



# Active lifestyles and healthy eating

Views from Tower Hamlets communities

Findings from a participatory appraisal project carried out by parents and community members

November 2009 – December 2010



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shortwork



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# Background

This project, one of several community engagement elements in the Tower Hamlets Healthy Borough programme, took place from November 2009 to December 2010. The principal aims of were to:

- Increase and enhance the skills of parents and other members of the diverse communities of Tower Hamlets
- Provide significant learning experiences for the project participants so that they might be resourced and empowered to impact positively, in both the long and short term, on the lives, health and wellbeing of people who live in Tower Hamlets
- Support and enable the participants to engage with Tower Hamlets communities on the themes of healthy eating and active lifestyles. This research was to find out communities' views, identify barriers and solutions, and to suggest appropriate ways of addressing the challenge of childhood obesity and related issues.

It was designed and implemented to build on the successful Participatory Appraisal (PA) training course led by Martin Westerby at Marner Children's Centre in Spring 2009, when the enthusiasm of the parents and workers trained in the method indicated that more opportunities to use PA would be welcomed in order to increase community skills and to bring benefit to the wider local community and Borough.

The project, funded and resourced by Tower Hamlets Healthy Borough Programme, sought to engage the skills and commitment of the already trained Marner Centre parents, and to replicate the success of the first project by involving, training and supporting community research and action undertaken by cohorts of community members, particularly parents, from across the Borough.

The project was led by Susie Hay of shortwork and by Martin Westerby who acted as co-facilitator of training and expert adviser to the project. The process was supported and guided by a Steering Group which comprised members of the Healthy Borough Programme team, participant representatives and other stakeholders.

# Executive Summary

The project comprised two main elements:

1. Three accredited training courses in Participatory Appraisal (PA) for parents and other members of the community, as well as some community development workers, from all areas of the Borough.
2. Community research using PA, carried out by the trained participants from the above courses (and including members of the previously trained Marner group) on the themes of active lifestyles and healthy eating.

While most participants were Bangladeshi mothers, there were significant numbers fathers from that community, and other parents and workers with a wide range of cultural backgrounds including Turkish, White British, Algerian, Eritrean, Turkish, Somali, Spanish and Macedonian. Most (though not all) did not have English as their first language.

Participants carried out the research in many different locations across the Borough where parents and families could be accessed. Around 800 people (from very young children, young people, to parents, grandparents and elders) were engaged in this process and their views sought and recorded.

## Main findings from the participatory research carried out by participants

### The communities' views on healthy eating

Most people who gave their views knew which foods were healthy and which were the less healthy options, and many said that they bought a full range of foods to provide a balanced diet.

People tend to shop for food for their families predominantly from supermarkets, and to a lesser extent from street markets, local and specialist shops.

The most frequently cited, and perhaps the greatest barrier which parents perceived they face in providing healthy diets for their families is the presence of fast food outlets, and the attraction (to children particularly, but adults too) of less healthy options (high in saturated fats, sugar, fried foods). These were regarded as cheap, easy and convenient, and children and adults alike 'liked the taste' of these foods.

Other main barriers to healthy eating were: cost, lack of time to cook family meals, pressures of working, motivation, social and family issues, cultural backgrounds, and lack of knowledge/ information/ cooking skills.

### The communities' views on active lifestyles

Most people were aware of the importance of being active, taking exercise and the negative impact of inactivity on health.

A wide range of physical activities were available in Tower Hamlets and many people knew about them.

Women who had accessed gender specific projects (swimming, cycling) were very enthusiastic about taking part.

Younger children reported that they liked sports and being active, but this enthusiasm and activity tended to wane as they got older (including older children and young people).

People identified many barriers to taking exercise including:

- Cultural and religious factors (such as female modesty and other gender issues).

- Cost
- Motivation, availability of time and competing pressures (e.g. work, social, cultural)
- Isolation, lack of self esteem, mental health problems
- Distance and need to travel to facilities
- Lack of knowledge about what is available
- Lack of green/open/pleasant/safe public space

A wide range of suggestions (cited in detail later in this report) were made in both specific areas of investigation, and more generally about healthy communities. These interventions included ways of addressing the cultural, motivational and social barriers as well as practical steps which might be taken to improve cooking skills, local environments and access, knowledge and improved communication about what is available.

Clearly, however, given the size of the problem, people found it far more difficult to identify easy and feasible ways of overcoming the extent and success of fast food outlets and the impact of media and commercial advertising about convenience/junk food. Small changes however were suggested, such as providing more variety and menus, and encouraging healthier takeaways locally.

## Learning about the impacts of the project on the participants

Feedback from the participants, as well as observation by the facilitators and others, indicates that the project has:

- Increased their confidence
- Improved their communication skills
- Enabled learning and new skills, knowledge and information
- Valued participants as experts about their own lives and communities
- Enabled them to meet new people, make new friends and widen social networks and relationships
- Made 'training' a positive and enjoyable experience
- Provided them with formal accreditation
- Enabled them to get to know people from other cultural backgrounds and ethnicities.
- The presence of supporting community workers was crucial to recruiting participants, and to sustaining the project both during its implementation and, looking forward, to building on and sustaining it in the future.
- There are unrecognised and previously unacknowledged talents and skills within the community which have the potential to bring about positive change and leadership in the community (c.f 'Big Society').

## Recommendations

Recommendations are made with the impacts in mind (some at this time unknown and unquantifiable) of government cuts to local authorities, health and other public and voluntary and community services and budgets which will impact on public health provision.

Service providers and partners to the Healthy Borough Programme should take action to:

- Lead, help achieve, support or champion suggested/identified and deliverable solutions in partnership with the community.
- Support the suggested actions and interventions which address issues of wellbeing, social and cultural pressures, self esteem and mental health which many believe to be pre-requisites of healthy active lives.
- Sustain the project through empowerment and community leadership, and through partnership and synergistic approaches.
- Look for the talent and social networks in the community, value them, build on them and harness them.
- Be culturally aware and work with the community to be inclusive, especially to include the 'yet to reach'.
- Trust local people, for example by being enabling, finding reasons to recognise achievements, and not overly didactic in approach ("on tap not on top").

### A participant's perspective

"In a sense [our fieldwork] was quite challenging. [...] We asked questions to mothers and they patiently and wisely answered the questions. [...] Together we had interviewed at least 100 people. [...]"

"There is power in every woman. Most of them do not get a chance to take out that power, because may be they remain too busy serving their families. They need a piece of free sky to take breath. We do need to care for them. Otherwise change of the society will be slow."

*Farzana Ahad*

# Participatory Appraisal: A brief description

Participatory Appraisal (PA) is a process that comprises community research, learning and collective action. It is a method that has its origins in developing countries where successful projects were dependent on a whole community approach, and where the views and expertise of local people was crucial to sustainable development strategies. Over the past 15 or so years it has been increasingly and successfully adapted and used in contexts of rural and urban poverty and disadvantage in the UK.

PA is based on a set of interactive, highly visual ‘tools’ that rely largely on visual methods which can overcome barriers such as formal literacy or numeracy, and encourage an ethos of involvement and engagement that allows much clearer expression, and group analysis, of ideas and ambitions.<sup>1</sup> It therefore encourages a more open and wider range of views, issues and perspectives to be expressed. PA is a process by which communities express their needs and aspirations, which leads to positive learning for future action.

PA differs from more traditional, ‘academic’ and extractive research methodologies; it is not a scientific research approach, but looks to collect highly qualitative information relating to participants’ experiences, and perceptions of reality, to acknowledge issues and plan for change. In PA there is great and particular emphasis placed on process, relationship building, sharing of knowledge and conciliation between stakeholders in a specific context, in order to move forward in a way which is mutually beneficial.

## *The Big Shifts* (When compared to traditional research)

teaching	→	facilitating
‘uppers’	→	‘lowers’
extracting	→	empowering
closed	→	open
verbal	→	visual
measuring	→	comparing
individual	→	group

The approach makes ‘big shifts’ from traditional research:

Alongside these ‘shifts’ PA practitioners adopt attitudes and behaviours – some of which are encapsulated in the following ‘tips’:<sup>2</sup>

- On tap not on top
- Un-learn
- Ask them
- They can do it
- Hand over the stick (i.e. the power, symbolised in the pen)

<sup>1</sup> Examples of the ‘tools’ as used in this project can be found later in this report, and full descriptions are provided in Appendix II.

<sup>2</sup> Identified at a seminar, attended by the author, by Professor Robert Chambers (Institute of Development Studies, University of Sussex), one of the pioneers and leading practitioner/exponent of the method.



- Embrace error
- Relax – don't run
- Be nice to people
- Sit down, listen, learn
- Use your best judgement at all times.

The desired outcomes of a PA project can only be achieved if key stakeholders (e.g. funders, services and others with the resources and power to make things happen) actively support the process. They are needed in order to translate the recommendations into real changes and actions on the ground. Crucially too they should be available to feed back to participants any suggested actions and plans that are, or are not, possible to action or put into practice.

This project aimed to build on existing PA practice/ capacity in Tower Hamlets (i.e. at the Marner Centre in Bromley by Bow) and to expand and sustain these skills and PA expertise across the diverse communities of the Borough. With the support and involvement of the Local Authority and Health partners in the Healthy Borough Programme, the vision was to help build long term capacity and empowerment.

The Tower Hamlets Healthy Borough Programme provided funding and partner involvement for this specific project, and the possibility of brokering human and financial resources to sustain and build on the project beyond the 31 March 2011 end date.

# Training the participants

We held three 'Introduction to Participatory Appraisal' courses, accredited at University Foundation Award (UFA) Level 4.<sup>3</sup> These were offered to parents, community members and frontline workers across the Borough, and advertised by means of leaflets with application forms, as well as through Children's Centres, Poplar HARCA, Idea Stores and other contacts and locations. Recruitment proved most successful when a personal contact was made, e.g.:

- a) when key workers, particularly family support workers, were involved to identify and support the participants to attend, and
- b) when a personal call from the trainer was made to each participant to explain the course and make them welcome, especially where there were issues of confidence and unfamiliarity.

The courses were held:

## **1. In May 2010 at the London Muslim Centre (Whitechapel):**



## **2. In June 2010 at Account 3 (Bethnal Green):**



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<sup>3</sup> The course was developed by the Hull and East Yorkshire PA Network, and is accredited through the University of Hull Centre for Lifelong Learning. Credits are transferable to other universities which offer the UFA.

### **3. In November 2010 at Wapping Children's Centre:**



The breakdown of numbers and the ethnicity of the participants is as follows:

Course One:

Six participants – 2 Bangladeshi, 2 Eritrean, 1 Somali, 1 Turkish

Course two:

Fifteen participants – 1 Spanish, 1 white British, 1 Algerian, 12 Bangladeshi

Course three:

Fourteen participants – 1 Somali, 1 Turkish, 1 Macedonian, 3 white British, 8 Bangladeshi

Gender breakdown:

Males – 7

Females – 28

Role breakdown

Parents – 32

Community workers – 5

The courses are designed to offer highly experiential learning, and to be accessible and enjoyable. Half-day sessions on a two and three day a week basis were held, and where necessary due to time availability and extra sessions took place to ensure full learning and achievements of the desired outcomes (doesn't make full sense!). Participants set their own expectations, and 'ground rules' for making the training accessible and comfortable for all. Crèche places were provided for children, and lunch and refreshments were served.

The course comprises 'classroom' sessions where the tools, facilitation skills, understanding the PA concepts, behaviours and attitudes are learned, followed by fieldwork where the participants practise in community settings what they have learned. Then they present their



*Presenting at Account 3*

experiences, learning and findings, in terms of research data. Participants always work in teams of at least three people in order to ensure mutual support, sharing of tasks,<sup>4</sup> and the capacity to observe, take notes and to deal with any difficulties that might be encountered. Participants thus acquire:

*Knowledge and Understanding*

To evaluate quantitative and qualitative methods of research

*Intellectual/ Thinking Skills*

To differentiate between participatory and more traditional methods of research

*Practical/ Professional Skills*

To co-facilitate and facilitate participatory activities within their community, demonstrating an ability to work as part of a team

To record accurately primary research outcomes (i.e. maps, diagrams and drawings made by people in the community). They will also be able to record successfully main points of the discussion

*Transferable Skills (e.g. communications, team working, learning etc)*

To understand how to deal with ethical issues; will maintain confidentiality when appropriate and will know how to refer to relevant agencies

To reflect on own strengths, limitations and performance

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<sup>4</sup> Participants learn about and practise the PA 'Roles' – 'Facilitator', 'Observer' and 'Anti-saboteur'.

# The participatory research ('Fieldwork')

The trained participants were organised in groups of between three and six people to talk to local people about healthy eating and active lifestyles, using the PA tools and approach to engage people and to record the views and suggestions expressed. This work was carried out both within the scope of the training courses, i.e as part of the 'fieldwork', and also outside that time. The Marner parents, for example, carried out engagement with approximately 200 people over a period of about four months for this project.

Though there were two discrete areas of investigation, in practice there was significant cross-over between the two issues. In particular, responses to the 'active lifestyles' questions often cited diet and what people eat as having a significant impact on physical activity and good health. Furthermore there were general perceptions common to both areas about what makes for a healthy life and healthy community.

Locations of fieldwork sessions were many and varied,<sup>5</sup> and each was where people could be found going about their usual business, (rather than by arranging special meetings for the project). P.A. emphasises that practitioners should go to where people are, rather than expecting them to come to you.

Examples include:

- Marner Children's Centre and school including the School Council and Parents Forum
- Within the Bromley by Bow community - with families and friends
- Bromley by Bow Centre Family Day
- The London Muslim Centre
- Wapping Children's Centre
- Burdett Road Toy Library
- York House Conference
- Bethnal Green locality
- Account Three training centre Bethnal Green
- On a parents' camping trip
- Activities in and around the Wapping Children's Centre
- Parks
- Playgrounds
- York House conference
- Schools in Wapping area
- Brick Lane Mela
- Community Conference



*At the Mela*

<sup>5</sup> See map on page 54 showing the locations of the research



*PA in the park at Bethnal Green*

- Faith in Health at the LMC
- Watney Road Market
- Watney Road Library
- Children's Centres
- Community meetings
- Schools and playgrounds
- Health centres
- The street, railway stations, bus stops etc.

Members of the diverse communities and ethnicities of Tower Hamlets were accessed. While those consulted were predominantly from the Bangladeshi community - consistent with the background of the majority of the community researchers - members of the Somali, Sudanese, African Caribbean, Algerian, Turkish, Eritrean, Sudanese, White British and other nationalities which make up the local population were also included. Most people were parents and families (including children and young people), but some were older people (including several grandparents etc).

Importantly, we also enabled the trained participants to give their views about eating, activity and healthy lives, and these are also reflected in this report. Their views were crucial when the findings were fed back and validated by them on 10th December at the Celebration Event.



*Stall at the Faith in Health Event at London Muslim Centre*

## Tools

Participants decided on which tools to use for the work, with certain tools being appropriate at different stages of the investigation.

Examples of 'beginning' tools were:



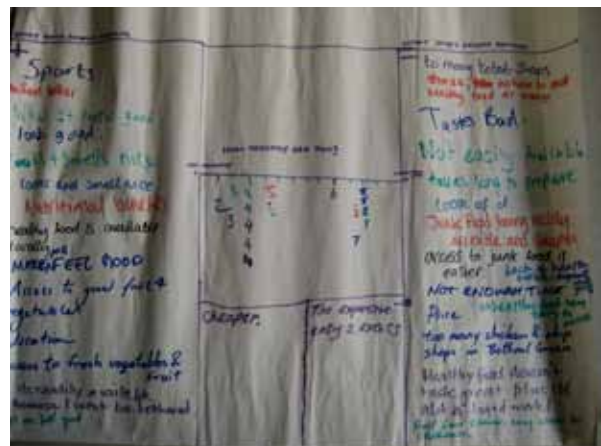
Mapping or drawing



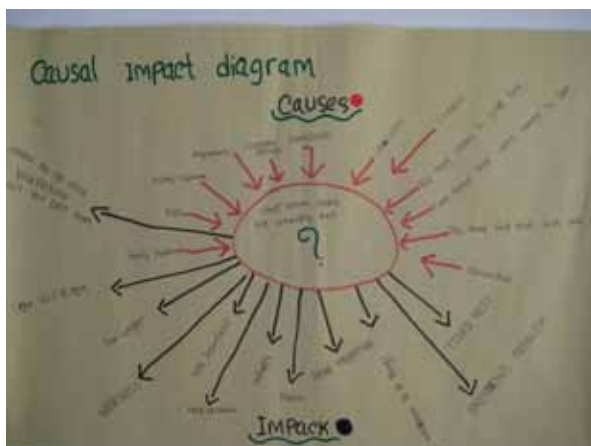
Timeline / calendar



Graffiti wall



H Form



Causal Impact Diagram





## a) Healthy Eating – what we were trying to find out:

- Where do you get your food/ your family's food?
- What food(s) do you buy each week for you/ your family?
- (With children) What food do you eat each week, what are your favourite foods?
- How healthy is the food you eat, and rate it: 1 = unhealthy, 10 = healthy?
- What stops people from eating healthy food/ why don't people eat healthy food?
- What solutions would you suggest to overcome the barriers?
- Do you know where to access the healthy borough programme?

## What they said about healthy food

Responses from the community (mainly from parents) evidence that people buy the bulk of their food supplies from major food retailers and supermarkets including Tesco, Sainsbury, Lidl, Iceland, Asda, Morrison and (to a far lesser extent) Waitrose and M & S. Families with cars tended to do major shops by car at supermarkets. Reasons cited were freshness and quality, choice, convenience and price.

Other places where food is purchased were street markets (Whitechapel Road, Watney Market and Chrisp Street) and local shops such as Asian food stores, greengrocers and butchers. These were considered convenient if local and reachable on foot, and also where culturally specific, such as stocking Halal produce, spices and other specialist ingredients, including green grocery. Some respondents felt that some of these stalls and stores were good for price and range, but generally did not offer such quality produce as the supermarkets.<sup>6</sup>

## Knowledge about healthy foods and diets

Most people we engaged appeared to be knowledgeable about what constitutes a healthy diet, and what foods are good for people and the impacts that healthy or unhealthy diets have on people.

### *Common perceptions of why people don't eat healthy food:*

- They are not bothered eating healthy food
- People don't care if they are healthy or not
- They think unhealthy food is better than healthy food
- Easier to go to PFC because they are not bothered to eat
- Some people don't live near healthy shops
- Not bothered to cook and unhealthy food tends to be much cheaper
- Don't like healthy food
- Not bothered to peel the fruit
- No knowledge of health
- People don't care if they are healthy
- Some people are poor
- It (healthy food) doesn't taste good

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<sup>6</sup> The scope of this project did not allow for investigation of what is meant by 'quality', and whether this is increasingly being defined by what the supermarkets accept/reject from suppliers, or whether this is something customers and communities particularly poorer and more diverse ones, are conscious of.



There was a substantial amount of knowledge about the importance of fruit and vegetables, balanced diets and other aspects of healthy eating – for example that a healthy diet contained iron, protein, less oil, less sugar, fruit, green vegetables. (was this knowledge accurate – were there any simple or obvious messages that could easily be corrected?) Many respondents said that they regularly buy foods that supply this, and lists were often along these lines, for example:

Healthy +

- Rice
- Fish
- Meat
- Chicken
- Spices
- Bread
- Baby food
- Milk
- Eggs
- Fruits – oranges, banana
- Salad
- Veg
- Cheese
- Yoghurt
- Dry fish
- Chillies

Less healthy -

- Junk foods
- Cream
- Sweets
- Chocolates
- Chips
- Oil
- Too much fat and meat

Examples of what families like to eat (taken from a timeline made by children in Bow) included:

*Eating every day charts (children):*

- Breakfast, juice, dairy foods, rice and chicken, crisps, chocolate, chicken chips, cake, fruit, rice, chicken, oranges, chips,
- Milk, juice (not fizzy), chocolate, custard and apple crumble, spaghetti, chips, chocolate, meat, toast, egg, chips, rice, bananas.
- Chicken, cake, meat, ice cream, eggs, chips, rice, apple, fish, water
- Pudding, rice, burger, sweetcorn, spaghetti, chicken, strawberry and vanilla icecream
- Cookie, cherries, plum, rice, bread, apple, chocolate, strawberry, sweets, egg, milk, grapes, cake, water, PFC, carrots, coca cola, ice cream, chicken

Some typical suggestions for overcoming barriers were as follows:

*The food itself:*

- Make healthy food more attractive
- Have ready made healthy take aways / microwaveable
- Make healthy food/ ingredients cheaper
- Food growing projects/ co-ops

- Cook4life
- Ideas for variety
- Have chips with healthy food together on the plate
- Less advertising of junk food

*Social/ motivational:*

- Encourage families to eat together
- More social events around food
- Family information days
- Fun atmosphere about food
- Educational
- More cooking courses and recipes for mothers – bring them together for this
- CBBC programmes
- More about healthy diet at school
- School meals – free and more healthy
- Rules by schools about what goes in lunchboxes
- Fathers should learn to cook too/ or at least know about healthy food

## Solutions from the verification event

At the verification event which took place as part of a celebratory event for the participants on 10 December 2010, the following 'solutions' for overcoming barriers to healthy eating were considered by the group to have the potential for greatest impact in communities:

- Better food education at school
- Families having meals together
- Cooking courses and recipes for parents
- Less advertising of junk food
- Cheaper healthy ingredients

Impact diagrams by groups attending the validation event reflected the following impacts of the various solutions:

*High Impact / easy to implement:*

- Family meals
- Mental health / building self esteem
- Community support network
- Better food education / cooking courses

*High Impact / medium to implement:*

- Better education about healthy eating
- Better communication between school and home about healthy food
- Family meals

*High Impact/ difficult to implement:*

- Less junk food adverts
- Medium Impact / easy to implement:
- Family meals
- Cooking courses
- Support to improve mental health
- Less junk food ads

*Medium Impact / medium to implement*

- Cooking courses
- Better food education

**b) Active lifestyles – what we were trying to find out:**

- What is good health / healthy community?
- In what ways do people in this community lead unhealthy lifestyles?
- In what ways are people active / what happens if they are not?
- What or who supports you to be healthy / what makes it easy for you to be healthy?
- What stops people in this community being active / healthy?
- What would be the best ways to overcome barriers (i.e. what are solutions that might work for children and families in this area)?

**What they said about active lifestyles**

People were generally knowledgeable about the importance of exercise to a healthy life and its positive impact on wellbeing. Typically, they described a healthy community in terms of good education provision, a healthy environment (housing, sanitation, open spaces), balanced diets and availability of good food, social aspects such as happiness and friendliness, harmonious relationships, good mental health, good health services (doctor, pregnancy services support and advice, health visitors, pharmacy), fitness centres and an active lifestyles, and wider community support.

- When asked for their assessment of how healthy/active they were, responses varied considerably depending on whom we were talking to. For example a session at the LMC where mostly secondary school children (aged 14/15) took part gave the following scores (scoring 1 means not active at all, 10 is very active):
- One at 3
- One at 4
- Three at 6
- Three at 7
- Five at 8
- Three at 10

In contrast, another session, this time involving five adults three of whom were Muslim, and three white scored as follows:

- Three at 3
- One at 4
- One at 5

Overall across all applicable PA sessions 'scores' were mostly mid-range, though there were scatterings at the lower end of the spectrum, and some at the top range.

There were a great many ways of being active that people knew about, ranging from organised sports and fitness in school settings and in the wider service provision of gyms and fitness centres, football, skateboarding, cricket, dancing, singing, talent, etc.

Informal ways of keeping fit were identified such as everyday activities like housework, walking, going out with friends and family, playing and cycling.

Barriers related to an active lifestyles which people identified were wide ranging and included individual attitudes and situations such as family responsibilities, disability, laziness and motivation, making excuses, being tired and depressed, issues of lack of time, cost/ distance involved in accessing gyms, swimming and other formal activities, lack of green places, weather, and cultural/religious issues such as traditional ethnic culture and the availability of single gender sessions. Young people felt that the amount of homework they were given was an issue, and older girls and parents felt that it was easier for boys to be active than girls (Why – cultural issues?).

Typical 'positives' and 'negatives' recorded on a tool called an 'H Form' were as follows:

*Positive:*

- Good facilities in gyms
- Cycle path along the canal is good
- Friendly people in my area
- Nursery is very good for keeping the kids active
- Parks
- Marner Centre
- Play groups
- Bromley by Bow fun day – good for keeping the family active – we need more of these
- Community centres and activities
- Local schools, healthcare
- Shops

*Negative:*

- Waiting list for activities
- Activities generally not active enough
- Asian women follow the village cultural ethic – family devotion mentality and they don't enjoy life and exercise
- Lack of parks in Poplar for children
- Asian women feel shy following the village tradition
- Lack of childcare

- Children not allowed to go out – media frenzy about safety
- Asian women are very lazy
- TV / sedentary entertainment
- Not enough activities for teenagers
- No handy local gyms
- Lack of facilities for disabled
- Advertising (of what is available) not sufficient
- Over-crowding
- People trapped in home
- Feeling safe – not enough police on the beat
- Too many fast food shops
- Not enough parks

There were many 'solutions' to overcome the barriers, some easy to implement, some more difficult and costly.

*Provision:*

- More child care provision
- More exercise sessions
- Playgrounds and play centres
- A mobile gym
- Environmental
- Make the streets safer
- More playgrounds
- Green spaces
- Walking home from school
- Social events at the mosque which are active
- Have very local provision in neighbourhoods – near to where people live
- Keep facilities open for longer hours
- Social/motivational
- Support and provision for better family mental health, overcoming stress, loneliness and depression
- Have more fun events which have members being much more active than passive
- Positive role models
- Take the children with you
- Taster sessions locally
- Encourage good sleep patterns
- Pilates and yoga
- Integrate exercise into daily routines like shopping and housework

*Cultural:*

- A range of female only sessions – with all facilities and include kick boxing and self defence
- Men only sessions
- More adverts and information e.g. ethnic minority TV and Radio channels
- Healthy living at the Mosque

**Solutions from the verification event**

At the verification event which took place as part of a celebratory event for the participants on 10 December 2010, the following 'solutions' for overcoming barriers to families being active were considered by the group to have the most potential for greatest impact in communities:

- Support for better mental health, stress and loneliness
- Exercising through daily activities like housework and shopping
- More playgrounds and green spaces
- More female only sessions
- Making the streets safer

Impact diagrams by the groups attending the validation event evidenced the following:

*High Impact / easy to implement:*

- Exercise through daily activity
- Female only sessions
- Mental health / building self esteem
- Community support network
- High Impact / medium to implement
- Female only sessions
- More green spaces and playgrounds
- Exercise through daily activity (5)

*High Impact/ difficult to implement:*

- Green spaces and playgrounds
- Medium Impact / easy to implement
- Female only sessions

*Medium Impact / medium to implement*

- Exercise through daily activity

*Low Impact / easy to implement*



### c) General health and wellbeing, and knowledge of the Healthy Borough Programme

Most commonly people knew about 'Five a Day' and Change4Life, though there was little knowledge of other specific projects in the Healthy Borough Programme. Some of the suggestions and ideas coming from the people who were consulted included cooking information, recipes, family nutrition and so on which are actually already happening as part of the HBP, and sourcing cheap healthy food through co-ops, which is another. People seemed not to know that this was going on already, although at present we do not have any data on where/who/why this should be the case.

There was only one mention of a growing project – and this was by one of the trained parents who is part of a group which has developed a community vegetable garden in waste ground near a high rise block where she lived. In the engagement with community no-one mentioned that they knew about any existing grow-your-own, food co-ops or other such food projects and initiatives. Where they were suggested it was as if they were not going on already.

# Impacts and learning

## Impacts on participants:

Feedback and observation of impact of this project on the participants indicates that results included

- Increased confidence and self esteem
- Enhanced communication skills
- Increased and benefit from cross cultural work –‘encountering the other’
- Social bonding and new friends
- Enhanced networking
- Being valued for their knowledge and expertise about the community
- Having fun
- New learning and skills
- Making a contribution
- Accreditation was important
- When people do it on their own it is difficult – the group work is vital

## Learning we gained from the project process:

- The involvement of Children’s Centres and family outreach workers is vital to success and participation.
- Providing a safe, relaxed place in familiar surroundings is important.
- The size and geographical size of the Borough made logistics difficult. Any future work would be better clustered in neighbourhoods like Wapping, Poplar or Bromley by Bow, for example.
- PA has the potential to overcome barriers such as language and culture (e.g. it can be practised in Bengali, Somali and indeed all languages, and participants can facilitate and present in their own mother tongue if they wish).
- Expertise and potential – reaching the yet to reach
- The need for building self-esteem is crucial.
- There is huge potential for community capacity and leadership – notably using the talents and skills within the group
- There is desire on the part of some, if not most, of the participants to do more using this approach

*The following account from one of the parents who completed the PA training and the fieldwork, provides an authentic insight into a typical participant experience:*

## Farzana's Story: 'How I came to know about P.A.'

I was looking for volunteer job. I went to the local Sure Start Centre and I told them about my wish. They gave me a form to fill up. After few days I was invited to do the Participatory Appraisal course. I became very happy. I let them know that I am obviously going to do the course. In another letter they let me know the time and venue of the course. It was under Tower Hamlets' 'change4life'. The venue was at the London Muslim Centre. It was a course of three weeks. We used to go there on Mondays and Tuesdays. Training started from 9:30 and finished at 2:30. We had two 'facilitators' - Susie Hay and Martin Westerby.

'They both are very friendly. They are jolly and open-minded. Their way of teaching was exceptional. At first day they asked us several questions.

Such as:

- What is P.A?
- What qualities should a facilitator have?
- What qualities should a facilitator not have?
- 'Everybody came up with points and their points were correct. For the first question the answers were -
- to keep the community clear
- share responsibilities
- equal rights
- to have respect to others especially to aged people
- to reduce generation gap

For the second question the outcome was as below:

- calm and have patience.
- pay attention to everybody
- smile on face.
- friendly
- tackle any situation
- helpful

Disqualifications in a facilitator are marked as:

- short tempered
- no patience
- ignorance

Then Susie and Martin divided us into two groups. In my group we were three Zainab, Shahanara and me. In the other group there were four people - Irfan, Lidya, Genet and Raquel. Susie and Martin then told us to draw picture based on what we understood about 'participation'. It was so much fun, as if we got back to our childhood.

Then Susie and Martin had shown us some photographs. Our task was to understand the meaning of the photos. Martin told us that we know camera never lies, but it is not true all the time. Such as in a photo we saw 3 or 4 persons, 1 of them was talking as if he is the leader and an woman was listening to him. Actually the woman was the facilitator. In this way we had

observed photographs of different situation. They had also shown us their early activities in a PA video.

I can't help telling two more positive points about this training are providing us with creche and lunch.

In the next week they had discussed certain points like sabotage and many others. They taught a wonderful thing and that is the six 'little helper' or 'wh' questions:

- who?
- where?
- why?
- what?
- how?
- when?



*Farzana with Shaharana*

Then we learned to use 13 different tools which are:

- mapping (drawing)
- timeline
- causal impact
- force field
- graffiti wall
- h-form
- impact ranking
- matrix ranking
- pairwise ranking
- venn diagram
- spider diagram
- pie chart
- continuum

They were really enjoyable. We had started our fieldwork from the third week.

In a sense it was quite challenging. We had the topic 'Active lifestyles'. We were given some questions. Then we had decided which tools are suitable for the questions. After that we had decided where should we go to interview people. We were ready all the time with paper, pen, highlighter and other necessary items. We were lucky because at that time there was a festival called 'mela' in Allen's garden. We had interviewed 12-16 people of different age group.

Then we targeted the L.M.C women's section. The administration was kind enough to permit us to do our task. There we had asked questions to mothers and they had patiently and wisely answered the questions. We were benefited to have Shahanara in our team. She had arranged a stall at a school at Whitechapel - I don't remember the name of the school now - and another stall she had booked was at York Hall. Together we had interviewed at least 100 people. All the people had relatively same opinion about 'Active Lifestyle'. It was as below ~

- eat healthy food, avoid excess oil, fast food, smoking, alcohol, drugs, red meat
- exercise - like cycling, swimming, walking, gym etc
- going out with family instead of watching tv and play with them
- household activities
- There are also some barriers to an active lifestyle, such as~
- no time for exercise
- healthy food may be costly
- don't want to change taste
- most Muslim girls can't do cycling or swimming even if they want to

Then we had handover of our task to Susie to write the report. She was very happy with what we had done. She praised us a lot.

I was encouraged working with both Zainab and Shahanara. Zainab is dedicated and devoted to her work. Shahanara is enthusiastic and optimistic.

After a month Susie invited us for a get together. We had a good chat, especially about women. There is a huge possibility in women. What they need is just proper ways and link. There is power in every woman. Most of them do not get a chance to take out that power, because may be they remain too busy serving their families. They need a piece of free sky to take breath. We do need to care for them. Otherwise change of the society will be slow.

Suddenly Susie asked me where do I want to see myself after 10 years. I was not ready for the question. I told that I can do a lot if I get a chance. But it was not the perfect answer for the question. I returned home and asked myself the same question. I kept thinking. Then I realised I would like to see myself in a position from where my daughter, my husband and my entire family will be proud of me.

# Recommendations and sustainability

## Sustainability

Sustaining this project and its achievements beyond the end-date of 31 March 2010 centres around two aspects of the work to date, namely:

- The findings and recommendations arising from the community participatory research that the parents/participants have undertaken relating to active lifestyles and healthy eating.
- and
- The positive community empowerment and capacity arising from training local parents and other members of the diverse communities of Tower Hamlets which has included some front line workers.
- The second is crucial because it is vital not to lose the positive impacts and the opportunity and momentum to harness this community asset. What we have to build on now are the following:
- Skills acquired by the participants in the course of the project (PA/ research skills, team working, communications skills, community knowledge and insights)
- The talent within the participant groups and its potential for making change and growing leadership; many of the participants have real potential to be agents for change.<sup>7</sup>
- Networking, strong personal relationships, motivation which have been built through working together across (particularly) cultural and ethnic divides
- The potential for all the above to sustain and change positively the lives of disadvantaged/ excluded communities in Tower Hamlets in all aspects of their lives, not just health. (It should be noted that ideas for further work have already been suggested by the participants, and the value of PA working has demonstrably had a positive impact on the Parents Forum at the Marnier Children's Centre for example).

Finally, it is important that we build on the self esteem, confidence, motivation and goodwill to do 'more of this' which has emerged from the project.

At this point the danger is that some or all of this potential will be lost, especially in times of budget cuts across many services and the end of the Healthy Borough Project in March 2011. Quite simply, it is an easier, and perhaps cheaper, option not to support this work in to the future. The lack of formal 'project infrastructure' actually makes this option even more easy. Although much information is unclear about future resources being available, it is likely that the ways of building on the achievements will necessarily have to be light in terms of dependence on project funding, and more dependent on synergies, cross-service and cross sector working. The coalition government's 'Big Society' theme may be an opportunity and theme which may be useful to the sustainability of this project.

Fundamental at this stage is the need to support for the individuals concerned to sustain their enthusiasm and momentum; this is new for many of them, and we know from experience that the presence and dedication of front line workers like community development personnel, family and parental support workers is very important, as is the leadership of some of the participants.

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<sup>7</sup> It is interesting to note that amongst the participants there were (for example, and based on what we know so far): two qualified accountants, three Master Degree graduates, a computer scientist, a teacher, a physiotherapist, a social welfare practitioner. Their qualifications are not recognised in this country, and many are doing or have done fairly menial and low paid jobs here which do not use their talents.

We recommend strongly that:

- The Steering Group and others should plan for further / other initiatives in which they might practise and enhance their skills
- More networking and semi social opportunities
- Support for their own passions and projects for making small changes they want to see in their communities (e.g. building capacity of Muslim women)
- Mentoring and ‘training’ some participants in community leadership
- Putting in place support from existing capacity/ services – partnership between the community and services (opportunity of the ‘Big Society’).

One suggested way to do this, and as a first step, is that the Steering Group and others should identify where the support might come from, initially looking at this using and adapting the following PA tool (Impact ranking) in which suggestions to date are inserted:

	<b><i>Strongly motivated partners/ opportunities</i></b>	<b><i>Moderately motivated partners / opportunities</i></b>	<b><i>Low motivation / indifferent</i></b>
<b><i>High impact on sustaining</i></b>	Tower Hamlets Public Health Community trainers (i.e. trained parents) The ‘Can-Do’ Partnership Account 3 Tower Hamlets CVS Health Champions Activities in parks and open spaces Tower Hamlets Involvement Network (THINK) Citizen Engagement Pilot (Lap 6)		Mayor of Tower Hamlets Mayor of London Business sector
<b><i>Medium impact on sustaining</i></b>	Children’s Services G. P. Commissioners	Schools Teachers Childrens’ Centres Health trainers Community Sector Council’s localism work	
<b><i>Low impact on sustaining</i></b>			

*Strongly motivated/ big impact:*

- Public health in Tower Hamlets (will be with Local Authority)
- Community researchers (ie. Those trained in PA)
- Strongly motivated / medium impact:
- Children's services
- G. P. Commissioners
- The 'Can-Do' Partnership
- Account 3
- Tower Hamlets CVS
- Health Champions
- Activities in Parks and Open Spaces
- Tower Hamlets Involvement (THINK)
- Citizen Engagement Pilot (Lap 6)

*Moderately motivated/ big impact*

- Schools
- Teachers
- Childrens Centres
- Health trainers
- Community Sector
- Low motivation/ strong impact
- Mayor of Tower Hamlets
- Mayor of London
- Business sector

*The following people and agencies should take part in identifying the above:*

- The participants
- The Steering Group members and others from HBP partners
- Workers – e.g. From Children's Centres including Marner Centre, Wapping, Chrisp Street and other Children's Centres, parent workers like Sultana , Tara from the employment project etc.



# Appendices

## I. Tools

### 1. Mapping

Mapping is one of the most basic, often used and adaptable Participatory Appraisal tools.

Maps usually look at what things are like now. They enable local people to draw their own experiences and perceptions of their environments.

Mapping is usually the first tool used because it helps put the discussion in a 'physical context' - people see, understand and agree on where they're talking about.

N.B. – People can be put off by the word 'map'. Don't ask them to "draw a map". It's much better to ask them to "draw your area" or "draw a picture of where you live"

Participants' maps are useful in helping facilitators and project workers to become more familiar with an area.

Different types of maps can include:

- Social - showing the make up of a society or community.
- Land use.
- Potential or ideal - to show what might be, or should be. This form of mapping can be extremely useful when working with people to plan a service.
- Available resources - including availability of services or facilities, as in the example above.
- Census - to show who lives where.
- Present - to show how things are.
- Historical - to show how things were or have changed

The type of map should be relevant to what you want to achieve, and express what local people feel to be important. Maps can also be used as an icebreaker, to encourage people to participate and become involved. Later, other more specific maps or sequences of maps can be developed.

Mapping can have many functions:

- Drawing lets everyone take part – no need to be able to write or read 'proper' maps
- Related issues are raised which can be returned to in more detail later
- Large quantities of information are depicted
- Discussion is generated around the map
- Official maps can be meaningless to local people, or not include what is important to them.
- A map can be used as a basis for other Participatory work:
  - As a focus for later discussions
  - As a "map" for outsiders to use to find people or places
  - In identifying areas for planning, sites for change etc.

Gender, age, well-being, culture and occupation will affect what people map, and the way and

order in which they draw elements. The area in which people live also affects maps, as they are likely to have a clearer impression of that area. Differences in perception will be seen most clearly during social mapping. It is important to be able to incorporate different perceptions into maps. You may get lots of maps of the same area that look very different – because people see things differently.

Working with groups enables discussions to take place, and elements, which might have otherwise been missed, to be considered. Different ideas can be incorporated onto one map. Alternatively, separate mapping for different groups may highlight variations in opinion.

Maps have endless variations:

- There are no limitations to type, size or application.
- There is no such thing as a “good” or “bad” map.
- All maps are unique.

## 2. Timeline

A timeline is a ‘linear’ (i.e. a line!) tool for showing significant or important events in a community over a period of time. Different people will have different perceptions about what the important changes are and how things have changed over time.

Community members can use timelines to look at how their area has altered over time, noting important changes in the area. These changes are usually changes in services and facilities, but they can be other abstract changes, like perceptions which may be linked to the physical changes, or behaviour.

Other types of timelines include:

- Daily Activity Chart - it literally represents the activities which young people undertake during their day.
- Lifeline - this can show developments or changes during someone’s life, and is usually more personal. However, in community settings, care must be taken, in groups, not to make a Lifeline too personal.
- Future/Planning - timelines can also be very effective when used to look ahead to the future and to plan for changes which the community would like to see happen, working out the individual steps which will need to be taken and highlighting goals which may need to be met.

## 3. Forcefield Analysis

A forcefield analysis is a very simple tool which looks at the positive and negative factors, or effects of certain factors on something else.

It is the start of analysing or helping understand an issues, and lets people see and express different aspects, both good and bad, of something.

In the easiest example the flip-chart paper is divided in two by a single line across the middle, with the upper half representing things good or positive ‘things’. The lower half of the page shows the bad or negative things.

In using this tool, it is possible that some factors may be thought to be both negative and positive. In this case they could be noted along the centre dividing line.

Following on from using this tool, it is important to move on to addressing the problems, or negative points which have been identified. It is very important that people are not left focusing on negative issues or problems - it is always necessary for them to move on and suggest their own improvements, or solutions to negative issues problems or areas of concern which they

have identified as existing.

Forcefield analysis is simple and works well when participants don't have a lot of time to devote to undertaking some of the more complicated or detailed tools and exercises.

#### 4. Spider Diagram

A spider diagram is any diagram with a central idea, normally in a circle, which then has lines coming off, which look like spiders' legs. This tool can also be used as a more visual 'brainstorming' exercise, as compared to simply writing words or lists. However, it is most effective when used to identify and explore the barriers which exist preventing something from happening or making something difficult.

Because this tool is so simple and effective as a 'brainstorming' exercise, there is a danger that people over-use it, and not practice other tools which can be more effective at exploring other certain issues, in greater detail, and in different ways.

This stage where practitioners become 'stuck' using only a Spider Diagram' is common, and so needs to be guarded against.

Experienced facilitators should illustrate its limitations to other, less experienced ones and encourage the more widespread tools use, providing support where necessary in developing confidence of varied tools use.

Young people are very often familiar with the simple concept of the spider diagram.

#### 5. Evaluation wheel

As its name suggests, the evaluation wheel is a good tool for using in evaluation, particularly with young people.

Participants think of as many things, aspects or criteria which they want to use to evaluate something, and divide the wheel into as many segments as there are these criteria. Each criterion is given a score from 0 to 10, depending on how the participants think it has come up to meeting their needs or expectations. Each segment is then coloured in according to its score - if the segment scores 1, a tenth of the segment is coloured in, if it scores 10, all of the segment is coloured in, and so on.

When the evaluation wheel has been completed, it is usually obvious to see whether the thing being evaluated has scored highly by the amount of the wheel that has been coloured in by the participants.

The list of criteria tells us what is important to participants.

This is a tool which can also be completed as an individual exercise, with some care. However, as with all of the tools, the end result is not the important outcome. It is the discussion whilst the tool is being completed which is important; in the case of the evaluation wheel it is the reasons behind the scores. Hence if done by individuals, there must be time for discussion to enable some explanation about the reasoning behind the scores which have been allocated by the individual participants.

#### 6. Causal impact diagram

A causal impact diagram looks at the possible causes of something, and also the effects or impact which that something has or may have. It helps people identify and understand a single issue, which is often complex, and therefore address it, by breaking it down into smaller component parts.

It is possible for some factors to be both causes and effects, leading to things or events happening over and over again, or being cyclical in nature. For example "poor parenting" could

be highlighted as a cause of teenage pregnancy. However, becoming pregnant at a young age may result from “poor parenting”. Hence, the cause and effect seem to be linked together. From here it would then be possible to address where and how to break that cycle.

## 7. Criteria or matrix ranking

This is tool which helps participants prioritise from lists or options identified through other tools during earlier exercises in the participatory process.

After identifying things which they want to rank or prioritise, normally by using one of the earlier tools, participants have to come up with criteria by which all of the options can be ranked.

There lots of ways to ‘score’ - for example:

Each of the squares can be given a maximum score (3, 5 10 etc), or

Each of the criteria could have a total of ten points shared across the things that are being ranked, according to which is most deserving.

Participants can choose their own scoring system, using numbers, dots or anything else. Scores agreed by the group is usually the best, because, as with all other tools, the discussion is the important part of this exercise.

If appropriate, the criteria can even be weighted, indicating their relative importance – e.g. if you are looking at where to eat out, price may be the most important criteria, so that may be given more votes or ‘weighting’ than the other criteria.

It is also important to word the criteria carefully, so that all of the participants know exactly how and why they are allocating their scores.

At the end of this exercise it is possible to get an indication of the best or preferred option, simply by adding up the dots, or scores.

## 8. Pairwise ranking

Pairwise ranking is another way in which participants try to prioritise. At first sight this grid or matrix can seem complicated, but young people seem to be able to understand it very easily.

Each suggestion or option, usually identified in an earlier exercise, is compared, one against one, with every other option to see which participants favour, or think is best.

When comparing each option directly with every other it allows for the discussion of relative merits. This discussion, the reasoning behind the decisions and the criteria which determine the choices are the important things to take note of, because this gives some insight into the overall result.

One young person compared the pairwise ranking grid to a football fixture grid, with one axis showing the home team and the other away team. In such a grid there would be a diagonal line of blanked out squares indicating where each team would ‘play itself’.

At the end of the exercise, the young people normally agree with their choice of favoured option, and reflect that this is how they thought the result would have been. Sometimes they are surprised at the outcome, but will say that it is actually a truer representation than their initial thoughts because of the reasoning throughout the exercise.

## 9. Impact ranking

Impact Ranking is usually used towards the end of the participatory process to enable participants to show which solutions they think will have the greatest impact and which will be easiest to achieve.

This tool is easy because you always start off by drawing the same nine box grid, with ‘How

achievable' & 'easy - medium – hard' across the top, and 'How effective' & 'high – medium – low' down the side.

Participants stick 'post-its' or pieces of self adhesive card with the solutions written on them on one of the nine squares in the grid, depending on how easy they think the solution will be to achieve, and how much of an impact or effect they think it will have overcoming a given problem or barriers.

The post-its can be moved if people change their minds during the discussion.

Whether a solution will be easy to implement may depend on many things, for example, time, resources or maybe even getting others to recognise the importance of the solution.

The community can then initially concentrate on all of the solutions in the top right 4 squares, because these are seen as the being most achievable and are perceived as being the most effective or having the greatest impact.

As with all of the tools, impact ranking allows participants to share perceptions and explain to each other as to why they think the current situation is as it is, or why certain solutions are preferable to others. Facilitators or other participants can provide information that may educate or change participants' perceptions of a problem, an issue or a solution.

## 10. H Form

An H form combines force-field, scoring and graffiti wall suggestions in one tool. It is best used when facilitating a slightly larger group when people can participate together and where it can be displayed on a larger table or wall. A great many views and solutions can be captured in one place and in one session.

## II. Evaluation Report

### Overview:

This evaluation report brings together evaluation data acquired during the implementation of the project from November 2009 to December 2010, monitoring report information, and also the views and perspectives of key partners in the project which were solicited in January 2011 in a series of interviews, meetings and Participatory Appraisal (PA) sessions. Thus this report compiles quantitative and qualitative, objective and subjective information. In the spirit of Participatory Appraisal an emphasis has been placed on feedback and perspectives from the different parties involved in the project, namely:

- Trainees/ parent researchers
- Trainers/ project consultants
- Commissioners
- Stakeholder/partners

The key learning points contributed by each major stakeholder are summarised in each section.

### The project objectives were:

- To access, engage with and involve local community members (parents) in identifying issues, barriers and solutions related to addressing childhood obesity
- To access a range of residents across Tower Hamlets, including those who may be described as 'hard to reach' or who have English as a second language, as above
- To train and develop the capacity of a number of local parents and staff working in Tower Hamlets, to use participatory appraisal as an approach to accessing, engaging with and involving local parents
- To elicit highly qualitative information regarding local perceptions in relation to addressing childhood obesity locally
- To provide support and management for trained parent volunteers to effectively access, engage with and involve other local parents and residents
- To establish, maintain and develop a sustainable resource capable of accessing, engaging with and involving parents across Tower Hamlets, on a range of public health priorities, through the identification of appropriate systems, work programmes, structures and departments
- To give local people greater ownership of the solutions/services
- To improve communication of information relating to childhood obesity, and improve understanding of stakeholders views and perceptions of the issues.

The project objectives are outlined above. The project's final report outlines the training methods, the number and range of participant trainees and those reached by the researchers and the results of this contact. This evaluation concentrates on the views of the different stakeholders involved with the project.

Statistical information:

<b>Outputs</b>	<b>Total</b>	
	target	actual
<b>Number of local parents and staff trained in PA</b>	23	34
<b>Number of local parents/ children /families accessed and giving their perceptions and input through PA activity</b>	600	700
<b>Number of laps accessed</b>	8	8

46 community research sessions were held in all.

## Trainees/Parent researchers

The following table contains information given directly from the participants which was provided in application forms, during the project and training and at a three hour feedback/evaluation/sustainability session held in January which was attended by 15 of the trainees.

<i><b>What resources did they bring?</b></i>	<i><b>Activity/role?</b></i>	<i><b>Reasons for involvement</b></i>	<i><b>What was the output</b></i>	<i><b>What was the outcome?</b></i>
Engagement	Noticed training offer and applied to attend	To improve our community	Signed up	Increased confidence and self esteem
Participation		Its local to me	Attended training sessions	Enhanced communication skills
Enthusiasm	Attended training sessions	Work with the community	Participated in training sessions	Increased cross cultural working
Time		Wanted to go somewhere to discover myself	Learnt about PA tools and used them	Enhanced networking
Skills		Sounded interesting	Planned research	Having fun
Knowledge of their community		Accredited qualification	Participated in active research inside and outside the training room	New learning and skills
Leadership		Wanted to involve communities	Collected data	Making a contribution
Drive and determination		To know what people want	Analysed data	Gained an accreditation
Particular perspectives		To meet people	Presented data and findings	Learnt to evaluate quantitative and qualitative methods of research
Qualifications		Involvement with the community	Participated in a celebration	Learnt to facilitate participatory activities
Openness to the process		Learning about what the community needs		Learnt to read and present research outcomes
Willingness to work with new people		To improve social life		Learnt to think about and communicate future change in the community/and own role in that change
Insights, knowledge, expertise	To learn more about people involved in the training		There is a desire in the group to do more	
Community links			Giving your pen to other people	
			I learnt about community activities	
			Very helpful to implement in my work	
			To develop more skills to implement with my groups	



To develop physical activity  
 For the challenge  
 Learn something new  
 To help daily life  
 To learn many things about healthy lifestyles  
 Curious  
 To learn different ways to consult community  
 To get more knowledge  
 Community help  
 To help me in everyday work  
 Learn new things  
 It sounded very interactive  
 To get active lifestyles and healthy eating  
 To be more involved  
 Because I always wanted to learn about PA  
 Improve my community  
 To improve lifestyles

It opened my eyes and made me look forward  
 I learnt different ways of researching  
 How to access to community  
 Better awareness of facilities  
 Different approaches to a problem  
 Met new people and new friends  
 Respect  
 Meet very interesting people that shared their experiences  
 I now believe community people work together  
 Learned a lot from fellow classmates  
 Get new friends and learn team work  
 Learned how to talk with people  
 Learned a new skill that I'll use in my work  
 Develop my skills in a specific environment  
 Time management  
 Tools to use with different groups  
 Negotiation skills  
 Group dynamics  
 Listening  
 We learnt how to complete everything on time  
 I learned about healthy lifestyles  
 How I can feel confident myself  
 How to actively use the tools for PA

## Learning regarding the participation of the trainee parents and community members:

- Leaflets not always picked up and read – someone local to ask about/ encourage them to attend the training was important
- Some participants faced barriers including the cost and time involved in traveling to the training venue and research locations, and were uncomfortable about going to the London Muslim Centre venue and understanding / complying with the dress code involved.

## Interpretation

- Participants were most concerned about the impact of the course on them as individuals. They also came from a position of commitment to and interest in improving their local communities. Both these aspirations were largely fulfilled. The issue of obesity although important did not occupy main stage and likewise the course partially delivered on these aspirations for the participants. The participants clearly see that they have something personal to offer and gained from their involvement .
- It is evident from above that the course certainly improved access to and engagement of seldom reached communities in terms of all those reached by the project. The list of outcomes reads like a menu for building self esteem and developing leadership skills .

**Recommendation:** the community researchers training local lifestyle services providers in PA in the statutory and the voluntary sector could lead to a second round and deeper level of research on healthy lifestyles and better insight in to overcoming specific barriers for different groups



# Trainers / project consultants

This information was provided by Susie Hay of shortwork

<i><b>What resource did they bring?</b></i>	<i><b>Activity/role?</b></i>	<i><b>Reasons for involvement</b></i>	<i><b>What was the output</b></i>	<i><b>What was the outcome?</b></i>
Approx 60 days equivalent	Recruitment (targeting whole borough)	Business opportunity	Trained 34 local residents	Working across communities and across cultures
Experience and knowledge of PA	Outreach	Desire to empower communities by means of PA	Completed the course	Incites into the lives of parents in tower hamlets and the barriers they face
Experience of working with communities	Training	To learn and develop own PA skills	Accreditation of trainees	PA in operation within a very diverse group
Ability to work in partnership with local services	Research		Research report	
Respect for participants as experts in their own lives	Analysis		Evaluation report	
Respect for participants' knowledge and skills	Report writing		Contributing to sustainability plan and implementation of actions identified in findings	Ongoing plans for further work
	Accreditation			
	Events			
	Evaluation			
	Contribution to sustainability plan			

The ability to  
create and  
sustain a  
learning  
environment  
where people  
feel welcome  
and at ease

Facilitation and  
leadership

Access to  
accreditation

## Lessons learned from the Trainers' / Consultants' point of view:

- In retrospect we should have anticipated difficulties with logistics and communications when dealing with five local areas (LAPS) across the whole of the Tower Hamlets borough; a great deal of time was spent in organising events and keeping in touch with everyone. In terms of depth and moving towards collective action, this might have been better achieved with a one LAP approach rather than whole Borough. One positive aspect of the whole borough approach, however, is that it did enable different communities to work together, and get to know new friends and widen horizons and perspectives.
- In future work it would be advisable to build in trainer/consultant time to support the recruitment process, in order to build a good rapport with front line workers and to allay any concerns and anxieties potential participants have concerning the training.
- A key learning outcome was that there are so many skills and talents in this community which make the potential for community leadership through participation a real possibility. Susie Hay is developing a University Foundation Award course jointly with the University of Hull entitled 'Community Leadership through Participation'
- A flexible approach at all times is needed to keep people involved and to make changes to plans in order to achieve the desired objectives and outcomes.
- Aspects of project management were at times difficult. The Steering Group structure did not really work; most of the meetings were attended only by the consultants and the project managers from the HPB. There were many changes of personnel in the course of the project which made for inconsistency in institutional knowledge of the project, and handovers between staff unsatisfactory. A number of actions proposed by the initial project managers such as training for Susie Hay, the lead consultant, in safeguarding procedures, did not materialise.
- The consultants appreciated greatly the provision of resources to pay for additional crèches for the training courses and vouchers for the participants, and indeed funding for further work to sustain the project.
- It was quite difficult to re-engage with the trained parents from the Marner Centre at first as many had moved on to new projects and interests. However, with help from the Children's Centre Manager and family outreach workers they undertook considerable work to contribute to this project and re-engage their PA skills. The lesson from this is that we should not leave it long before we re-engage and activate the trained parents in the next activities.

## Commissioners

The following information is based mainly on interviews with and feedback from Lisa Vaughan, Abigail Gilbert and Maria Kaustrater, the project managers.

<b><i>What resource did they bring?</i></b>	<b><i>Activity/role?</i></b>	<b><i>Reasons for involvement</i></b>	<b><i>What was the output</i></b>	<b><i>What was the outcome?</i></b>
Funding and other project resources Time Leadership Experience Expertise Commitment Guidance Logistics Admin	Contracting Brief setting Setting priorities Steering group Facilitating partnership working Sustainability Influence Helping with recruitment Securing resources	PA is about working with communities to get their views, identifying the issues and barriers to healthy diet/active lifestyles Emphasis on a community up view Development of people involved in the training Deepen understanding of healthy lifestyles amongst Tower Hamlets parents most in need/at risk. We would find something new that would influence how we commission services	Overseeing the project, its completion and milestones Understanding its role Advocating the project at Healthy Borough Project lead meetings	Recognition that PA is different because it is about the community's agenda, not that of service providers or others Wants to ensure the project's sustainability so it looks as if earlier concerns are allayed that it might be "another small project that leads nowhere" Hopeful on sustainability, as the <i>small fires</i> approach is appropriate and has potential. Will take forward PA research findings and participants' ideas to validate other health projects Participation in research led to parents potentially able to influence services and their own lives and communities Involvement leads to increased confidence and a change in lifestyles for the better Objectives achieved:

## Lessons learned from the Commissioners' point of view:

- Recruitment requires much more face to face human effort from the very beginning. Leaflets are not enough.
- More time ideally is needed for building trust, momentum and buy in to recruit and maintain the community members' participation
- A future project would need to have more realistic budgeting as costs had been underestimated – specifically recruitment, evaluation , co-ordination
- Findings on healthy living corresponded broadly with what HBP knows about the communities' issues regarding Healthy Living, these are secondary to the power of the process and its positive impact on the people involved.
- Incentives are important through a small 'payment' for work to show their time is valued.
- The evaluation should have been built in to the planning as the project went along.
- Impacts on participants are clear: self esteem, skills built, life chances improved, networking and working/connecting across cultures, overcoming isolation and harnessing the power of communities.
- Recognition that participants are more prepared to deliver change in the community by influencing others.
- The difference between this and other community development projects is that people are really taking control and acting for themselves.
- Generate community leadership around these issues and seed change in the future.
- Commission the whole project not just the training- partnership, embedding, targeting etc

Targeting – it might have been effective to target one small area – not whole Borough – making a choice between breadth and depth.



## Partners

The following information was provided by Aneta Cassar of Wapping Children's Centre, and from information provided during the course of the project by other partners.

<i><b>What resource did they bring?</b></i>	<i><b>Activity/role?</b></i>	<i><b>Reasons for involvement</b></i>	<i><b>What was the output</b></i>	<i><b>What was the outcome?</b></i>
Facilitation Access to respondents Ongoing commitment Organisation Participation	Recruitment PA trainee Encouraged parents she was working with to attend	Work of the Children's Centre(s) Commitment to parents Wanted to understand the impact of the course on the parents	Helped keep trainees involved and motivated Completed training Commitment/ participation of the Children's Centre	Sees huge improvements in the participants confidence and self esteem Pleased that so many turned up for the Saturday conference, and continued to be involved including at the Mosque. Very proud of the group The report identified barriers and its good that so many people where talked too A diversity of people where included including older people The impact on participants include motivation, being part of a group, supporting each other, there were no language issues/barriers to helping each other which was surprising, confidence, continue to be involved, family involvement through the celebration. Using the project in the OFSTED inspection report as PA contributes particularly in engagement of the mostly disadvantaged/excluded/ yet to reach communities. Objectives achieved

## Lessons learned by front-line partners

It was hard work but it paid off (Wapping Children's Centre worker)

A lapse of several months between training and the next project (i.e. this one) meant it was hard to re-engage with the trained parents and re-awaken their enthusiasm for PA. (Marner Centre Manager)

## Sustaining the project

### "Small Change"

The participant group were in favour of becoming constituted as a community group, and the name suggested was 'Small Change' which had connotations of them making small changes in their communities and, in terms of fundraising, the group would seek some 'small change' (i.e. relatively small amounts) from funders and sponsors to support their projects. They liked the underpinning of the findings of the report about barriers presented by mental health/ wellbeing issues in their communities<sup>8</sup> that everything that they do in future will be about the 'Five Ways to Wellbeing' (New Economic Foundation) which is described as the 'mental health equivalent of Five a Day':

- Social / Connecting
- Active
- In the now
- Learning
- Do something for someone else

## Ideas for initiatives identified at the January planning session

*Initiatives that can be implemented in the short term:*

- Constitution and bank account
- Olympic site visit
- Go to the decision makers / service providers and do PA
- Projects addressing the difficult point for families and children of transition to secondary school
- "Building the bridge and all the sides of the walls" - i.e. Breaking down barriers and being inclusive
- Giant H Form or force field around the issues in a housing estate
- Community problem solving - joint working for community
- Parents forum
- Schools, children and tutors
- Intergenerational sessions
- People doing work for Children's Centre
- Happiness workshops
- Further PA accredited training such as:

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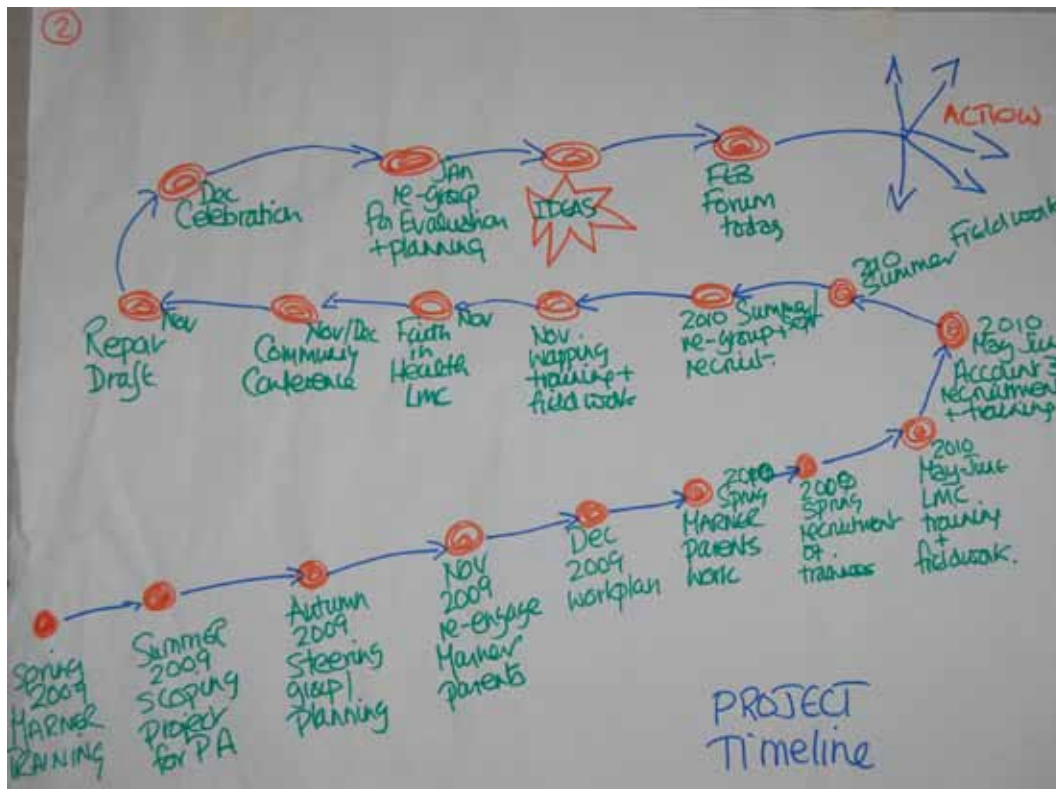
<sup>8</sup> <http://www.neweconomics.org/projects/five-ways-well-being>

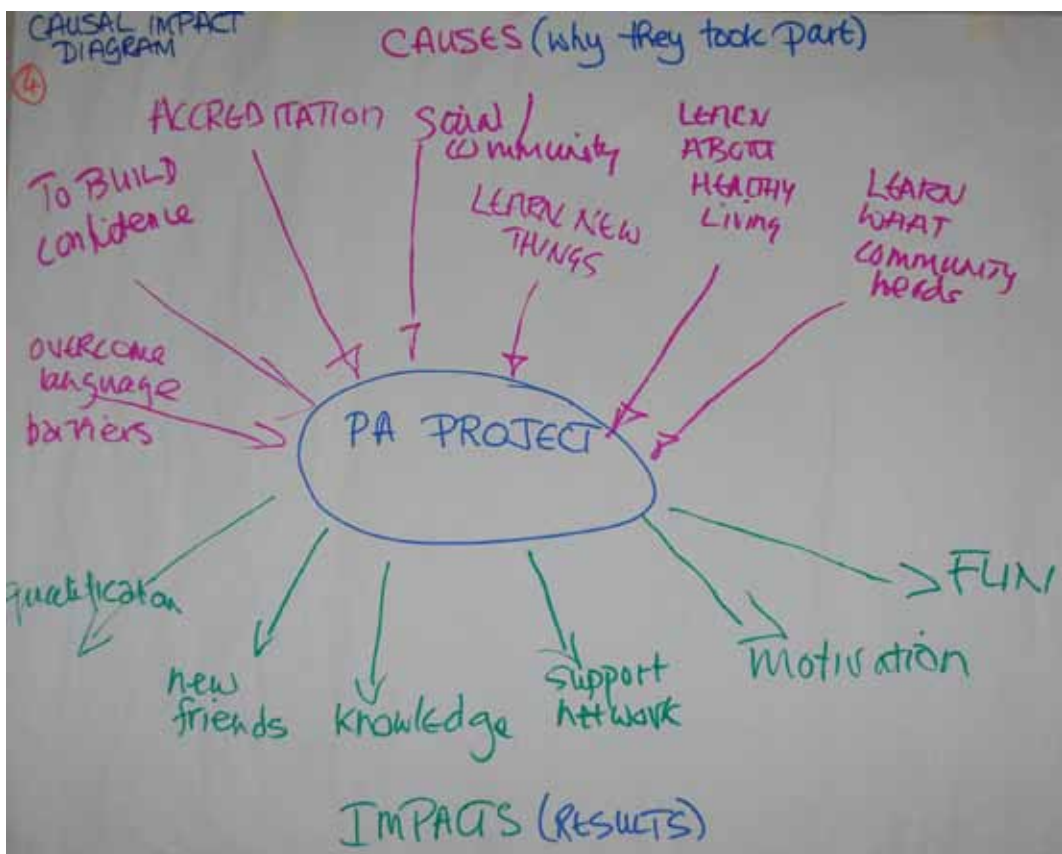
- Participatory budgeting
- Participatory video
- Train the Trainer for PA
- PA for evaluation
- Community Leadership through participation
- Report writing
- Advanced PA skills.
- Fundraising – including to Awards for All and the Corporation of London grants scheme etc.
- Visit to the Houses of Parliament

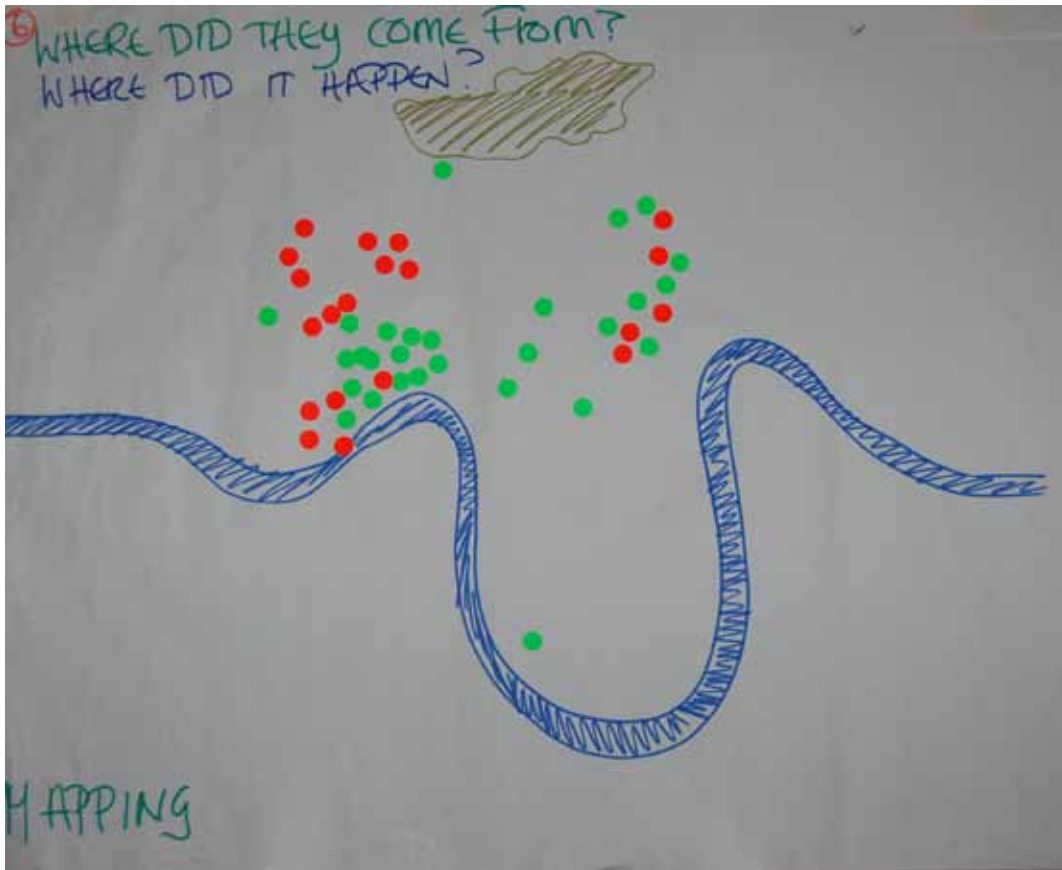
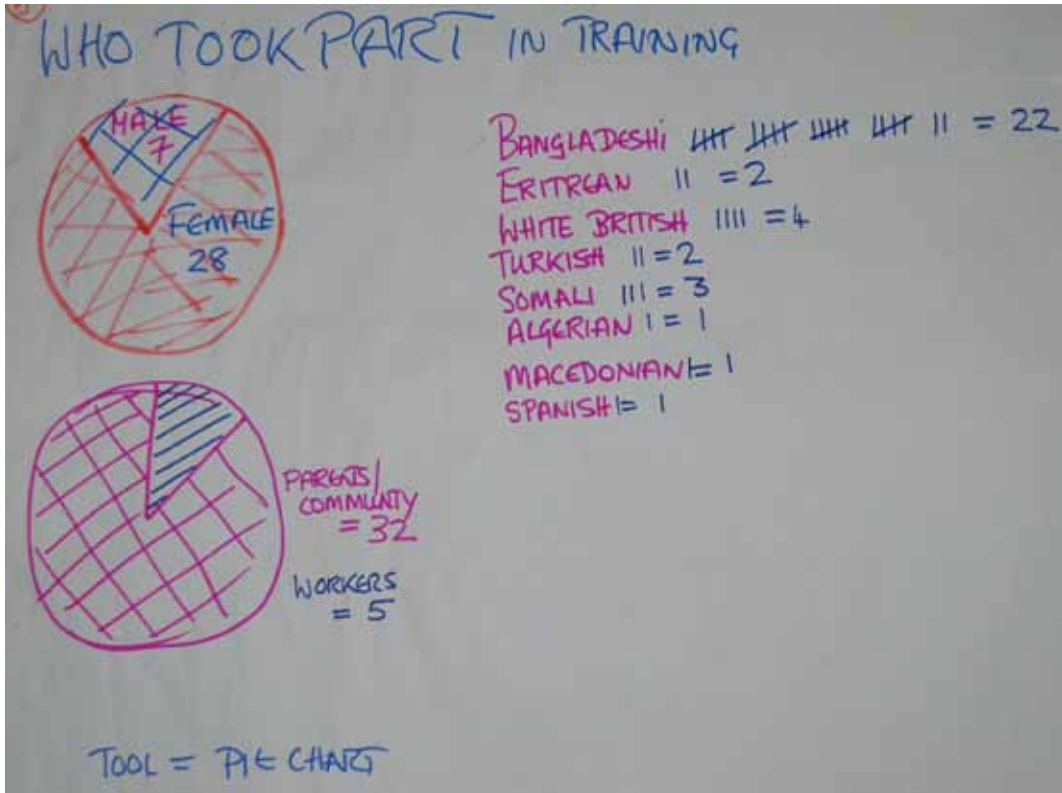
*Longer term:*

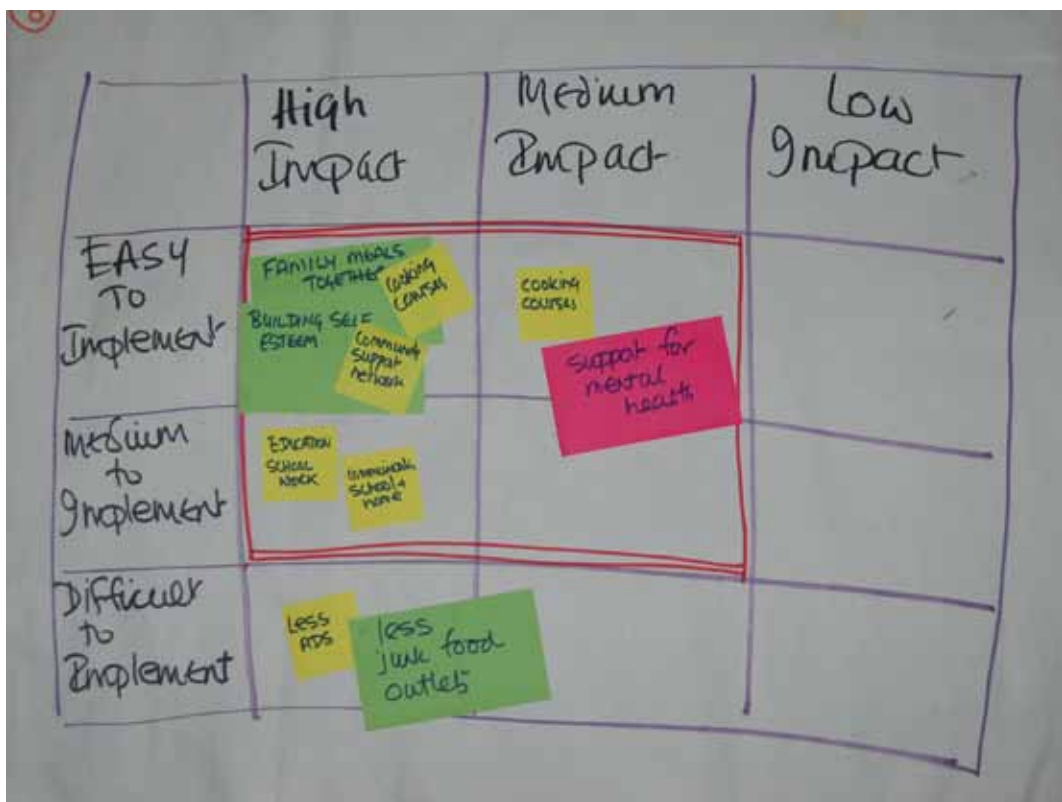
Development of a Community Interest Company/ cooperative / other model of a social enterprise offering PA services for project evaluation/ community consultation services.

### III. Project Timeline Tools









# CRITERIA RANKING

## 5 WAYS TO WELLBEING

	SOCIAL CONNECT	ACTIVE	IN THE NOW	EDUCATION/ LEARNING	DO SOMETHING FOR SOMEONE ELSE
WELLBEING WORKSHOPS	✓	✓	✓	✓	✓
MORE TRAINING IN PA	✓	✓	✓	✓	✓
VISIT TO OLYMPIC SITE	✓	✓	✓	✓	
PA SESSIONS WITH SERVICE HEADS	✓	✓	✓	✓	✓



*This report is commissioned by:*

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