Introducing the Healthy Communities Programme
The childhood obesity challenge

Healthy London Partnership Prevention Programme

A pan-London transformation unit – Healthy London Partnership – was established on 1 May 2015 to undertake a range of collaborative transformation programmes on behalf of all of London’s Clinical Commissioning Groups and NHS England (London). The Prevention Programme is one of 13 Healthy London Partnership Programmes supporting the overarching goal for London to be the healthiest global city where Londoners are empowered to maintain their own health and are supported to be as healthy as they can be.

In 2016/17 the Prevention programme continues to focus on helping Londoners kick unhealthy habits, getting London fitter with better food, more exercise and healthier living (tackling obesity and childhood obesity) and on ensuring that the NHS is a good role model for workplace health.

A global challenge

Childhood obesity has become a global public health challenge and is most prevalent in communities characterised by a combination of sedentary lifestyles and high-energy diets. The World Health Organization (WHO) regards childhood obesity ‘as one of the most serious global public health challenges for the 21st century’ (www.who.int/dietphysicalactivity/childhood/en/).

There is increasing evidence to show that obese children are at an increased risk of developing a range of health problems, and are more likely to become obese when they reach adulthood. In the United Kingdom, the most recent data available (2015/16) from the National Child Measurement Programme (NCMP) shows that a third of children aged 10-11 are overweight or obese, along with a fifth of 4-5 year olds.

In recent years, childhood obesity and the potential for successful interventions to fight it, have been widely researched. In Europe, the Epode European Network (EEN) advocates that interventions aimed at tackling childhood obesity should be based around four “pillars”: strong political will and leadership; a coordinated, community-led approach based on social marketing methods; a multi-level, multi-stakeholder approach, involving public and non-governmental partners; and structured evaluation and dissemination of the programme (Preventing Childhood Obesity - EPODE European Network Recommendations, available at: www.epode-European-network.com). The EPODE methodology informs the Mayor of London’s Childhood Obesity prevention strategy.

The need to take a multi-faceted approach

One of the more recent large-scale research studies in childhood obesity which is attracting attention among practitioners is the newly published ifamily study (www.ifamilystudy.eu/). The study provides updated information on the geographic distribution of child obesity across Europe, a revised view on food patterns in Europe, and a list of typical behaviours associated with childhood obesity.

The findings highlight the influence of the family background, marketing, TV commercials in particular, and also peer pressure on levels of obesity. It reinforces earlier findings about the inability to simply offset high sugar intake by increasing levels of exercise, even if low levels of physical activity are considered as one of the factors strongly linked to childhood obesity.

The research provides important evidence in support of the approach being taken by the Healthy Communities pilot projects, which aim to address both food intake and levels of physical activity, through community-led engagement activities aimed at children and the wider family.
However, the ifamily study also highlights the challenges. Marketing, and specifically TV commercials for high-energy food, directly shape food patterns – despite successful awareness about healthy eating and lifestyles. Every attempt to change behaviours in families is facing a high tide of screen-related advertisement and messages designed to make the most unhealthy foods attractive.

The current landscape

Currently, a number of national and local programmes working against child obesity and towards healthier lifestyles coexist, some of them targeting vulnerable groups, some of them acting within a more universal approach. There is currently no visible effort towards an overarching marketing narrative that might bring the best aspects of national and local interventions together.

On the national level, a number of information campaigns (notably the NHS-backed Change4Life campaign, or the much reduced Healthy Schools Programme) exist, and provide valuable tools for individuals and organisations. Research has shown repeatedly that information campaigns and GP-led programmes rarely ever reach and / or positively impact the most vulnerable families.

Some London Boroughs have recently piloted prevention schemes, but only occasionally do individual interventions reach the EPODE framework thresholds of political attention, community involvement and social marketing effort that characterise a successful campaign. More often than not, local authorities run a number of parallel, low-attention prevention programs that tend to shrink, in times of budgetary austerity, to targeting the most vulnerable residents alone.

Many London boroughs provide funding and administrative support for the dissemination of the well-established HENRY educational toolkit, or run MEND or similar food behaviour classes, some of which target children who are already overweight or obese.

On an individual level, they can inspire and help families, but unless they are part of a more integrated, community-led and politically backed drive, including the built environment, their transformative capacity remains limited.

Healthy Steps Together – phase 2 pilot projects

The Healthy Steps Together phase 2 pilots have been set up to test new ways of delivering childhood obesity interventions in communities. This follows on from phase 1 of the work which involved ethnographic research and the co-design of community-led ideas in 3 communities across London.

Phase 2 has focused on piloting three of these ideas:

1. **Snack stop**: the provision of low cost, healthy snacks and food for school children, run and stocked by local businesses, and located in the school grounds to help engage children and parents in a wider exchange of information about healthy eating.

2. **Active Local Links**: the recruitment of local parents and volunteers to provide information and signposting for other parents on activities that promote increased levels of physical activity and healthy lifestyles.

3. **Make Kit**: the provision of simple recipes and fresh ingredients in an affordable pack, visible in the local community, and with the aim of developing skills and increasing confidence among parents to cook healthy meals at home.

This report should be read alongside the delivery reports from phases 1 and 2 of the Healthy Communities Programme, available through the Healthy London Partnership.
Evaluation approach
Overall approach

Evaluation design

The evaluation of Healthy Communities phase 2 was undertaken using a mixed-method formative evaluation design, combining qualitative and quantitative data collection methods. Data collection was based around a theory of change at the programme level, and aligned to each of the pilot projects. It sought to assess the on-going validity of the ideas as new evidence emerged, and to focus on those things that were most likely to generate the intended outcomes over a longer time period.

Measuring the impact of short term interventions aimed at reducing childhood obesity necessarily has to focus on the potential for change, and the opportunity to shift behaviours which in turn may lead to changes in body weight over a longer time period. However, food offers and sedentary lifestyles, the built environment, marketing strategies for unhealthy food, and family, class or peer group behaviour are all factors that contribute to obesity in children and therefore need to be part of any evaluation design.

Specific evaluation aims

With this in mind, the primary aims of the evaluation were to:

1. Assess the extent to which the three ideas were implemented in line with the programme’s community co-design principles
2. Identify the key actions undertaken in order to achieve positive change, including success factors and barriers
3. Where possible, measure the outcomes of implementation on the health and well-being of the target communities, in particular the changes in behaviour and attitudes towards healthy eating and physical activity, and the development of associated community networks and infrastructure, and
4. Make recommendations for the potential scalability and sustainability of these interventions, along with learning for other settings and/or public health and prevention challenges. This includes looking at the potential of this model of commissioning and delivery of public services.

In line with the programme’s community co-design principles, we adopted an inclusive approach, with the aim of ensuring that the delivery partners and end users would benefit from being involved in the evaluation process.

Data collection tools were designed jointly with each of the three project teams, who were then responsible for collecting much of the activity data used in the evaluation. However, the evaluation team remained independent of the delivery of the pilots, and during the analysis and interpretation of the data that was gathered.
Given the nature of the three pilot projects, the data collection tools and evaluation methods were kept under regular review and adapted to reflect the speed of implementation, the level of engagement within each local community, and the evolving delivery models. Details of the specific data collection tools developed for each pilot are set out in chapter 4 of this report. The evaluation was undertaken in four phases:

**Phase 1: Design and discovery**

The purpose of this phase of the work was to co-design the evaluation methods and data collection tools jointly with the programme advisory group and site level project teams. It also involved a review of existing evidence and information so that the evaluation built directly on work already undertaken by others, and to ensure the findings could be positioned within the wider London and national policy frameworks around prevention, community development and childhood obesity.

**Phase 2: Data collection**

This phase of the evaluation focused on establishing a baseline picture in each pilot area, and across the programme as a whole, including key features in the local environment, and potential barriers and opportunities. The evaluation team also worked with the delivery teams to introduce the agreed data collection tools, and undertook a baseline assessment of the relative importance of key drivers of community engagement in each project.

**Phase 3: Analysis and synthesis**

Towards the end of the pilots, all of the data gathered was collated and analysed with the aim of identifying changes in key process and outcome measures, along with an assessment of early impact (where possible). The results of this are presented in this report.

In addition to this, the team facilitated a session with the delivery leads to look at overall programme learning and to identify lessons for implementing similar projects in the future.

**Phase 4: Final outputs**

The final phase of work has involved the production of this report, an executive summary, and presentation of the key learning from the pilots to the programme’s advisory board.

**Limitations of the research**

As with any evaluation of this nature, there are inevitable limitations of the research. In this instance the limitations include:

- Small numbers of participants: Although there is no reason to believe the data available for the evaluation is biased in any way, the small number of participants for which we have data makes the results sensitive to the views of a few people.
- Short timescales during which to observe behaviour change: The length of the pilots and the evaluation timescales means it is not possible to tell if the changes identified are sustainable.
- Limited outcome data: Data is focused more on outputs from the pilots rather than the longer term outcomes.
- There is mainly qualitative data for the Active Local Links pilot given the speed of implementation and complex local context.

The phase 2 pilots have all generated valuable findings, concerning in particular how similar projects could be replicated or scaled up in the future. And while there is some evidence of early behaviour change it is important to remember that sustainable changes and potential reductions in obesity can only be measured over a longer timeframe.
03
The pilot projects

Transforming London’s health and care together
About the pilot

The Snack Stop pilot was run in partnership with Crowland Primary School in Haringey. Snack Stop is a pop up style tuck shop at the school gates, providing healthy low cost snack and food choices. It was designed to tackle the challenge of parents arriving with unhealthy snacks when collecting their children from primary school by providing an exciting alternative that appealed to children. At the same time, Snack Stop was also intended to be a social meeting place for parents and school children.

Snack Stop was supported by the school but run and stocked by food donations of healthy snacks and by a local restaurant (Uptown Cuisine) who sold a healthy meal alternative – jerk chicken. The pilot ran for 12 weeks in total between 7th October 2016 and 27th January 2017. Snack Stop was staffed by one or two volunteers each week, in addition to Jeffrey Simon from Uptown Cuisine or one of his staff who served the chicken meals.

During the period the pilot was running, the school developed their own break time tuck shop, stocked with cold food items. This was operated by school pupils. Pupils were reminded the day before to bring their money in to pay for this.

Data available for the evaluation

Snack Stop was evaluated by employing a number of different data collection methods. These comprised of:

- A data collection tool to value in-kind resources. This was populated by the design consultants and estimated the value of in-kind resources secured during the pilot.

- Feedback from pupils. This was gathered by:
  - Short interviews with pupils as they used Snack Stop on two different occasions
  - A focus group with 22 pupils from the Schools ‘Student Government’, a group of elected students.

- Feedback from parents who used Snack Stop and from those who did not. The feedback was gathered over a series of 3 sessions as parents were leaving the school on a day when Snack Stop was running.

- Sales log. A log of items sold and the sales value was collected. The sales log also included details of the number of volunteers and the weather, plus any other factors which might impact on sales.

- Interviews with two members of school staff

It had been intended that the evaluation would include parents completing digital diaries to identify any changes in diet, but it was felt by the school that it would be difficult to recruit sufficient numbers of parents.
The local environment – Crowlands Primary School

Crowland Primary School, Seven Sisters

Crowland Primary school is situated at the eastern end of Seven Sisters ward in the London Borough of Haringey, bordering on Hackney. The ward has clear landmark boundaries on three sides: the busy High Road, the London Overground Railway and Markfield Park. Crowland Primary is a school that has greatly improved its Ofsted ratings in recent years and serves a diverse local community. Its next-door neighbour is the much bigger Gladesmore Secondary School Campus.

Healthy Lifestyles – competing with fast food chains and chicken shops

The striking impression from the area is the prevalence of fast food outlets, and the absence of healthy food choices for eating out. The High Road hosts a series of small chicken shops, while the nearby major retail area in Tottenham Hale is dominated by the big names of the fast food chains.

A great potential for the tuck shop

With the High Road a little walking distance away, and the substantial student population present in the combined Crowland/Gladesmore site, the tuck shop has real commercial potential, while also acting as a place where information on healthy eating and local activities could be disseminated.
The local environment – Crowlands Primary School

Valuing the area’s assets

In a number of ways, the area surrounding Crowland Primary offers good conditions for healthy activities: Markfield Park is a gateway for the whole Lea Valley area, with most of its natural sites and activities linked by the National Cycle Route 1, its local feeder routes, and walking routes along the River Lea. Similarly, major local retail choices, cultural, health and retail facilities are in easy walking and cycling reach of the neighbourhood. However, initial observation might suggest that these opportunities are not well used. Cycle and walking routes, for example, are poorly advertised, or not advertised at all within the local area.
The Active Local Links pilot started off as a project seeking to identify and train local volunteers to act as guides and facilitators, linking up the local community with existing offers for activities that promote healthy lifestyles. It is run in partnership with a local school, Cubitt Town School, who runs a community house with volunteering activities. The school had applied for the programme to obtain additional funding and support to enhance and expand their existing offer, and to tackle a perceived lack of information sharing on the Isle of Dogs.

Along with Cubitt Town School, the social enterprise Mytime Active which runs healthy living interventions was also brought on board to provide support and leadership for the project.

Identifying, retaining and upskilling volunteers proved to be a much more complex exercise than initially projected. The delivery team therefore focused much of its effort on identifying the most engaged individuals, and helping them to connect with their own ambitions and motivations. This could only be achieved through intensive trust-building and one-to-one empowering relationships.

During what was essentially a community-building exercise, it became apparent that the local community’s real need was less about linking up with existing offers, but to create new, accessible offers where there were gaps in provision.

Cubitt Town school offered operational support, experience and structure to accompany the setting up of the volunteer-run activities. By the end of the pilot, both a women’s fitness group and a boating activity had been set up, and CV workshops had been run.

Data available for the evaluation

Given that group activities had only just begun, feedback from the project’s volunteers and participants was not yet available. The data gathered for the evaluation therefore involved a series of semi-structured qualitative interviews with the main delivery stakeholders. Interviews were conducted with:

- Sophie Walker, Design Consultant and implementation lead from Uscreates
- Cheryl Gill, from Mytime Active who has had substantial previous experience running healthy living courses, but has been working in the community-building field for the first time on this project
- Phil Veasy, Mytime Active Director, a former Tower Hamlets Public Health Lead, who had already worked with the local community and assisted the school with the application to take part in the project
- Jacqui Jenkins, Cubitt Town school’s parent coordinator who has set up the school’s community house and is the driving force behind the Active Local Links offer within the school

In addition to the interviews, the delivery team collected data on the in-kind resources that were made available to the project during the pilot.
The local environment – Cubitt Town

Cubitt Town on the Isle of Dogs
Cubitt Town is a place marked by extremes: through its island setting it is effectively isolated and accessible only through two major routes - the DLR Line and the Thames Tunnel to Greenwich. The major office and residential skyscrapers of Canary Wharf act as a further physical and symbolic barrier, in complete contrast to the low-rise social housing of Cubitt Town.

An island community?
At a first glance, it is difficult to estimate how tight-knit the island community is, but a distinctive feature are the highly visible religious and community centers.
Anecdotal evidence from the asset mapping suggests that the island geography creates pressure on the use of civic spaces, with perceived anti-social behaviour in green spaces in particular.

Local Activities
The Mudchute farm alone offers a wide range of activities potentially linked to healthy food choices and lifestyles, and a nearby children’s centre provides more activities for younger children. The local rowing and sailing clubs provide further activities for older children, and water-focused activities might act as a symbolic counterbalance to the limitations imposed by the area’s geography. There is, however, some evidence that symbolic and economic barriers prevent specific resident groups from more regular usage.
The potential of the Active Local Links project is clear from an environmental perspective: disseminating and linking the local activities offer, and fostering the island’s community spirit while promoting healthy lifestyles. The very specific geography may well be particularly suited to an inclusive community-building process, and could contribute both to positively valuing the islands assets and encouraging links to activities and communities in other areas.
Make Kit (recipe packs)

About the pilot

Make Kit was developed based on primary research from phase 1 which found that parents in Haggerston often want to cook healthy food but find it difficult to do so on a budget. This was compounded by the fact that parents may also lack the knowledge or confidence to turn unfamiliar ingredients into a tasty meal that their kids will like. Make Kit was therefore developed as a healthy recipe pack which offers families fresh ingredients and a simple recipe to create a quick low-cost meal. Initial research had suggested that to be attractive to our target audience, the packs needed to be:

• Cheaper than ready meals available from Iceland or takeaways,
• Branded as being tasty, filling, convenient, affordable and fun for kids (rather than healthy, cheap, vegan, organic, sustainable)
• Sold in locations convenient for the community – such as schools, community centres, local food shops, GP surgeries
• Accessed across a range of channels - such as tasting events, ‘text and collect’ services and cooking classes - to support uptake and behaviour change.

Make Kit is operated by two social entrepreneurs; one who has a background in management consultancy and the other having experience in establishing similar food based enterprises and a good knowledge of the local area. The social entrepreneurs decided to launch a crowdfunding campaign to raise £26k to fund market testing activities. This allowed the Make Kits to be offered free to some people as part of a trial, whilst also available to others at a full or subsidised price.

Data available for the evaluation

Data to evaluate the Make Kit packs was collected through a range of tools. These included:

• A data collection tool to value in-kind resources. This was populated by the design consultants who estimated the in-kind value of resources used during the pilot
• Food diaries which were given to all participants in the trial. Participants were asked to complete a diary over two different weeks – one towards the beginning of the pilot and one towards the end. Diaries were received from 12 households which comprised a couple, a single person, and various families including single parents and children aged 1 through to 16.
• The number of volunteers each week was also collected.
• Young peoples feedback form. This short form included asking respondents to report their views of the packs and the skills they had used in preparing the meals. The feedback sheet was completed by 3 young people aged 8 and 9.
• The young peoples feedback form was also completed by 9 adults.
• Sales / distribution data was gathered at an individual level.
• Customer data. Some information was also collected about the individuals who purchased / received the packs as part of the trial.
• Adults survey. Not all of those who received the packs completed the survey; there were 12 responses. Most of these were people who were part of the free trial, but there were two responses from people who paid a subsidised rate.
Make Kit (recipe packs)

The local environment – Haggerston

Fellows Court neighborhood in Haggerston

Fellows Court is a traditional post-WW2 social housing estate in Haggerston. It is surrounded by highly valued Victorian to 1930’s terraced housing and a large number of new housing developments from the last decade. The area hosts a large green space shared by Haggerston Park, Hackney City Farm and sports grounds. It borders on the Regent’s Canal and is linked by major pedestrian and cycle routes to London Fields, Victoria Park, and, ultimately, the Olympic Park area.

Healthy Lifestyles – present but distant

The area is characterised by the stark contrast between the traditional estate and the new developments or newly valued terraces – similarly the Fellows Court’s 1960-style shopping area contrasts sharply with the nearby Broadway, whose hipster-dominated shops and farmers market have become a symbol for London-wide healthy and conscious food choices.

Can recipe packs bridge the gap?

With the local fresh food retailers in sight, but potentially distanced by prices and cultural factors for the target population, the recipe packs have the potential to act as a link between the different populations in the area. However, the delicate balance between a business case for a lower-income public and a quality-aspiring foodie community, reflects a key challenge for implementing this idea in the chosen area.
Make Kit (recipe packs)

The local environment – Haggerston

Linking the area’s assets

Between green spaces, community facilities like the City Farm and the different community gardens, cycle routes towards local landmarks, and the large number of community-targeted activities (such as healthy charity-run cookery classes advertised in Fellows Court) the area has a lot to offer. If recipe packs were to become an effective means of disseminating information about local activities and healthy lifestyles and produce from the City Farm they could prove a great asset to local communities.
Findings & learnings from the pilots
The programme overall

Introduction

At a programme level, Healthy Communities aims to help tackle the rise in childhood obesity and to promote healthier and more active lives among families with young children. In order to achieve this, the programme needs to engage effectively with local communities, help to build capacity, and make healthier lifestyles more accessible and achievable.

Drawing on some of the more recent literature on community development, we developed a framework to evaluate the community development aspects that underpin the Healthy Communities pilot projects. This enabled us to identify learning across the programme as a whole. The framework consisted of two main process dimensions which we felt were most relevant for these projects:

1. The relative importance of six different ‘facilitators’ of community engagement, adapted from Harden et al, *Evidence Review of Barriers to, and Facilitators of, Community Engagement Approaches and Practices in the UK*. An assessment of the perceived importance of each of the six facilitators was carried out through interviews with the delivery team from each pilot at the start of the project (October 2016) and then at the end (January 2017), to reflect on actual experience, and

2. The value of in-kind resources provided to the project to support community engagement, development of each offer, and capacity building.

Processes for effective community engagement

Our assessment of the processes for community development covered the context, infrastructure and processes needed to effectively engage and work with communities.

Within these three broad areas, we looked specifically at the following facilitators:

1. The quality of existing relationships within the community
2. The prevailing attitudes and practice towards community-led projects and working in partnership with public services
3. The existing investment in infrastructure and planning available
4. The support, training and capacity building needed to deliver the project
5. The extent to which there are existing processes in place to support community engagement
6. The cultural and geographical factors that might act as facilitators or barriers to the project

The results of this assessment highlighted a number of common themes and challenges with these types of projects:

1. The importance of having the right people, with personalities that promote engagement
2. Having time to demonstrate the benefit to others, thereby helping to build stronger relationships and embed processes
3. Where possible, engaging with partner organisations and potential funders by sharing a track record of success elsewhere, and
4. The need to create a value exchange with volunteers and to tap into the passions of individual people, while staying true to the purpose of the project.
The programme overall

Processes for community development

Snack stop

The quality of existing relationships within the local community, prevailing attitudes, practice towards working in partnership, and the existence of effective processes for community action, were considered to be the most important drivers for the success of the healthy tuck shop in Haringey early on in the pilot. Finding someone to run the healthy tuck shop, who had the necessary skills and expertise to source and provide fresh hot and cold food, along with an interest in achieving social outcomes, was critical to getting the pilot going. This was facilitated by existing networks (the Haringey Healthy Catering Commitment) along with commitments from Crowland Primary School and the Council. There was also a positive response to the idea from other community organisations, which has begun to provide additional support and expertise, links with other organisations and capacity (in the form of volunteers) to potentially contribute to the longer term sustainability of the healthy tuck shop.

Understanding the local landscape, and tapping into local cultural and geographical factors (e.g. the location of the tuck shop itself, and aligning the marketing and branding to the target audience) were also thought to be important success factors. Investment in infrastructure and planning was considered to be the least important area for the success of this idea, however, it was felt that it would need a small number of genuinely engaged and interested people for it to become a sustainable solution.

Reflecting on the experience of the pilot demonstrated a number of consistencies with the initial perceptions. However, prevailing attitudes turned out to be more important, along with the need to invest more in the development of local infrastructure. This was felt to be partly due to the lack of an ideal space within the school to create a true community hub around Snack Stop, but also due to limited experience of initiatives like this in the past.

A greater focus on these areas may have helped turn Snack Stop into more of a community hub within the school environment, although it is likely that this would take a much longer timeframe than was available for the pilot to become fully embedded. This would require more input from local leaders, so as to create genuine community-led change, rather than a more top-down approach.

Figure 2: Snack stop – importance of engagement facilitators
The programme overall

Processes for community development

**Active Local Links**

Early on in the pilot, the success of Active Local Links was thought to rely heavily on the *quality of existing relationships* within the local community, and the *support, training and capacity building* that is available — or can be developed. The idea revolves around the effective recruitment, induction and support of volunteers — all of whom require training — and the effectiveness of this training was considered to be especially important for the longevity of the project. Good links with partners (Cubitt Town Junior School and local community groups) was thought to provide a means to recruit volunteers and to promote the idea — thereby connecting local families with opportunities to be more physically active.

In contrast, *prevailing attitudes and practice* towards working in partnership could well be a barrier to the success of the project as there can often be previous experiences of community development projects that have not resulted in sustainable change. Active Local Links represents a new way of working and engaging with people in the area, and needs to be ‘sold’ to people as a positive and effective way of involving people in their community.

The experience of the pilot, however, was quite different from initial impressions. Prevailing attitudes became much more important, in order to ‘sell’ the idea and create a shared understanding of what was needed in the local community. The importance of local processes became more important as the work progressed, due to there being multiple pathways for engaging volunteers and the need to successfully navigate a number of different local relationships.

![Figure 3: Active Local Links — importance of engagement facilitators](image-url)
The programme overall

Processes for community development

Make Kit

Early on in the development of the Make Kit offer, *investment in infrastructure and planning* along with *prevailing attitudes and practice* towards working in partnership with communities, was felt by the delivery team to be the two most important success factors. The ability of the social entrepreneurs to negotiate with and work across both communities and public services was key, along with their wider entrepreneurial spirit. Developing the right infrastructure was a key focus area, and involved building networks and gaining the buy-in of a wide range of stakeholders (individuals and organisations), securing funding, and activating a number of different assets in the local area.

Reflecting on the experience of the pilot shows a high degree of consistency with that initial assessment. However, the team felt that more emphasis on training and capacity building will be important if the model is to become more sustainable and embedded within the local community. For example, the business development support provided by the entrepreneurs has been highly valued, and further work to support grant applications will help with the ongoing success of the project.

Figure 4: Make Kit – importance of engagement facilitators
**In kind value**

For each of the three pilot projects, a tool was created which allowed the Design Consultants to capture the level of ‘in-kind’ resource that was accessed as part of the pilot. Drawing on national data and insights from the Design Consultants, estimates of the financial value of each of the different resources used were gathered, and each pilot captured a weekly number of hours against these. Where there would have been a cost, such as food donations from Fruitbowl, the value of this was also captured. The types of resources considered were:

- Volunteer time
- Direct delivery partner time – e.g. school staff, social entrepreneurs, Mytime Active
- Wider partnership time – e.g. council, public health
- Access to training for free that would usually be charged
- Consultant advisory support / mentoring
- Donations e.g. free food / supplies, grant funding, office space, IT and other infrastructure, access to kitchen / community space or facilities.

Across the three pilots a total in kind value of £72,343 was identified. This was comprised of:

- Active Local Links = £2,873
- Snack stop = £1,534
- Make Kit = £67,937

The chart to the right shows the different profiles of in-kind value achieved. There is notable variation across all three, although it is clear that Make Kit relied more heavily on direct partner support, whilst donations was key to Snack Stop and access to training a key part of ALL that was not required elsewhere.
The programme overall

Learning about processes for community development from the pilot projects

There is considerable learning from all three pilots about the potential of community development as a means of tackling important health issues. However, the timeframe available for each pilot project meant that their scope was limited, particularly in relation to the time needed to build trusted relationships with partners, and across the target communities. These relationships take considerable time and effort to develop – in some cases many years – and it is therefore important to keep this in mind when looking at what can be achieved in a matter of months.

On different levels, each of the three pilot projects have demonstrated successful outcomes in the time available, enabling local stakeholders to move forward with their specific aims, helping to refine the local vision of what is needed, and generating meaningful insight into how similar projects might be commissioned and / or delivered in the future.

Community-led approaches to health problems by their very nature, can achieve wide ranging benefits – for the individuals involved, for partner organisations, and across whole communities. The experience of the pilots highlights the tension between the need to remain true to the central purpose of the investment (in this case, to slow the rise in levels of childhood obesity) and to adapt the ideas to suit the local context and the aims of those engaged in the work.

The evaluation has shown evidence of early and immediate behaviour change in relation to healthy eating (Snack Stop and Make Kit). This is a positive outcome as we know that this type of behaviour change is difficult to achieve, and a key part of tackling the wider obesity problem.

However, there is insufficient evidence to comment on how sustainable this behaviour change is likely to be, and how best to achieve this within the scope of each initiative going forward (i.e. does it just take more time, or are there more fundamental changes needed to the delivery models). Furthermore, the evidence gives us little indication as to the potential longer term impact on levels of childhood obesity. We are confident though from the evidence that each idea has potential to be developed in a way that will create this more sustainable change.

The evidence for Active Local Links, however, is more mixed. There are a number of very positive views locally about the progress that has been made to engage with individuals and partners (within a very complex local context), and to progress the initiative. However, the pilot has provided a clear reminder of the challenges of community-led projects – the considerable amount of time and effort it takes to build trust, listen to local stakeholders, and adjust to local needs (while keeping to the central objective of the pilot), and the need to create an ‘anchor’ within the community that can help to create a sustainable solution. It is likely that further work is needed to rethink the blueprint for this idea, while ensuring that the dual objective of community development and reducing obesity remain central to the delivery model. This has already begun with discussions on how to make links between the Active Local Links idea and the child obesity programme (MEND) run by Mytime Active.
Snack stop sales

The volume of sales at Snack Stop was initially high, with over 110 items sold in each of the first three weeks. However, the volume fell after the half term break, and on average 48 items were sold per week.

Cold snacks, which were sold every week, constituted the largest volume of sales (64%), whilst hot food (jerk chicken) was 19% of items sold.

Of the cold food, the most popular items were the BEAR Paws which represented 22% of the items sold. These and the Fruitbowl Yogurt (13% of sales volume) and Fruitbowl flakes (12% of sales volume) were available across all weeks, unlike many of the other items sold.
Snack stop

Feedback from parents and children

Change in behaviour

There is some evidence from the evaluation of the potential for Healthy Tuck Shops to act as a catalyst for healthier eating behaviours among young children. There is also evidence that the food on offer was a substitute for a less healthy after school snack on the days that Snack Stop was open, with approximately two thirds of pupils interviewed at Snack Stop reporting that they would have had a snack from elsewhere if they had not purchased something from Snack Stop. For some this would have been on the way home from school, whilst for others this would have been something that their parents gave them at home. In all cases, this included items ranging across healthy and unhealthy food choices including biscuits, crisps, fruit and yoghurt.

Of those pupils who had the chicken meal, three quarters indicated that they would have had a takeaway on the way home if they had not purchased from Snack Stop.

However, it should be noted that for some pupils the presence of Snack Stop meant that pupils had an additional snack, with forty percent of parents interviewed and a third of pupils indicating that this was the case.

Around a third of parents felt that Snack Stop has helped them to encourage their child to eat more healthily, twenty percent felt it might have, and a further quarter felt that their child already ate healthily.

Range of items sold

Whilst a notable proportion of parents interviewed said that they felt the range was good, the inconsistency of the hot food always being available was disappointing for some. There were also a number of other items parents and pupils reported that they would have liked to see stocked. For parents these included:

- More fruit / variety of fruit including dried fruit
- Sushi
- Breakfast cereal

Pupils at the student government suggested items which ought to be sold such as:

- Mango
- Fruit Kebabs
- Fish
- Sushi
- Corn on a cob
- Strawberries and raspberries
- Little sandwiches
- Salad / chicken salad
Feedback from parents and children

Barriers to using Snack Stop

There may be some communication or perception issues around Snack Stop which meant that it was not used as widely as may have been possible. For example, some parents reported that they did not use Snack Stop because they didn’t think the meat was halal, although in fact it was. Some parents also reported that they did not use Snack Stop as they felt it was not healthy.

The school government pupils observed that some students did not know what was sold at Snack Stop, suggesting that there may have been some potential to improve the marketing. In addition, some students felt that they did not want to try some of the hot food because it seemed expensive and they did not know if they would like it. Since cost may be a barrier for some to explore these new foods, small taster pots may have proved a way of introducing different tastes to pupils at low cost to them, and therefore without the same risk. It was noted however, that cost would remain a barrier for some pupils and parents, particularly those who gave their children snacks at home. It was also reported that the variation in prices as Snack Stop started also caused some confusion and frustration and put people off.

The children also noted that if the idea of Snack Stop was to become more integrated into the daily life it would be necessary to address the potential positive and negative impact of peer pressure. For Snack Stop to be successfully delivered it would be important to ensure that influential peers and class “leaders” are supportive of the idea and what is on offer at the tuck shop.

Several people commented that Snack Stop should provide more information about healthy lives. A number of parents said they did not use Snack Stop as they did not perceive it as being healthy. There may therefore have been a useful opportunity to talk to parents about what Snack Stop sold and why this could be considered healthy.

Other barriers to using Snack Stop included the fact that it was overcrowded and that it was located in the wrong place.

Volunteer recruitment

Recruitment of volunteers presented a challenge, with a number of weeks operating with insufficient volunteers. Although one reliable volunteer was recruited part way through, the longer-term sustainability of the volunteers to run Snack Stop would have remained a challenge had it continued under the current model.

School ownership and involvement

For a Snack Stop style model to be sustainable in the longer term, it is essential that there is buy-in from the school and that it really meets with their core needs to ensure the sustainability of the model. In the case of Snack Stop at Crowland Primary School, the school was ultimately more interested in a break-time tuck shop model selling cold food and has established this itself building on the experience from Snack Stop.

Overall views on Snack Stop

Overall, when asked to give Snack Stop, 1 or 2 thumbs up or thumbs down, 61% of pupils (based on 18 who were asked) gave Snack Stop two thumbs up and in total 94% gave one or two thumbs up.
Snack stop

Key learning from the pilot

Snack Stop was piloted in a school where the main objective was to restart a tuck shop that had previously been operating during break. In the process, the school demonstrated that it can successfully run a tuck shop with pupils, and that a volunteer-run scheme venturing into fresh hot food was an interesting idea to trial, but somewhat outside of their perceived core needs. Our contacts with pupils and parents suggest that there is a keen interest for Snack Stop, but that a broad and deep-reaching dialogue would have to be carried out in order to find a bespoke offer that fits the needs of, and achieves the necessary level of understanding and buy-in, across a diverse community.

There is some evidence from the evaluation of the potential for Healthy Tuck Shops to act as a catalyst for healthier eating behaviours among young children. The feedback about Snack Stop from students and parents was generally positive, and there is evidence that it has the potential to be a commercially viable venture. There is also evidence that the food on offer was a substitute for a less healthy after school snack on the days that Snack Stop was open. However, to create the best conditions for this type of initiative to generate more sustainable behaviour change across the school community, work should focus on ensuring that:

- There is a shared understanding between the school and local partners about what Snack Stop is there to achieve, when it will operate and what food will be sold. This should include the school taking an active role in sourcing products that fit with its wider curriculum and messaging around healthy eating
- There is an active programme of volunteer recruitment within the school, to help with the running of Snack Stop, including the supply of goods, and linking in to other parent-led groups and activities
- There is sufficient resource for Snack Stop to be scaled up to a level (for example 4 or 5 days a week), so that healthy food choices (whether at break time or as an alternative to an unhealthy snack after school) become a daily routine, rather than a one-off
- Snack Stop forms part of a wider programme of activity, focused on creating dialogue and sharing information with parents and children about healthy foods, physical activity, and dealing with weight issues early.

Importantly, the pilot has also generated some positive legacy work outside of the school. Haringey Council’s environmental health representative is working with a local volunteer to consider putting a Healthy Tuck Shop in place in another school, and has become a platform for healthy eating workshops. This indicates how the idea has the potential to spread and change the local food offer for school children on a larger scale.
The schools representative, parent coordinator Jacqui Jenkins, and Mytime Active and former local public health official Phil Veasy both insisted on the continuity of Active Local Links. The project aligns well with the community development work both partners have been undertaking in the area over many years.

The impact of the work of engaged individuals from Mytime Active and the school, and their interlinking networking efforts have brought the programme to the school and continue to be instrumental in keeping it running. From the school's perspective, the programme enhances, and financially and organisationally supports what the school is already doing, while Mytime Active’s Director sees it as a successful pilot showing the potential for behaviour change through sustainable community engagement.

The project team from Uscreates and Mytime Active both highlighted their positive experience of the engagement to date, and the need to build trust through one-to-one contacts. Mytime Active experienced the programme and the community-led change of focus as a significant change towards greater sustainability as opposed to some of their previous experience with traditional interventions that “deliver projects and leave afterwards”.

They also note how their one-to-one and listening approach have enabled the project to overcome the existing programme fatigue within a population burnt by broken promises from past interventions that have ended without lasting impact.

All the delivery partners agree on the need for better information exchange in the island community, and that the existing infrastructure needs to be made accessible to local populations on their own terms.

- Local boating clubs are seen completely out of reach by most of the local residents, but are being made accessible through a community-run course
- A local park is an asset but plagued by underinvestment in and lack of playgrounds or free outdoor gym facilities
- Fitness classes can only reach some of the residents when offered completely free of charge, as even the slightest charge would be prohibitive for some
- Local organising talent can be found but must be developed and encouraged continuously
- Volunteering efforts must rely on sufficient funding over time, and giving local volunteers the tools they need for successful community engagement, such as providing them with phone contracts.

The views of the pilot delivery partners
Active Local Links

Key learning from the pilot

The project had started as an attempt to link up local communities with existing health and activity offers, and to train volunteers into taking up the role of active community networking / providing information and positive health messages.

Provision had been made to train and upskill volunteers, but the project uncovered a more complex reality of needs and expectations, and was adjusted to include setting-up volunteer-run health and activity offers (in line with previous offers). The focus of training has been widened to include more general confidence-building and employability skills, which is in line with the expectations of the school as one of the most important partners, and many of the local families.

Along with these adjustments during the pilot, trust-building has taken up much more time than projected, and has had to be fostered through one-to-one relationships with key individuals in the local community, uncovering their talents and aspirations, and gaining their trust, rather than through group activities. The local school acted as the first community anchor to foster trust and give the project team guidance and credit within the local community.

Beyond this, the project was also able to successfully engage with the team from Mytime Active, aligning with their long-standing knowledge and ambitions for work in the area, and to leave a legacy which includes considering how the Active Local Links initiative can be integrated into and strengthen their existing work on child obesity.

While there is insufficient evidence from the evaluation to enable us to propose a way forward that is most likely to generate the desired behaviour change across the population, there are some simple observations that can guide future commissioning of similar interventions:

• Projects need sufficient time to be able to listen to local communities and gain their trust, and be flexible to adjust to any newly uncovered need.

• Projects need an established local partner, an organisation or individual to act as local ‘anchor’, and a long-term partner to keep projects running beyond the period of investment.
Key findings from the evaluation data

Sales

In total, 372 packs were sold / given away as part of the free trial to 57 different families and over 157 transactions. This equates to an average of 2.4 packs per transaction. There were 25 customers who took at least 3 packs on one occasion, including 5 customers who paid full price or were subsidised.

Across the 57 families, 3% of customers paid full price, 12% were subsidised, 75% were part of the free trial and the final 8% received the packs for free but did not take part in the trial. The data shows that a large proportion of customers were repeat customers, including those who were paying for their packs. In total there were 24 packs sold to 5 different customers who paid the full or subsidised prices for their packs and a quarter of these purchased on at least more than one occasion over the pilot. It should be noted that the first person paying for their pack did not start until the fifth week, therefore limiting how long they had during the trial to return on many occasions.

Whilst most people who placed an order collected it, there were 5 occasions where the pack was not collected. Most packs were ordered for collection at Fellows Court (97%).

Across all sales, there was a similar proportion of meat, vegetarian and vegan meals distributed, with approximately 33% each. Similarly, there were a similar proportion of 2 person and 4 person meals distributed – 48% and 52% respectively.

A total of £195 was collected for sales. At full price the value from these sales would have been £1,415.

Change in diet

As noted earlier in the report, the adults survey was completed by 11 people, most of whom had been part of the free trial but with two respondents who paid a subsidised rate. The survey suggests that people have eaten more healthily, with a number of respondents reporting Make Kit has resulted in them eating less sugary and salty snacks, less crisps and sweets, takeaways, and ready meals, and eating more home cooked meals, vegetables, fruit and salad.

Figure 8: Survey respondents change in diet
Make Kit (recipe packs)

Key findings from the evaluation data

Change in attitude to cooking

There is some evidence of an increase in confidence in cooking healthy meals and knowledge of cooking on a budget as a result of the recipe packs.

The survey data shows that using the recipe packs has had a positive impact on those in the trial. In particular:

- Ten of the 12 respondents reported being more confidence in cooking healthy meals
- Eight of the 12 respondents reported an improvement in their knowledge of cooking on a budget
- All 12 respondents said the kits had inspired them to try new recipes and to eat different types of food
- Half of respondents said they felt inspired to buy more fresh food
- 5 out of 12 said they were inspired to do more cooking at home

Furthermore, 7 out of the 12 in the feedback sheet reported using new skills. These included simmering, peeling, washing, chopping and dicing vegetables and roasting and sautéing. However, some still felt that the recipes were too time-consuming or complicated.

Sustainability

The length of the pilot is really too short for us to be able to comment on whether the increased confidence and knowledge will translate into longer term behavioural change, and if it does, whether this will stick. However, there is evidence of potential sustainability of the model as high levels of satisfaction were reported. On a scale of 1 to 5, where 5 is very satisfied:

- 11 out of 12 people gave a score of 5 out of 5 for the presentation of the packs (how they look), and 1 person gave a score of 4
- 8 out of 12 people gave a score of 5 out of 5 for how easy the recipes are to make, and 4 people gave a score of 4
- 9 out of 12 people gave a score of 5 out of 5 for the variation in the recipes available, and 2 people scored 4
- 9 out of 12 people gave a score of 5 out of 5 for the overall time it takes to cook a meal, and 3 people scored 4.

The overall taste of the meals scored slightly lower, with 5 out of 12 people giving a score of 5, and 6 people scoring a 4. However, this is still a positive result, especially given the cultural diversity within the target population.

In terms of using Make Kit packs again in the future, only 1 person out of 12 said that they were not likely to use the packs again, and 10 out of 12 people gave a score of 5 out of 5 in terms of recommending Make Kit to a friend or family member.
Make Kit (recipe packs)

Key learning from the pilot

There is generally positive feedback about the recipe packs, and some evidence of immediate behaviour change towards healthier eating among those who have received the recipe packs.

However, while there is some evidence to suggest that this idea has the potential to translate these short term observations into more sustainable behaviour change, it is not clear from the evidence whether this will be the case – more data is needed over a longer period of time in order to assess whether the recipe packs provide the necessary impetus for families to start eating healthier diets (and importantly for families who purchase the packs rather than receiving them for free). This includes increasing people’s knowledge, skills (there is some early evidence of improved skills), and confidence to shop for and prepare healthy meals.

The long term financial / commercial viability of this initiative is also key to its long term impact on obesity across the target communities and / or the wider population.

In addition to these early changes observed during the pilot, there are some other really positive legacies on which to build. The idea has moved from concept to reality in a very short space of time (this included raising funding for development) and successfully engaged with members of the target community.

There are also a number of tools now in place to gather feedback and monitor use and uptake of the packs in the future, which will enable the product to adapt to local needs.

Further consideration should also be given to how the Make Kit offer can best be part of a more defined and wider community offer around healthy eating and physical activity. This needs to go beyond cooking classes (which are also run outside of the Make Kit offer) and is likely to need the support of a wide range of other local groups and partner organisations over a longer period of time.

“I think the scheme is brilliant to get people of all walks of life involved in healthy eating.” (Make Kit survey respondent)

“I really liked the variety of recipes as I often just cook the same food week after week. It was great having the step by step instructions and I have kept the instructions so that I can make the recipes again.” (Make Kit survey respondent)
Appendices
Appendix 1

Additional Snack Stop data

Detailed breakdown of items sold

- BEAR Paws, 23%
- Alphabites, 9%
- Fruitbowl: Yogurt (large), 13%
- Fruitbowl: Flakes (small), 12%
- Juice, 10%
- Chopped fruit, 5%
- Apple, 0.3%
- Pear, 0.1%
- Banana, 1%
- Chicken meal, 2%
- Chicken meal: Small, 2%
- Chicken meal: Large, 15%

Value of sales week by week
Appendix 1

Additional Snack Stop data

Number of volunteers

![Bar chart showing number of volunteers per date]

- 07/10/2016: 4
- 14/10/2016: 1
- 20/10/2016: 2
- 04/11/2016: 2
- 11/11/2016: 2
- 18/11/2016: 2
- 25/11/2016: 2
- 02/12/2016: 2
- 09/12/2016: 2
- 16/12/2016: 1
- 03/01/2017: 1
- 10/01/2017: 1
- 17/01/2017: 1
Appendix 1

Additional Make Kit data

Number of packs ordered per week

Transactions by new and returning customers

- Returning customers
- New customers
## Appendix 2

### Programme level Theory of Change

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme funding</td>
<td>Core activities:</td>
<td>To include:</td>
<td>Domains</td>
<td>Sustainability of the initiatives and long term return on investment</td>
</tr>
<tr>
<td>Time and resources - core stakeholder group</td>
<td>1. Healthy Tuck shops</td>
<td>Number of sales (Shop / Packs)</td>
<td>1. Environment</td>
<td>Reducing / slowing the growth in childhood obesity</td>
</tr>
<tr>
<td>School time and resources (participating schools)</td>
<td>• Low cost healthy snacks and food</td>
<td>Opinion / view on packs / Tuck shop snacks</td>
<td>• Visual</td>
<td>Build community networks and capacity to promote healthy eating, cooking skills, activity and exercise</td>
</tr>
<tr>
<td>Parent / family time needed to engage and change behaviours</td>
<td>• Social place for exchange of information on healthy food</td>
<td>Return visits</td>
<td>• Built / Institutional (e.g. school meals)</td>
<td>Change behaviour primarily in relation to:</td>
</tr>
<tr>
<td>Pupil engagement</td>
<td>• Convenient and attractive location</td>
<td>Number of contacts (Active Local Links)</td>
<td>• Social</td>
<td>• Eating</td>
</tr>
<tr>
<td>Healthy Tuck shop and Healthy Recipe Pack providers</td>
<td>• Run and stocked by local businesses</td>
<td>Levels of physical activity (sitting / sedentary time)</td>
<td>2. Behaviour</td>
<td>• Shopping</td>
</tr>
<tr>
<td>Info Scouts (volunteers)</td>
<td>2. Healthy Recipe Packs</td>
<td>Number of meals freshly prepared among target population</td>
<td>• Child : eating / exercise, play and activity</td>
<td>• Exercise and activity</td>
</tr>
<tr>
<td>Commitment from local businesses</td>
<td>• Simple recipe and fresh ingredients to create a quick low cost meal</td>
<td>Reach into disadvantaged communities</td>
<td>• Family / siblings</td>
<td>Strengthen family networks:</td>
</tr>
<tr>
<td>Wider community resources / assets:</td>
<td>• Visibility in the community</td>
<td>Profile / awareness of Active Local Links</td>
<td>• Agencies e.g. school meals availability (figure of 68% free school meals at present, promotion through school of diverse sports / physical activities and link to local facilities; encouraging walking to school and promoting safe surroundings; learning and promoting cycling)</td>
<td></td>
</tr>
<tr>
<td>• Clubs</td>
<td>• Sold outside schools (at Healthy Tuck Shops or canteen), in housing estates, local food shops or GP surgeries</td>
<td>Social media presence, traffic, reach into community</td>
<td>• Events, including after school clubs, estate groups and events, use of community facilities, availability of information to promote healthy lifestyles</td>
<td>• Active play</td>
</tr>
<tr>
<td>• Libraries</td>
<td>• Provide knowledge and encouragement for healthy cooking at home</td>
<td>Confidence to prepare healthy meals / lunch boxes</td>
<td>• Entry into / part of school curriculum</td>
<td>• Transport choices</td>
</tr>
<tr>
<td>• Centres</td>
<td>3. Active Local Links</td>
<td>Processes for effectively engaging and developing communities</td>
<td>3. Return on investment</td>
<td>• Food choices</td>
</tr>
<tr>
<td>• Community groups</td>
<td>• Wall connected parents spreading information</td>
<td></td>
<td></td>
<td>Environmental drivers:</td>
</tr>
<tr>
<td>• Volunteers</td>
<td>• Providing assistance and signposting</td>
<td></td>
<td></td>
<td>• Fast food outlets</td>
</tr>
<tr>
<td>• Peer support</td>
<td>• Using formal and informal networks</td>
<td></td>
<td></td>
<td>• Advertising</td>
</tr>
<tr>
<td>Public agencies e.g. Council / NHS</td>
<td>• Reaching out to rarely engaged parents</td>
<td></td>
<td></td>
<td>• Food shopping</td>
</tr>
<tr>
<td>GLA and Healthy Schools</td>
<td>4. Programme governance</td>
<td></td>
<td></td>
<td>• Cooking skills, learning opportunities and knowledge</td>
</tr>
<tr>
<td>London</td>
<td>• Links with other initiatives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borough childhood obesity outreach</td>
<td>• Feeds back into agencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social networks and friends circles</td>
<td>Associated activities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Integration with school(s), the community and local agencies</td>
<td></td>
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<tr>
<td></td>
<td>• PR / awareness raising</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Communication and sharing learning</td>
<td></td>
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</tbody>
</table>

**Planned work**

*HEALTHY STEPS TOGETHER – PROGRAMME LEVEL THEORY OF CHANGE*

**Intended results**

*Apteligen*
## Appendix 3

### Assessment framework – process for community development

<table>
<thead>
<tr>
<th>CONTEXT</th>
<th>INFRASTRUCTURE</th>
<th>PROCESS</th>
<th>PEOPLE AND PLACE, E.G.</th>
<th>CULTURE, LANGUAGE, GEOGRAPHY</th>
</tr>
</thead>
<tbody>
<tr>
<td>The quality of existing relationships within communities</td>
<td>Prevailing attitudes and practice within the community, in relation to working in partnership with local public services</td>
<td>Investment in infrastructure and planning available for the project, including any existing or general investment</td>
<td>Processes for effective community action, e.g. accessibility of venues, processes for working with volunteers</td>
<td>People and place, e.g. culture, language, geography</td>
</tr>
<tr>
<td><strong>Possible facilitators:</strong></td>
<td><strong>Possible facilitators:</strong></td>
<td><strong>Possible facilitators:</strong></td>
<td><strong>Possible facilitators:</strong></td>
<td><strong>Possible facilitators:</strong></td>
</tr>
</tbody>
</table>
| *Strong track record of partnership working*  
*Formal and informal networks exist on local issues / needs* | *Supportive culture, attitudes and practice among existing community groups / services*  
*Supportive culture, attitudes and practice triggered or reinforced during engagement* | *Planned rather than ad-hoc*  
*Community engagement strategy*  
*Clarity of goals and transparency of process*  
*Joint decision making*  
*Community engagement as a reciprocal process*  
*Establishing or using existing partnerships and networks / key individuals*  
*Investing time, effort and resources to build relationships and trust* | *Accessible venues*  
*Effective ways of working with volunteers*  
*Good transport links*  
*Accessible communication channels for different community groups / members* | *Early advertising of engagement opportunities through multiple channels*  
*Plain language and provision for non-English speakers*  
*Timing of events and support to attend*  
*Using familiar places and creating an informal atmosphere* |
| **Potential barriers:** | **Potential barriers:** | **Potential barriers:** | **Potential barriers:** | **Potential barriers:** |
| *History of poor relations*  
*Community engagement seen as a threat* | *Lack of commitment locally*  
*Resistance to sharing power and control*  
*Limited vision of community engagement in terms of - who can be involved - what they can do - value of their experience* | *Lack of clarity, lack of transparency and confused expectations*  
*Competing agendas across stakeholders within partnerships*  
*Lack of dedicated staff and resources*  
*Limited timelines for building trust and achieving scope and depth* | *Lack of appropriate venues*  
*Administrative delays for volunteers*  
*Unrepresentativeness and partisanship*  
*Lack of childcare options*  
*Limited / unaffordable transport options* | **Low awareness of engagement opportunities, rights and structures**  
*Failure to overcome or recognise cultural and language issues*  
*Un timely events and lack of support to attend*  
*Geographic boundaries* |
