnam)

The FATAL group is promoting participation and provides social support, and the opportunity to take part in social networks, both of which are important in promoting health. The group also contributes to the wider aims of RCHP in developing social capital, which is concerned with countering the disadvantage that people living in the local area may experience.

As identified earlier, individuals who are most at risk of social isolation, tend to be those we already recognise as needing added support, such as those living in poverty and minority ethnic groups. These are the groups that tend to be identified as vulnerable and at-risk and so in need of additional support, and the evidence suggests that developing social networks and social capital are ways of addressing these problems. The FATAL group has specifically worked to tackle these.

Children’s participation

In both groups, adults have been involved in developing the programmes of activities. Much discussion has taken place around the meaning of food for the adults. However, a key aspect of the initiative has been around involving children. This has taken the form of including children in activity sessions, and family days out were arranged by both groups. Evaluation showed that these trips were highly valued by the participants, who were keen to repeat the days. A further aspect of involving children has been in the shopping and cooking sessions. Giving the children responsibility for buying food and choosing menus for the packed lunches on days out can be seen as a positive outcome from the groups, in terms of participation in tasks and working together co-operatively. This involvement of children can be viewed as one of the most valuable elements of the whole initiative.

Governance and structure

RCHP has a governance structure in the form of a management committee made up of local people and workers, which meets bimonthly. It also meets on a more ad hoc basis to discuss issues around business planning, monitoring and evaluation, understanding roles and responsibilities, etc. The

management committee provides a scrutiny function over any projects that are developed and the Family Health Initiative had approval from this body.

An Advisory Group was convened of people with an interest in the project, which met three times to make recommendations as appropriate. It was envisioned that it would continue to meet throughout the life of the project to provide objective advice. However, due to difficulties in convening the group because of competing time commitments from members it did not meet after the initial three sessions. The group had control over the decisions to be made about content of the group and how it should be organised. It was therefore not seen to be as important to meet with the Advisory Group as was expected. The worker with responsibility for the group was aware that she could summon help if required and this seemed to work well.

The Advisory Group was useful in the initial stages and for future work, it may be appropriate to convene the group again to look at further developments e.g. considering home visiting, or to provide support in putting together future funding bids.

The initial proposal included a risk assessment, which had been completed prior to the project starting. The issues identified included:

- Setting up the project may take time and the funding is only for one year – the project started very soon after the funding was granted and work started almost immediately. There were some time delays due to programming and venue bookings.
- Securing appropriate staff – RCHP identified a member of staff who could be seconded to do the work prior to the development of the project
- Non-engagement of local people – there has been no problems in engaging local people, as can be seen from the figures collated in the section on monitoring.
- Difficulties in deciding on appropriate activities – the group held discussions and identified appropriate activities without problems, supported by the development worker, as shown above.

Monitoring

As the funding was from NRF, the appropriate monitoring forms have been completed on a quarterly basis and are summarised in figure 1. The figures show that the project has achieved, and in some instances exceeded its targets. Figure 2 identifies the milestones achieved, many of which have been reached ahead of schedule. The remaining unachieved milestone 'event' is the evaluation event. A summary of the findings was distributed with the notes for RCHP's Annual General Meeting.

Figure 1. Targets

Monitoring	2007/08 plan	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total
		Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	
Number of residents of targeted area accessing further opportunities.	60	0	0	21	21	21	21	17	41	83
Number of young people benefiting.	40	0	0	25	25	12	12	4	15	52
Number of adults benefiting.	31	3	3	9	9	9	9	19	25	46
Number of people using new health opportunities.	30	0	0	21	21	21	21	0	0	42
Number of community groups supported.	8	1	1	2	2	2	2	3	2	7
Number of capacity building initiatives carried out.	4	0	0	0	0	1	1	3	3	4
Number of learning opportunities.	13	0	0	0	0	21	21	0	0	21
Number of stakeholder consultation exercises completed.	2	0	0	1	0	1	1	0	0	1
Number of evaluation reports produced.	1	0	0	0	0	0	0		1	1
Number of events organised.	2	0	0	0	0	1	1	1	1	2

Figure 2. Milestones achieved 2007/08

Milestone	Target date	Date achieved
Evaluation event	31.3.08	
Evaluation report produced	31.3.08	31.6.08
Develop opportunities to set up forum/steering group	30.6.07	07.6.07
Network with parents to discuss collective methods of delivery	30.6.07	11.6.07
Link with existing partners i.e. BME participation, health professionals to explore common themes	30.6.07	16.5.07
2 Voluntary and statutory organisations working in partnership	30.6.07	24.5.07
Active participation within the NRF Obesity Strategic Programme Officer Group	30.6.07	07.1.08
Develop a new group and activities in response to identified need to encourage initial participation	30.9.07	13.9.07
2 Voluntary and statutory organisations working in partnership	30.9.07	13.9.07
2 Voluntary and statutory organisations working in partnership	31.12.07	15.12.07
Active participation within the NRF Obesity Strategic Programme Officer Group	31.12.07	15.4.08
Dissemination Strategy produced and implemented	1.2.08	1.5.08

Active participation within the NRF Obesity Strategic Programme Officer Group	31.3.08	4.8.08
2 Voluntary and statutory organisations working in partnership	31.3.08	12.3.08
Set up consultation event	27.7.07	23.7.07

Sustainability and future plans

The original bid from NRF was for 12 months. This has been extended for a further six months. Future funding needs to be considered. As NRF is no longer available in its current form, it will be necessary to consider other sources of funding. As the current staff at RCHP have wide experience of accessing funding, it would seem appropriate for them to take this forward, with support from the Advisory Group, as appropriate.

Discussion needs to take place as to whether or not this work should be taken forward in its present form. By the end of the third group, all the current users of the RCHP will have had the opportunity of attending a course. If it is to be continued, it will need to be promoted. This would provide the opportunity of involving people who do not currently attend RCHP. Certainly the ethnic minority group has introduced new people to the Riverside Centre. From previous experience, word of mouth is the most effective way of involving new people. However, there is certainly a place for contacting other workers in the area, who could promote the group e.g. other community workers, health visitors.

A further opportunity would be to develop the work as an outreach service into people's homes. This is an area which has been discussed by the manager, as a way of reaching people who would not normally attend a group. It would entail workers going into the home and discussing food, shopping, cooking and eating.

This model for engaging children in work around food, shopping and cooking could be successfully replicated in other areas of work within the centre, as well as other projects in the area and across the city. Promoting this work would provide the opportunity to do this.

It has also been recognised that it can be difficult for people to transfer knowledge gained at groups into their everyday life. In a limited way, this has

begun to be addressed by the group, who have started to buy food to eat one day a week within the centre. Many users eat within the centre and this initiative has encouraged them to eat together a more healthy meal at low cost.

Publicising the work of both the project and RCHP is vital for future funding and for receiving recognition for this kind of work as being appropriate and effective. It could also provide a template for others doing similar work. An example of how this work can be promoted can be seen in Appendix 4. Further publishing opportunities will be explored by the Advisory Group.

Recommendations

- Obtain funding for further groups to be offered as appropriate – identifying groups with particular needs, e.g. other ethnic groups, may be appropriate;
- Explore the possibilities of developing programmes to work with families within the home
- Encourage RCHP users to address issues related to food and eating within the centre
- Identify opportunities for promoting this work more widely

Conclusion

The Healthy Family Initiative has successfully worked with groups of local people, to address issues around food and nutrition, as well as physical activity. Two groups have completed programmes, and a further one is about to commence. One of the groups has been for black and ethnic minority groups in particular. A wide range of activities have been organised by the group members and children have been involved in many of these. The groups have been evaluated and have been shown to be highly valued by the participants. Monitoring has been completed on a quarterly basis. The report concludes with recommendations around further work.

References

- Burt, R.S. (1997) The contingent value of social capital. *Administrative Science Quarterly*. **42**; 339-65
- Community Development Exchange (2001) *The Strategic Framework for Community Development*. www.cdx.org.uk
- Cooper, H., Arber, S., Fee, L. and Ginn, J. (1999) *The influence of social support and social capital on health. A review and analysis of British data*. London: Health Education Authority.
- Coyne, J.C. and Downey, G. (1991) Social factors and psychopathology: stress, social support and coping processes. *Annual Review of Psychology* **42**: 40 1-25.
- Cooper, H., Arber, S., Fee, L. and Ginn, J. (1999) *The influence of social support and social capital on health. A review and analysis of British data*. London: Health Education Authority.
- Department of Health (2008) *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England*. London: Department of Health.
- Department of Health (2004) *Choosing Health*. London: Department of Health.
- National Institute for Clinical Excellence (2006) *Obesity. Guidelines on the prevention, identification, assessment and management of overweight and obesity in adults and children*. London: NICE.
- Hawes, P., Webster, C. and Shiell, A. (2004) A glossary of terms for navigating the field of social network analysis. *Journal of Epidemiology and Community Health*. **58**: 97 1-5.
- Kawachi, I and Kennedy, B.P. (1997) Socioeconomic determinants of health: Health and social cohesion: Why care about income inequality? *British Medical Journal* **314**: 1037-40
- Newcastle City Council (2006) *Newcastle Plan for Children and Young People 2006 – 2009*
- Newcastle Well-being and Health Partnership (2007) *Newcastle Health Improvement Strategy*
- Newcastle Primary Care Trust (2006) *Newcastle Health Eating Action Plan*
- The Director of Public Health Report (2006)*
- Newcastle City Council (2001)
- Riverside Community Health Project (2007) *Business Plan*

Appendix 1

Initial evaluation forms completed by Group 1

Initial evaluation forms were completed by group members. The following comments were made:

'Certain kids are starting to try different vegetables'

'Food that's less in fat tends to have more sugar'

'We need to break the habit with our kids by not giving them sweets when you pick them up from school. Find a different treat for your kids'

Jack:

'It was fun, good. I think when we all had healthy things in our packed lunches it was good because you couldn't get jealous if other people had chocolate. I also like soft play so we could get fit jumping around.'

Richard:

'I liked fishing the best because it was very relaxing, exciting and if you catch a fish and cook it, it is very healthy for you. I like it when we chopped up all the different vegetables and fruit.'

Bryan:

'I liked everything I took part in, especially working in a big group because we all helped each other. Also, we already knew the other people but we got to know them better when we had our tasting session. It was good because I tried different fruit and veg. I also loved the fishing.'

Further evaluation forms were completed by three group members at the end of the course: All reported worker and content of activity to be very good. Time and crèche were reported to be good or very good.

How did you hear about this activity?

RCHP (2), word of mouth

What (if anything) have you gained from this activity?

Behaviour change; to eat better food and be healthier; my children have started eating different things

Did the activity meet your expectations? Yes; Yes, it was better than I thought (2)

If you would like to see this activity continued, what, if anything, do you think would need to change?

Nothing (3); everything was good; the whole course was enjoyable

If other activities were available, what would you like to participate in?

Yes (2); family events

Are there any other comments you would like to make?

More funding to arrange different groups; all the family like it, well done; Thank you: all my family enjoyed it; Thank you.

FATAL Questionnaire

It would be really helpful if you would help us by filling this in. If you have any problems with it, ask one of us.

Name:

Children's names and ages:

What do you normally eat? (please tick for yourself and cross for your children)

Type of food	2 - 5 times per day	Once a day	Twice a week	Once a week	Once a month	Never
B read						
Rice/pasta						
F ru it						
Vegetables						
Salad						
Butter						
Margarine						
Red meat						
Chicken						
Fish						
Chips						
Frozen meals						
Take-aways						
Biscuits						
Sweets						
Puddings						
*						
*						
*						

Please add any food you eat regularly

What do you think a healthy diet is?

Do you think you eat a healthy diet? (please tick)

- Always
- Often
- Sometimes
- Never

What stops you eating a healthy diet? (please tick)

Cost Time

- Don't know what a healthy diet is
- Children
- Partner
- Own preferences
- Other (please state)

Do your children know what a healthy diet is?

What would your children say a healthy diet is?

Do you do any exercise?

Yes No

If yes please tick for yourself and cross for your children:

Activity	Every day	4-5 times a	2-3 times a	Once a week	Once a month	Never
----------	-----------	-------------	-------------	-------------	--------------	-------

		week	week			
Walking						
Bicycling						
Swimming						
Playing outside						
Days out						
Roller skating						
Tram poling						
Gym						
Aerobics						

Do you think you get enough exercise?

If not, what stops you getting enough exercise?

Do you think the children get enough exercise?

If not, what stops them getting enough exercise?

Please answer these questions after you have attended the group.

What has been the best thing about the group?

What has been the worst thing about the group?

What would make the group better?

Any other comments?

How did you get to know about the group?

Thank you for completing this questionnaire

Appendix 3

Responses of group 2 to questionnaire

What do you think a healthy diet is?

Fruit and vegetables – 8 responses
Have breakfast – 4 responses
Balanced diet/variety of foods – 6 responses
Low salt – 2 responses
Low fat – 5 responses
Less sugar – 1 response

What would your children say a healthy diet is?

Plenty fruit and vegetables – 5 responses
Not having too many sweets and fizzy drinks – 1 response
'Yes, then they would say they want chips, burger etc.'

What stops you getting enough exercise?

Don't like going on my own; if it was a group attending I would be more confident to go
Don't feel up to it
Time and other commitments
Housework and a bit of laziness

What has been the best thing about the group?

The day out with family at Newburn – 7 responses
'Everyone is friendly and got on well'
'Meeting the women and going out'

Any other comments

'Had a really good time, really enjoyed it. Would like to do more things in the future.'
Would be better: 'Having people from other ethnic groups'
'Everything has been great, would like more people, group to continue'
'Keep having these groups'
'Everything has been great. More committed people. I want this group to continue.'
'More trips. I want this group to continue'
'Really enjoyed this group and hope to do it again'
'I enjoyed coming to the group, the workers were helpful'

Appendix 4

Article sent to the NRF Newsletter

Food, families and fun!

Local families at Riverside Community Health Project are determined to do something about the food they eat. They were fed up of getting contradictory messages about what they should and shouldn't eat, and decided to do something about it.

The families got together and called themselves FATAL – not an obvious name for a group looking at getting more healthy, but it stands for.....Because they were sick of being told what they should eat, they decided they would like to decide what for themselves what they want to know, rather than being told. They wanted to look at what they cook and eat at home and how they could do this more cheaply and make it more healthy. It turned out lots of them were cooking different meals for different family members. They hadn't shared this before because they were too embarrassed. Now they have each other's support and share ideas about how to feed a family, with all their differing needs and tastes.

One of the most important things about the group has been that children are involved at all stages – from planning the sessions, to buying and preparing food and, of course, eating it. They have tried lots of different fruit and vegetables – things they'd never tasted before. Many parents had not bought such food before, because they felt they couldn't risk the family not eating them and having to throw the food away.

The group has combined looking at food with enjoying physical activities. They have been out and about, and have had a whole family day at Newburn Centre, which involved...The children have been involved in deciding what to have in their packed lunches, which had an emphasis on healthy food. So, no fizzy drinks, crisps etc. As Jack (aged 8 years) said:

'It was fun, good. I think when we all had healthy thinks in our packed lunch, it was good because you couldn't get jealous if other people had chocolate!'

After 10 sessions, the group has become independent and have started their own fishing group.

A second group is now running, which is geared to Asian families. A third group is planned for after Easter.

To find out more, contact Bren on 0191 266 0754 or visit www.riversidechp.co.uk