MEN'S HEALTH AND WELLBEING PROGRAMME

– EVALUATION REPORT –

Centre for Men's Health

Institute of Technology Carlow

For: The Larkin Centre, Dublin

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Outline of Report


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Foreword

On behalf of the Board of Management of the Larkin Centre for the Unemployed, I wish to congratulate all concerned on the success of the Men's Health and Wellbeing Programme. The Programme is an ambitious and innovative model for engaging local men in a targeted intervention, one which captured the imagination of participants and provided real, measurable outcomes, both individually and collectively. As one who was involved in trying to devise responses to unemployment and related issues in the late 1980's and 1990's, I am acutely aware of the problems faced in trying to engage men, particularly of an older age profile, in targeted initiatives. With the success of this Programme, the Larkin Centre has developed a model and methodologies which can be applied more generally. As unemployment again takes a hold on our communities, the lessons learned from this Programme, if applied more widely, give some hope that we have tools available to us to engage those who might otherwise believe that society has left them on the scrap heap.

Dr Noel Richardson, Centre for Men's Health, Institute of Technology Carlow, is to be complimented for producing this lucid and comprehensive evaluation report. This report, in capturing the essence of the programme, makes visible the power and effectiveness of a community led approach.

The achievements of the Programme are a tribute to each of the participants and the qualities of determination, good humour, teamwork and willingness to learn they displayed. I personally witnessed the strong bond which was forged among them at the presentation of awards ceremony and the subsequent group trip to Glasgow.

The Board of Management particularly wish to express their admiration of, and thanks to, Anne Flannery, our education co-ordinator, who has with this programme again ably demonstrated her capacity to innovate, build strategic partnerships and design programmes which quickly become models of best practice in the field.

Thanks are also due to all who were partners or otherwise assisted in the design and delivery of the Programme, including; Glasgow Celtic FC, Pfizer Healthcare Ireland and the Health Service Executive.

Finally, I want to put on record our appreciation of the work of all the staff of the Larkin Centre who contributed in some way to the success of the Programme and in particular Maria Tyrell, the Centre co-ordinator.

Tony Monks,
Chair, Larkin Centre


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PLAYERS LOUNGE

1. Introduction

The Men's Health and Wellbeing Programme (MHWP) was developed by the Larkin Centre in partnership with Glasgow Celtic Football Club, the Heath Service Executive and Pfizer Healthcare Ireland. The Programme which was based in Ballybough also reached out to include participants living in Dublin's North Inner City. This area is marked as a socially disadvantaged area within Dublin city, and, despite significant improvements generally, in areas such as, education and increased employment in Dublin's inner city over the past twenty years (Trutz Haase, 2008), the North Inner City neighbourhood of Ballybough is an area that still suffers multiple social disadvantage. For example, almost one third (29%) of the population within the electoral district (ED) of Ballybough has completed primary education only (Trutz Haase, 2008). The highest rate of unemployment within Dublin's Inner City is within the electoral district of Ballybough (23.3% males, 19.0% females; Trutz Haase, 2008). This is almost double the current national unemployment rate (CSO, 2010). This is significant, as recent evidence indicates that, relative to those living in rural areas, males in urban areas are more likely to remain welfare dependant after being unemployed for 12 months or more (O'Connell et al, 2009). Previous studies have identified a causal relationship between unemployment and ill health that appears to be particularly pronounced among men (Mathers and Schofield, 2008). Unemployment is associated with an increased risk of total mortality and affects both psychological and physiological risk factors for ill health (Wadsworth et al, 1999).

Attention has also been drawn (Trutz Hasse, 2008) to the large number of lone parent families in the Inner City Dublin area, with approximately half of families with dependent children being headed by a single parent. As highlighted in the National Men's Health Policy (Department of Health and Children, 2008), single parent families can leave boys without a role model for

the future, and can also lead to isolation and marginalisation for fathers who leave the family home or become estranged from their families. The policy also highlights that fathers who lose custody of their children are placed at significantly higher risk of chronic health conditions, psychological impairment and suicide. Children from one-parent households are also at greater risk for negative adult outcomes, including lower educational and occupational attainment, school drop-out and health problems. Recent research carried out by the Institute of Public Health (Balanda et al, 2010) has reported that chronic diseases such as diabetes, hypertension, obesity, coronary heart disease and stroke are generally higher among males and among adults living in more deprived areas (Balanda eta al, 2010).

Findings with the SLÁN National Health and Lifestyles study reported that smoking rates, alcohol consumption levels and cardiovascular disease risk profile were all higher among lower social classes (Barry et al, 2007). Markers of social disadvantage such as, low education, low income, holding a medical card and being unemployed, were also associated with poorer mental health and social well-being. The authors stress the need for an increased multi-sectoral approach to tackle such health disparities:

> *"Tackling mental health and social well-being inequalities in Ireland requires multi-sectoral policy coordination through bottom-up and top-down approaches, including interventions addressing issues of poverty, marginalisation, discrimination, social inclusion, education, employment and living standards."* (p.7)

It is within this broad research and policy context that the MHWP was developed by the Larkin Unemployed Centre to address the multiple layers of disadvantage within the inner city community of Ballybough, specifically among men. The Centre for Men's Health (CMH), Institute of Technology Carlow, was tasked with evaluating the impact of the programme. This is consistent with the remit of the CMH, which includes providing support to practitioners with the ongoing evaluation of men's health initiatives on the ground. As well as informing future men's health work that the Larkin Centre might undertake, it is proposed that the findings from this evaluation can act as a blueprint for future community-based men's health work that aims to target socially disadvantaged men.

2. Overview of the Men's Health and Wellbeing Programme

2.1 Background to the programme

The Larkin Centre is a community organisation, established in 1986 and offering a range of community based services targeting people experiencing disadvantage. The provision of opportunities for adults, with limited formal education, to participate in learning is a core element of its programme of activities. The Centre's education programme recognises the importance of learning interventions that address 'quality of life' issues for individuals, their families and communities.

The starting point for the MHWP was the realisation by the Larkin Centre that its existing education provision was more likely to attract women rather than men. The challenge therefore was to develop an intervention that was relevant to the specific needs and interests of men. Determined to explore what could be done, the Larkin Centre initiated a consultation process with the local community, bringing together a cross section of men, residents and professionals based in the North Inner City. Four from this group subsequently participated in the MHWP, a development that had a very positive impact in securing the support and engagement of the community and fostering a strong sense of local ownership.

Through this consultation process, a range of ideas and perspectives were examined with the conclusion being reached that there was a need to work in a more proactive and innovative way to engage men. From the outset, one of the ideas that gained strong support was the inclusion of a sports based programme. Subsequent research drew attention to the community learning programmes in place in the Premier League Clubs in England and Scotland and more specifically the Community Programme in Glasgow Celtic Football Club. The latter has shown how people's passion for football can serve as the

initial hook to engage interest and then act as the vehicle to facilitate learning in a range of areas.

The development of the MHWP was inspired by the Well Man Programme established by Glasgow Celtic Football Club, a programme which promotes positive health and lifestyle practices in men aged 40 – 60 and which has been shown to be highly successful to date. The Well Man concept was adapted and tailored to reflect the context and presenting needs of men in Dublin's North Inner City. The involvement of Glasgow Celtic Football Club, alongside the agreement of the HSE and Pfizer Healthcare Ireland to participate as partners with the Larkin Centre has not only made possible the implementation of the MHWP, but has also enriched the scope of the programme.

The MHWP, which ran for ten weeks, comprised the following elements: fitness and lifestyle, cookery, health education.

2.2 Programme Objectives

The programmes objectives include:

1. To help men to develop the skills and knowledge to take control of their own health and wellbeing.
2. To provide information in an accessible and gender sensitive way to support men to make informed life choices.
3. To act as a catalyst for men to effect positive changes in their own lives through purposeful activity.
4. To provide new opportunities for men to engage in sports activities appropriate to their need and ability.
5. To promote and support practices consistent with a healthy lifestyle.
6. To develop appropriate learning strategies and materials reflecting a learner centred style of working.
7. To build capacity in the community.
8. To create a context that locates learning as part of community life and not fixed to a particular place or time.
9. To promote alternative social and recreational spaces for men to meet.

2.3 Programme Outcomes

Upon completion of the programme intended outcomes for the participants include:

1. Enhancing their knowledge and awareness of fitness, nutrition, health and lifestyle choices.
2. Understanding and applying the practices relating to exercising safely.
3. Identifying personal lifestyle practices, e.g. existing diet, which could be reviewed or modified.
4. Demonstrating knowledge of a healthy balanced diet.
5. Acquiring the confidence and competence to incorporate the practices relating to a healthy lifestyle into day to day life.
6. Understanding the impact of smoking and related substance abuse.
7. Identifying Health Services/facilities in the area.
8. Demonstrating basic soccer skills, technical, tactical and team play.
9. Making more informed lifestyle choices.
10. Pursuing further study leading to FETAC accreditation after this programme.

2.4 Programme Content:

The involvement and brand name of Glasgow Celtic Football Club was the overall hook that was used to engage men from the local community. The course was based on a timetable of four hours per week for ten weeks. Cookery classes were held on a Monday afternoon for two hours followed by one hour of health education class and one hour of soccer/fitness training on a Wednesday afternoon. There was a health screening conducted at the beginning and end of the ten week programme. The course content for each module is listed below.

Health Screening

A health screening was offered to all participants by Pfizer Healthcare Ireland, free of charge. The Screening included height, weight, Body Mass Index (BMI), blood pressure, lung function, Total Cholesterol (HDL, LDL, Triglycerides,) and a lifestyle questionnaire examining lifestyle, exercise and

diet regimes. The health screenings took place at the beginning and the end of the course in order to identify any changes in health status that might have occurred.

Health Awareness

Health talks which addressed the needs of men were delivered by representatives from the HSE free of charge. A range of topics were covered over the ten week period including: An overview of men's health, blood pressure and cholesterol management, weight management and nutrition, physiotherapy, positive mental health, sexual health, drug awareness/ prevention, accessing local health services, and dental and oral hygiene.

Cookery

Cookery classes examined a range of healthy eating options and included: keeping a store cupboard, the importance of breakfast, healthy lunchtime foods, cooking your own takeaway (pizza), sweet and healthy, meat (roasts), fish, and healthy food on a budget.

Soccer

Soccer skills classes were given by two coaches from Glasgow Celtic Football Club. The classes included: knowledge and understanding of the principles of fitness, assessment of aerobic and muscular fitness and flexibility and body composition, designing individual programmes, soccer skills, and gym sessions. The coaches were also able to use the football sessions as the tool to transfer soft learning skills and employability skills such as, attendance, time keeping, organisation and communication. Through football the participants were also challenged to work as individuals and as a team. They were also encouraged to take responsibility for their own personal improvements and developments in personal presentation. This is another aspect which is developed using football as an educational vehicle. There was also a trip to Glasgow Celtic Football Club offered to all participants upon completion of the programme. The match visit was used as an incentive for participants to complete the course.

2.5 Advertising & Recruitment

The promotional activity relating to the MHWP, comprised a number of strands, both formal and informal. A promotional poster, jointly devised by Glasgow Celtic Football Club and the Larkin Centre, which set out the specific health and lifestyle issues that the programme would target, was distributed widely in the North Inner City. Community members, who had been involved in the consultation process, spread the word within their network of contacts. As noted earlier, their inclusion from the outset in the development of the Programme enhanced the sense of community ownership. In addition, the Larkin Centre's Outreach Worker, Nicola Kelly, made personal contact with a significant number of potential participants; recording contact details and arranging follow up. Nicola's local knowledge of the community ensured effective targeting of participants for the programme. Each man contacted was invited to meet with the Programme Co-ordinator to chat about the programme. This was an opportunity to:

- Get to know each potential participant and find out why they were interested in the programme and what they wanted to get from it.
- Complete an initial assessment of needs
- Determine whether the remit/focus of programme could address the presenting needs of the participant or not
- Provide more detailed information and answer any questions arising
- Complete an Application Form

The demand for places exceeded the number available, with those not accommodated being invited to enrol for future programmes. There were a small number of applicants whose presenting needs fell outside the remit of the Programme (i.e. applicants who were part of treatment programmes for alcohol or substance misuse). It was felt that it would be inappropriate to offer places to such candidates, in light of the commitment required of participants to complete the MHWP.

2.6 Resource and Budgetary Considerations

To accommodate the individual needs' of participants but also ensure a viable working number, the main group of thirty was subdivided into smaller groups, 10 in Cookery and 15 each in the Fitness and Health Education

workshops. Each participant completed 4 hours per week. Table 1 provides a breakdown of the Programme Activity by number of Hours:

Table 1: Programme of Activities

Programme Activity	No of Workshops per week	No of hours per week	Programme Hours Total
Cookery	3	6	60
Fitness	2	2	20
Health Education	2	2	20
Health Screening			10
Total	**7**	**10**	**110**

This scheduling offered a degree of flexibility to participants if on occasion they needed to change their time slot.

The operational cost of the Programme amounted to €19,400 and included:

- Tuition & Coaching Fees
- Travel
- Venue Hire
- Materials

In addition to annual funding received from the Department of Social & Family Affairs covering cookery tuition costs, funding secured specifically for the programme included €5,000 from the IFS Trust, €1,000 from IMPACT Trade Union (Joe Lucey Fund) and €6,500 from the National Lottery. Additional support to the Programme included the use of the gym facilities in the Ierne Sports & Social Club and the mini bus to transport participants between facilities by the Ballybough Youth Project (all were provided free of charge).

3. Methodology used for Programme Evaluation

There were four distinct phases to the methodological approach adopted for the evaluation of the Men's Health and Wellbeing Programme (MHWP) in Ballybough. These were (i) participation observation during the course of the programme; (ii) focus groups conducted with participants at the end of the programme; (iii) the gathering of feedback from key stakeholders at the end of the programme; and (iv) an analysis and comparison of objective data relating to selective health and fitness measurements, gathered at the beginning and end of the programme.

Phase 1 – Participant Observation

A researcher from the Centre for Men's Health visited the Ballybough Centre on three separate occasions during the course of the programme, to observe how the programme was organised and how participants interacted with the programme organisers and one another. The purpose of these visits was to gain insights into the structure of the programme, how participants engaged with the programme, how staff members and participants interacted with one another and the types of relationships and group dynamic that had been built among the participants. The researcher joined in the programme as a participant in cookery classes, a HSE presentation and a training session with Glasgow Celtic Football Club. The researcher used opportunities throughout these days to discuss the programme with participants and staff involved in organising and presenting the programme. The researcher was particularly interested in getting a sense of the type of atmosphere, relationships and rapport that were being developed in the group.

Throughout each of these days, the researcher took extensive notes on her observations of the programme – both in terms of (i) what was delivered and how it was delivered, and (ii) overall impressions of how the programme was meeting the course objectives.

Phase 2 – Focus Groups

At the end of the 10 week programme two focus groups were conducted with participants of the programme. Focus groups are:

> "unstructured interviews with small groups of people who interact with each other and the group leader. They have the advantage of making use of group dynamics to stimulate discussion, gain insights and generate ideas in order to pursue a topic in greater depth" (Bowling, 2002).

During the two focus groups the following aspects of the programme were discussed: (i) Programme Content (the cookery classes, soccer sessions, health talks, health screening – what worked well/ where was there scope for improvement); (ii) Relationships (within the group and with staff involved in running the programme; (iii) Level of Enjoyment & Fulfilment from the Programme; and (iv) Recommendations for Future Programmes

Permission for the focus groups to be recorded was sought from participants in advance. The contents of these recordings were then synthesised into key themes on how participants felt about the programme.

Phase 3 – Feedback from Key Stakeholders

Feedback was also sought from the key stakeholders who were involved in the programme. Staff members of Pfizer Healthcare Ireland, the HSE and Glasgow Celtic Football Club were invited to provide feedback on the programme by responding to a number of key questions:

1. What prompted you to get involved in the programme and what potential benefits did you feel might accrue by becoming involved?
2. What was your experience of working collaboratively with the Larkin Centre and with the other main partners in the programme?
3. How do you feel the programme went; what did you learn from the programme; and how might the programme be changed or improved in the future?

Each stakeholder was given the choice of discussing these questions via a telephone interview or responding via email. All stakeholders chose to reply via email.

Feedback was also gathered from staff members involved directly with the Larkin Centre, which included access to attendance records and evaluation sheets completed by participants.

Phase 4 – Analysis of Health and Fitness Data

The following objective fitness and health measures were gathered at the beginning and end of the programme

Table 2: Measured Health and Fitness Components

Component	Test	Pre-Progamme	Post Programme
Cardiorespiratory Fitness	20m Shuttle Test	✓	✓
Weight	Measured in kgs	✓	✓
Waist Circumference	Measured in cms	✓	✓
BMI		✓	✓
Total Cholesterol	Measured in m/mol	✓	✓
HDL	Measured in m/mol	✓	✓
LDL	Measured in m/mol	✓	✓
Triglycerides	Measured in m/mol	✓	✓
Glucose	Measured in m/mol	✓	✓
HDL	Measured in m/mol	✓	✓
Blood Pressure	Measured in m/mol	✓	✓
Spirometry		✓	✓

The basic principles of the 'RE-AIM Framework' (Glasgow et al., 2006) were used to interpret the findings of the four discrete methodological phases to the evaluation. 'RE-AIM' stands for "reach", "effectiveness", "adoption", "implementation" and "maintenance", and each of these aspects of the programme will be discussed in section 4 of this report. Although the Framework was originally designed to be used on much larger target population groups than was the case in the current Intervention; nevertheless, it does "offer a comprehensive approach to considering five dimensions important for evaluating the potential public health impact of an intervention" (Glasgow et al., 2006).


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4. Impact of the Programme

4.1 Reach

The "*reach*" of a programme refers to the number and representativeness of individuals who participate in a given programme, and evaluates its effectiveness at targeting the correct population group. As outlined in Section 1, the MHWP was established in response to the multiple levels of social disadvantage experienced by the target community; specifically men who were over the age of 30, lived in the North Inner City Dublin region and who were unemployed. In consulting with the Larkin Centre, it was evident that the Centre had clearly identified the need to develop more holistic quality of life interventions supportive of men living in the North Inner City of Dublin. As a new Programme, with no pre-existing models of practice in Ireland, a collaborative arrangement with Glasgow Celtic Football Club was seen as (i) a valuable source of expertise and knowledge from which to develop a programme; and (ii) a means of enhancing the Larkin Centre's status with the community and with potential patrons. The Larkin Centre also felt the need to build on the success of a previous initiative established by the Larkin Centre, "*Cookery for Men*", which revealed a high level of interest and openness among male participants, and provided a basis for further expansion of activities to engage men.

In terms of addressing key policy areas of government, the programme, unquestionably, was effective in reaching the correct target group. Whilst the programme can be linked to a range of policy measures, it was, in particular, a highly effective response to the following key policy contexts:

(i) Towards 2016, the Government's social partnership agreement stresses the need for government and social partners to work together to deliver tangible improvements in health outcomes for the wider community. It calls for an

integrated approach to the delivery of health services that is based on strong partnerships between statutory bodies and voluntary and community organisations, and that reaches out to the community sector. It refers specifically to targeting health behaviour change in such sectors:

> *'Working in partnership to develop specific community and sectoral initiatives to encourage healthy eating and access to healthy food and physical activity among adults, with a particular focus on adults living in areas of disadvantage.'*

The Larkin Centre clearly addressed this need.

(ii) The recent publication of the National Men's Health Policy (Department of Health and Children, 2008) advocates interventions prioritising disadvantaged men and men affected by marginalisation (particularly lower socio-economic group men) in the age category of late 30s and over. The consultation process which informed the policy consistently highlighted the need to harness community potential to improve the health of men and emphasised the importance of adopting a community development approach and creating social networks for men. The policy calls for a gender-sensitive approach, that takes into account the social determinants of men's health, in tackling health behaviour change among men – including improving dietary habits and physical activity levels in men. Once again, on all of these grounds, the Larkin Centre's MHWP is a highly effective example of an appropriate policy response.

(iii) The National Strategy for Service User Involvement in the Irish Health Service (Department of Health and Children, 2008) emphasises the importance of engaging with communities in local service delivery and development. Objective 4 of the strategy affirms the HSE's commitment 'to learning from the experience of our service users, partner service providers, staff and other stakeholders' in the ongoing delivery and evaluation of services'. The Larkin Centre succeeded in reaching out to the community through the MHWP.

In summary therefore, whilst the number of participants recruited to the programme was relatively small (n=30), the programme was highly effective in getting through to the right target group (unemployed men > 30 years from the inner city), and the rationale for working with the target group is firmly embedded in government policy. It should also be noted that this number is the optimum size for this type of intervention.

4.2 Effectiveness

The effectiveness of the programme refers to the overall impact of the programme in terms of the programme objectives, and will be considered in terms of the following outcomes.

4.2.1 Participant Adherence to the programme

Some 23 of the 30 participants completed the full programme, representing a 77% retention rate. Those who withdrew from the programme did so for reasons such as: finding a job, moving out of the area, as well as family or other commitments.

The attendance records for the programme show that for most participants attendance was very good with 13 of the 23 men (56%) who completed the programme attending between 18-20 of the 20 sessions, 7 participants (30%) attending 15-17 sessions, and 3 (14%) attending 11-14 sessions. For most days that participants were absent, genuine reasons of illness, appointments or work were given for their absence. These high levels of attendance reflect very positively on the overall effectiveness of the programme, given the prevailing perception that getting men to engage in health programmes can be 'hard work' (Baker, 2002), and can be viewed as a genuine barometer to how successful the course was.

Each week participants were asked to fill out an evaluation form of the cookery class, soccer class and health education class from the week before. Participants were asked to rate the class from 1-5 in relation to the organisation of the class, how the information was presented, how encouraged they were to participate, the interest of the class, whether the class had a positive effect on learning and did participants learn something new. At the beginning all sheets remained anonymous and scores ranged from 3-5. However, by week four, classes were being scored as "5" on each evaluation some even giving a rating of "6" or "5+++" with signed comments such as "excellent", "everything's perfect" and "everything's going great, commitment brilliant". Indeed these comments were reciprocated by the Glasgow Celtic Football Club representative who commented that:

> *"[we have] never met a more dedicated group of men who really wanted to improve their lifestyles, not just for themselves but also for their families."*
>
> (Glasgow Celtic Football Club Representative)

A number of factors emerged from the evaluation that reflects established principles of best practice when working with men (Department of Health and Children, 2008), and that can be attributed to the high level of adherence to and engagement with the programme:

(i) Participants commented on the **homogenous age group** used for the programme and stated how "having it over 30's reassured people". Participants noted that had younger men attended the programme they would have felt intimidated by the differences in fitness levels etc.

(ii) The sense of **camaraderie and fun** that developed within the group was striking. It was clear that during the course of the ten week programme, participants had become a very closely bonded group. Participants continuously commented on the "craic" and "fun" had by all. One participant described the programme as "a social thing", others saying "the group effort is very important" and "the atmosphere is awesome". This bonding process seemed to begin in the soccer training where participants were encouraged from the start to support and cheer one another to keep going. A number of networks were also created between members outside the group that helped to sustain the group during the course of the programme. These outcomes are consistent with Objectives 7 & 8 of the programme, which sought to 'build capacity in the community' and 'to make learning part of community life'.

(iii) It was also evident that adherence levels were influenced by the very strong bond that developed between participants and programme leaders that was based on **mutual respect and trust.** Participants described the programme as "an amazing ten weeks" and "it was so well organised that's why it went so well". Participants consistently commented on feeling included and supported within the programme. Various members of staff were described as being "understanding", "welcoming", "easy going" and "serious but fun". Participants spoke very warmly of the programme Co-ordinator and the Outreach Worker who amazed them by ringing them to make sure they were coming to class and by turning up each day to welcome them. This meant a lot to participants as they felt a valued part of the programme as well as being delighted with a gentle reminder or an extra little push to turn up with a phone call. This is strongly indicative of the importance of effective outreach in community work with men, and bears testimony to how successful the staff in this programme was in doing so. It is also

consistent with Objective 6 of the programme which sought to develop a 'learning-centred style of working'.

(iv) Adherence levels to the programme were also enhanced by the **positive, non-judgemental approach** adopted by the programme providers. As one participant observed, it was a welcome change not to be seen by service providers as "the problem" and instead to be accepted and respected as you are.

> *"…there was never any feeling that that person is better than you. None of that at all. It was level all the way".* (Participant)

This was reinforced by Pfizer Healthcare Ireland, one of the partners in the programme delivery, who emphasised that the experience of nurses in working with men was critical to engaging effectively with programme participants:

> *"The Pfizer Healthcare Ireland nurses have years of experience in public cardiovascular/ respiratory screening. Their open approach, ability to explain and educate the participants on their "numbers" was critical to engage the men."* (Pfizer Healthcare Ireland Representative)

(v) There was a consensus among both service providers and course participants that the success of the programme owed much to **bringing services into the men's community**. As one participant commented

> *"This is the first time I've seen the HSE in the area, in with the core people of the area…. It makes a huge difference".* (Participant)

From a HSE perspective, this was also seen as a useful way of overcoming what were seen as traditional barriers in engaging men:

> *"As health providers our experience was that it was always difficult to engage men in health matters. The involvement of Glasgow Celtic Football Club coaching and Larkin's cookery course were some successful components to engaging the men."* (HSE Representative)

By bringing services into the community, this was also seen by the HSE as a means of breaking down barriers between service providers and service users:

> *"The participants can access health care now with less fear and trepidation especially on men's issues, prostate checks, depression etc."*
>
> *"The participants as partners engaged really well and reported back to us that the sessions demystified the H.S.E. personnel quote, a participant said "We (H.S.E.) were people too".* (HSE Representative)

This in turn was seen as having a cascade effect in filtering down to men's families and to the wider community:

It afforded us the H.S.E. the opportunity to inform the community about the Primary Care Network and Team and how to access these services in the future.... it gave us the opportunity to engage the Primary Care Team with the local population...The health benefits achieved for the men cascaded to their families. One participant said "I'm making brown bread for the kid's lunches". (HSE Representative)

Participants also commented on how easily they integrated into the Ballybough Community Centre.

(vi) Allied to the previous three points, it was clear that participants responded so positively to the programme because of the sense of a **safe space** that was provided by the programme leaders in which the participants felt at home from an early stage. The HSE representative commented on:

"How eager and open the men were to engage once they were brought on board and nurtured." (HSE Representative)

This was also in the Pfizer Healthcare Ireland representative's view, one of the key ingredients of the programme:

"The success of this programme truly demonstrated how engaging men in an open and transparent way really does make a huge difference to how they view their health and lifestyle."

(Pfizer Healthcare Ireland Representative)

(vii) Finally, the single common denominator that underpins points (i) to (vi), was the **leadership, drive and commitment** that could be seen to permeate across all aspects of the programme. Not only did this succeed in bringing a so-called hard-to-reach group of men on board, it also gelled service providers together, and service providers and participants together. The following comments from the HSE and Glasgow Celtic Football Club representatives respectively, emphasise this:

"The preparation, nurturing and care that participants received from day one from the Larkin Centre especially Ann Flannery, was the single key ingredient to success…" (HSE Representative)

"The Larkin Centre where fantastic to work with and we hope to continue to work with them in the future. Anne Flannery was our main point of contact and was excellent do deal with. Our experience in working with the Larkin Centre was first class."

(Glasgow Celtic Football Club Representative)

As well as fulfilling Objective 7 of the programme ('building capacity within the community'), this dimension of the success of this programme should be seen as the vital ingredient in striving to achieve best practice in men's health work.

4.2.2 Health and Fitness Measures

This section will outline the health screening results of participants over two health screening events; one carried out at the beginning of the programme and a follow-up screening carried out after the programme was completed. As outlined in Table 1 (Section 3), a variety of tests were conducted including: a check for previous diagnosis of coronary vascular disease (CVD) and diabetes, smoking, weight & height, body mass index (BMI), waist circumference, cholesterol levels, HDL, LDL, triglyceride levels, glucose levels, blood pressure and spirometry function. It will also be noted whether participants were referred to a GP for further testing or not.

A total of 31 participants were screened at the onset of the programme. However, not all participants were present for both screening events; therefore the data illustrated here only represents those who completed both stages of screening.

Data shows that the average age of the participants was 44 years. Of the 31 participants screened initially only 1 had been previously diagnosed with CVD, and 1 other participant was previously diagnosed with diabetes. Some 61% (19 of the 31 participants) were smokers.

Figure 1 shows the overall percentages of participants who either lost or gained weight (displayed in kilograms). The majority of participants, 58%, lost weight over the course of the programme. The average weight change was a loss of 1.47kg.

Figure 1: Weight Change

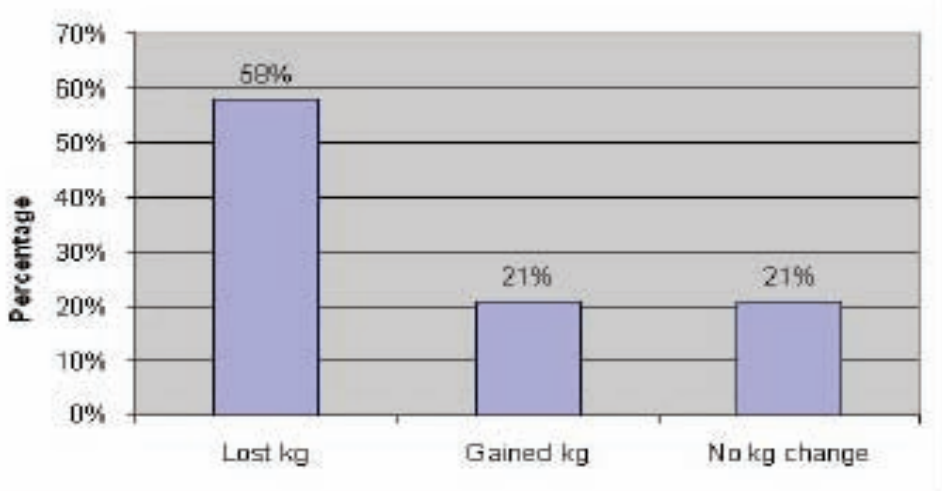


Figure 2 illustrates the overall percentage change in waist circumference (displayed in centimetres). Half of participants (50%) experienced a reduction in waist circumference. They average waist circumference change was a loss of 1.7cm.

Figure 2: Waist Circumferance

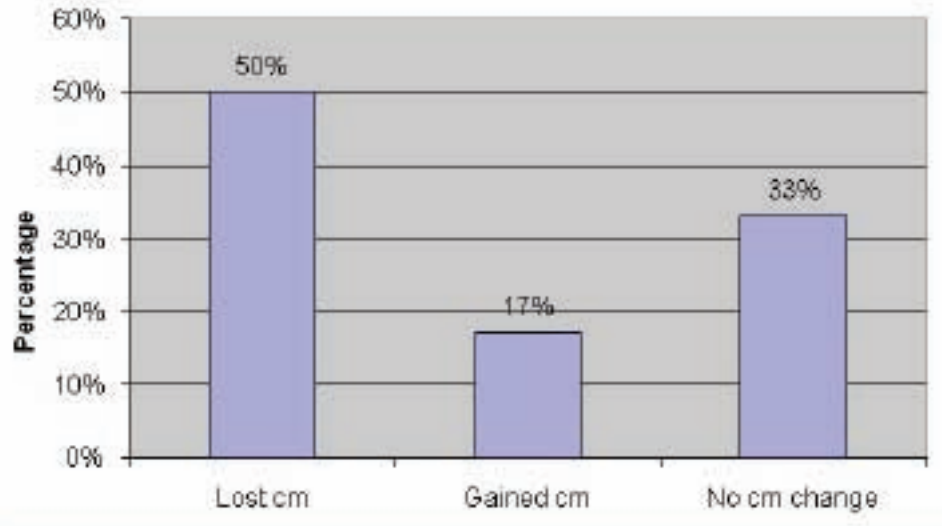
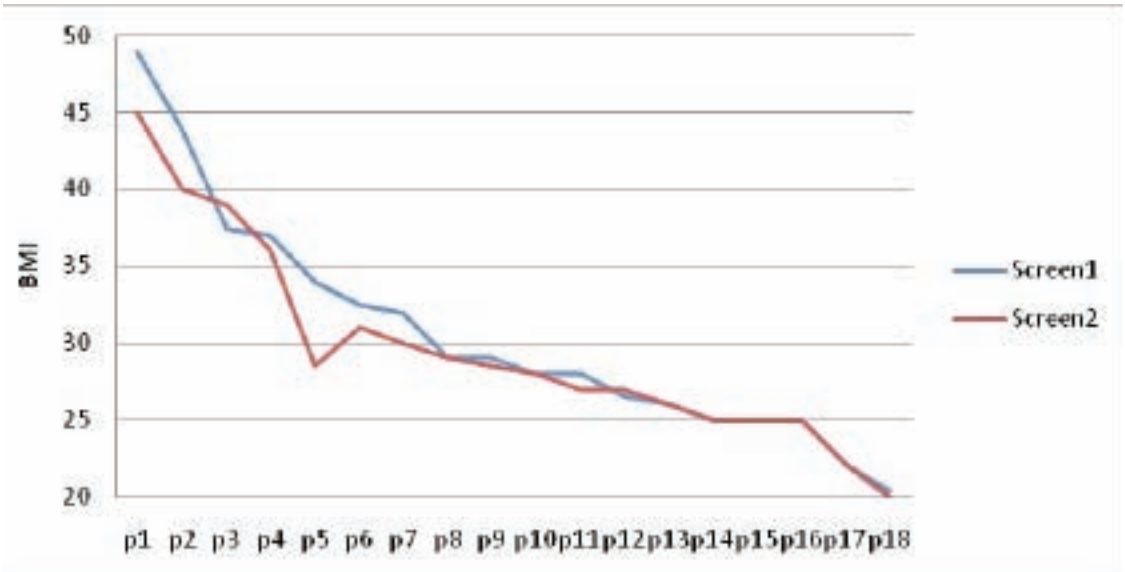


Figure 3. shows individual BMI readings (each participants in represented as p1, p2 etc.). Some 50% of participants had a reduction in BMI. The average BMI at the beginning of the programme was 30.5; after the second screening, the average BMI was 29.5. It was noteworthy that 11% of participants had a BMI of greater than 41 at the start of the programme which was reduced to 5% at the second screening; there was a corresponding reduction from 17% to 5% with a BMI of 31-35; whilst there was an increase in the percentage of participants fitting into a healthier BMI range of 26-30 from 33% at screening one to 45% at screening two.

Figure 3: BMI

Figure 4. shows each individual's cholesterol level (displayed in m/mol) at screening one and screening two. The average cholesterol level at screening



one was 5.2m/mol this average was reduced to 4.7m/mol at screening two. Figure 5 shows the overall percentage of individuals in each cholesterol level of 3-5, 5-7, and 7+. Overall, there were reductions in the highest cholesterol levels of 7+, and 5-7 between the two screenings and an increase in the 3-5 level from 44% at screening one to 61% at screening two.

Figure 4: Individual Cholesterol Levels

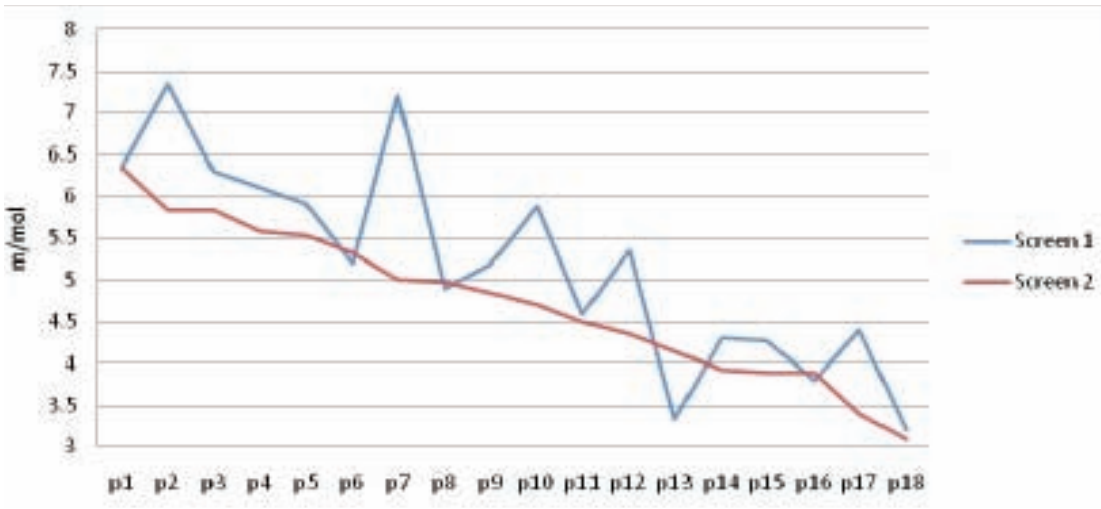
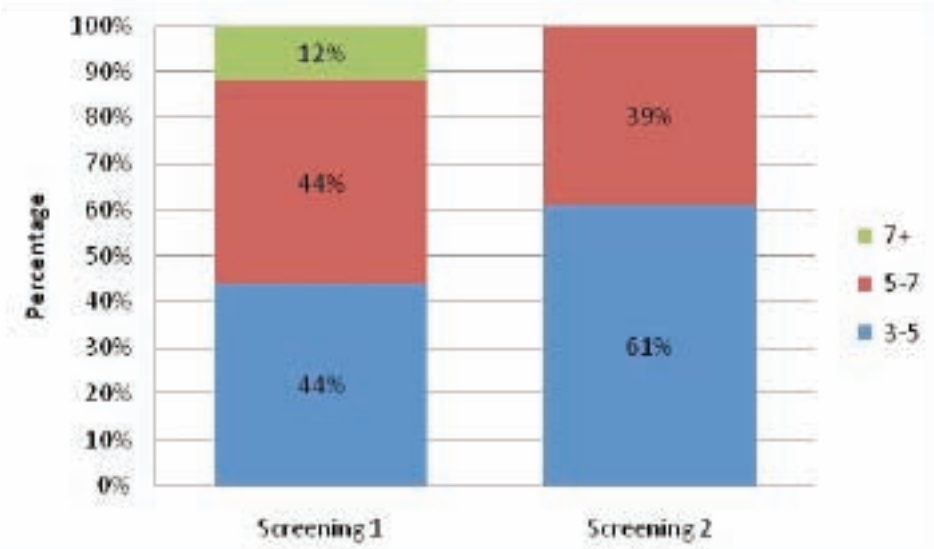


Figure 5: Categorisation of Cholesterol Levels



Overall, the average cholesterol level change per individual was a reduction of .38m/mol. Further HDL, LDL, triglycerides and glucose analysis showed that 33% of participants increased their HDL levels and 86% of participants reduced their LDL levels. The average HDL change was a modest increase of .004m/mol and the average LDL change was a more marked reduction of .54m/mol. Some 39% of participants reduced their triglyceride levels; the average change was a reduction of .19m/mol. Some 72% of participants reduced their glucose levels with an average change of a reduction of .16m/mol.

Figure 6 illustrates the overall changes in blood pressure between screening one and two. Some 59% of participants were found to have high blood pressure at the initial screening; this was reduced to 41% of participants at the final screening. Further spirometry tests showed that only two participants had restrictive disorders of the lungs. From screening 1 to screening 2, 24% of participants managed to bring their blood pressure levels into the normal range. This is a very positive result, especially in light of the recent Institute of Public Health (2010) report which draws attention to the need to manage chronic conditions.

Figure 6: Blood Pressure Changes

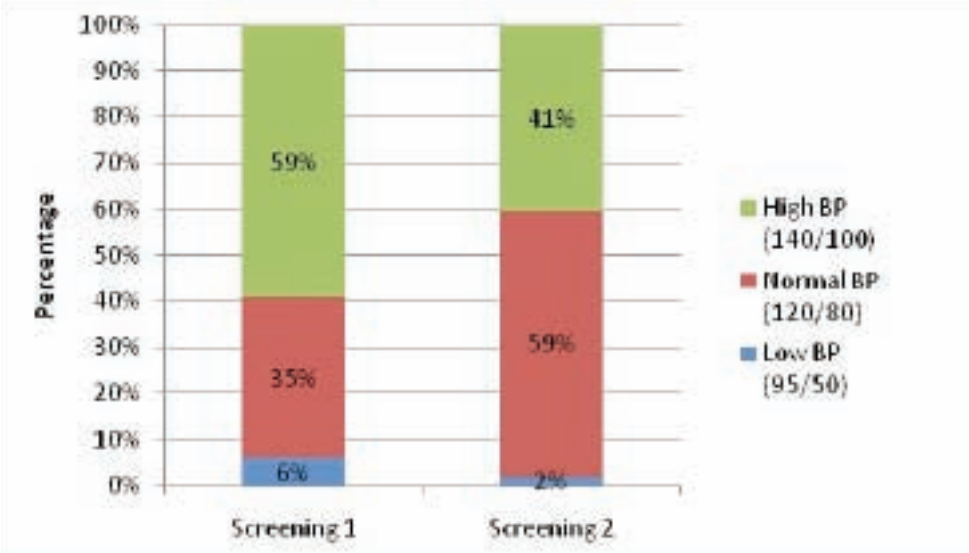


Figure 7 highlights the number of participants referred to see a GP after both screenings. Whilst over half of participants (59%) were referred after Screening 1, not surprisingly, this was reduced to just 14% after Screening 2.

Figure 7: Referrals to a GP

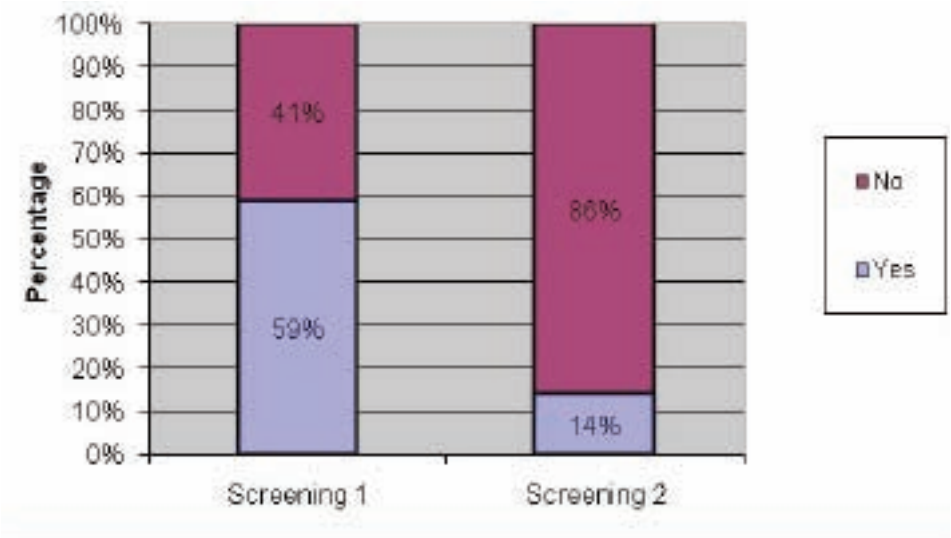
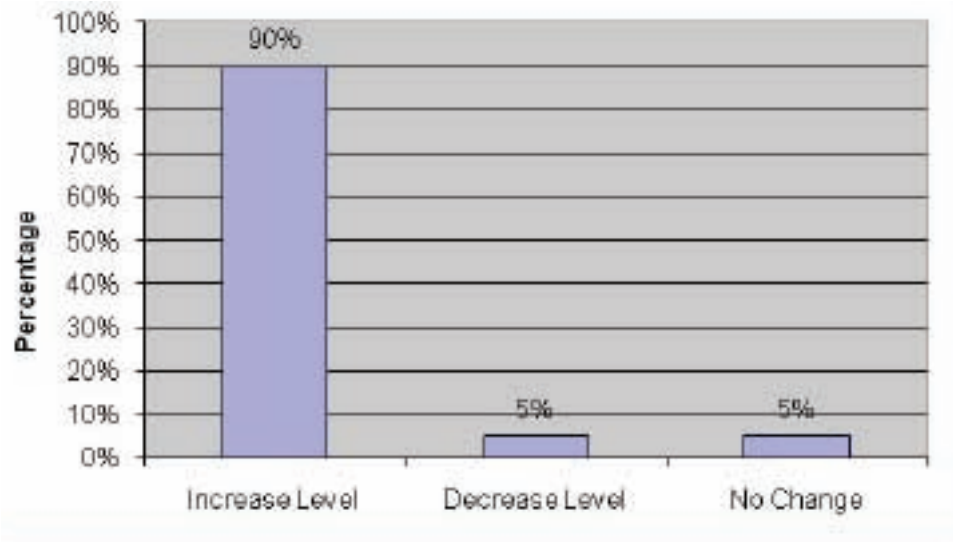


Figure 8. shows the overall change in the level achieved by participants in the 20M Shuttle test (a field test for cardiorespiratory fitness) after the two tests. It can be seen that 90% of individuals reached a higher level in the second test compared to the first.

Figure 8: 20M Shuttle Test



Participants in the programme also commented on how the soccer training had helped in the development of many new skills, and, for some, had opened up new opportunities through sport and effected positive changes in their own lives through purposeful activity.

In summary, the main difference in results between the health screenings 1 and 2 included:

- Over half (58%) of participants lost weight. The average weight change was a loss of 1.47kg.
- Half (50%) of participants reduced their waist measurements. The average waist circumference change was a loss of 1.7cm.
- There was a 12% increase in the number of participants in the 26-30 BMI range, as well as a 12% decrease in the number of participants in the 31-35 BMI range after the second health screening.
- Some 78% of participants reduced their cholesterol levels during the ten weeks. The average change in cholesterol was a reduction of .38m/mol.
- There was almost a 20% increase in the number of participants in the health cholesterol range on 305m/mol.
- One third (33%) of participants increased their HDL levels and the vast majority (86%) decreased their LDL levels.
- Just over half (39%) reduced their triglyceride levels and almost three-quarters (72%) reduced their glucose levels.
- There was a 24% increase in the number of participants now in the "normal" blood pressure range on 120/80mm/hg while there was a

reduction of 18% in the numbers in the "high" blood pressure range of 140/100mm/hg.

- The vast majority (90%) of participants increased their fitness levels in the 20 metre Shuttle Test.

Some participants also remarked that the findings from the initial health screening acted as a 'wake-up call' and was the kick-start they felt they needed to make adjustments to their lifestyles. This also prompted a large number of the participants to make follow-up appointments with their local GP. Indeed, other participants noted that the programme had prompted them to make appointments with other health professionals, such as dentists.

4.2.3 Increased Awareness of Health

Whist there were no formal baseline measures taken of the men's knowledge/awareness of health, it was very evident from the focus group data that, by the end of the programme, there were substantial improvements in participants' knowledge of health and attitude towards healthy living. Participants reported having a new understanding of a healthy diet and physically active lifestyle. They also reported being more informed on a range of health topics such as addiction, sexual health and access to services, as well as a new inclination to find further information on some topics such as information on mental health. Participants developed skills and knowledge of how to take control of their own health and wellbeing. Participants continuously referred to the new information they had learned in cookery components, soccer components and the health talks. The cookery classes in particular were cited as acting as a catalyst in making a number of practical changes, such as:

- Cutting down on the amount of salt in their diets
- Cooking without using salt
- Learning how simple cooking can be through preparing various meals
- Switching to healthier food options
- Being more aware of the amount of fats in food
- Knowing how to read food labels and
- The cost of cooking at home.

From the health screening participants demonstrated an understanding of:

- Blood pressure and cholesterol, terms that had not been understood previously.

Through soccer participants demonstrated their learning of many things including:

- The benefits of exercise on your mental health as well as your physical health.
- The amount of physical activity they should be participating in.
- New soccer skills.

The HSE health talks taught participants about:

- Sexual health and talking to their kids about sex.
- Weight management: diet, the importance of exercise and weight related diseases such as diabetes and heart disease.
- The importance of back health and where to access local physiotherapists.
- The importance of positive mental health and where to access help from various services.
- Drug awareness and addiction.
- How to access all types of local health services.
- The importance of dental hygiene.

The benefits of the programme could also be seen in the cascade effect it had on the men's families. The focus groups showed that the men had started to cook themselves, stopped using salt, were bringing their glasses when going shopping so they could read food labels, attending the doctor to have their blood pressure and cholesterol monitored, increasing the amount of exercise they took for benefits to their physical and mental health, as well as knowing how to access local health services. These changes are consistent with having met objectives 1, 3, 5 & 6.

4.2.4 Personal Development

Although not an explicit objective of the programme, it was evident from all aspects of the evaluation that the personal development gains that the men experienced were a hugely significant outcome of the programme. Whilst there were no formal baseline measures taken from which to gauge gains in relation to self esteem, mental health or well-being, the overwhelming indications from

the focus group data were that the men had experienced huge gains in self-confidence, self-esteem and well-being. The focus group data highlighted participants surprise at how 'easy' cooking was and how much they enjoyed soccer despite initial fears of feeling they would be 'no good'.

Indeed, such positive outcomes in relation to personal development were the key catalyst for other changes relating to lifestyle and health behaviour change. Central to this was the respectful, non-judgemental way in which all course participants were treated (see Section 4.2.1), which represented a refreshing change from participants' previous experiences of engaging with services. As one participant observed, it was a welcome change not to be seen by service providers as "the problem" and instead to be accepted and respected as you are.

> *"I thought when I was first coming on it that it was gonna be a problem sorting thing, you're fat, you're this, you're overweight fix it, you're nuts you have to change that…. I was afraid to go into [the soccer] training. I had it in my head I'm not gonna be able to do this but it wasn't like that".*
>
> (Participant)

The confidence that the men developed through acquiring new skills also impacted positively on their overall sense of wellbeing. For example, the Glasgow Celtic Football Club representative commented that

> *"The programme, through positive coaching was also successful in helping the participants raise their self esteem by taking a great deal of pride in their achievements."* (Glasgow Celtic Football Club Representative)

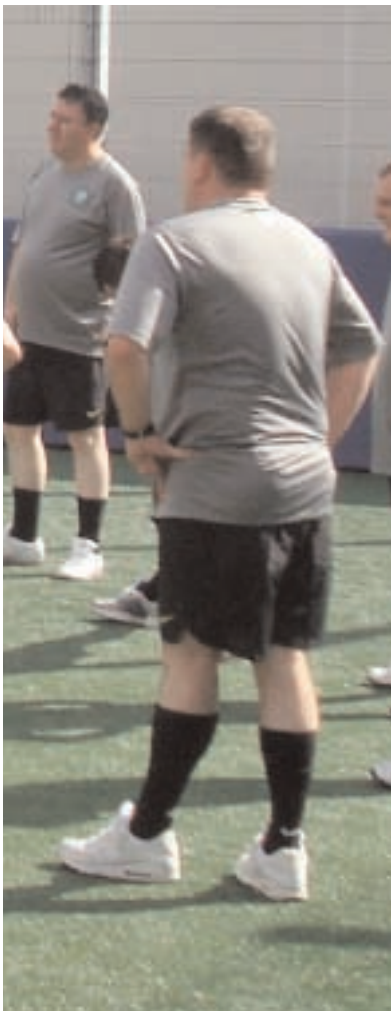
The Pfizer Healthcare Ireland representative also commented on the impact of the programme, beyond physical health:

> *"...the positive changes made to taking control of their diet, exercise and general health and wellbeing"* (Pfizer Healthcare Ireland Representative)

The wider benefits of the programme can be epitomised by one of the participants, who recounted the simple pleasure of chatting with his wife and 21 year old daughter in his kitchen while they collectively prepared a family meal, and being aware that this was the first occasion that this had happened.

4.2.5 Empowerment/building social capital through men's health work

The MHWP is an excellent example of the potential scope of such a programme – when conducted to the high standards of the Larkin Centre and Partners – to contribute significantly to the development of social capital within the target community. Whilst improved physical health and fitness were hugely worthwhile outcomes from the programme, arguably, the true legacy of the programme will be in empowering the participants to take increased control and responsibility for their health and in building capacity within the community. It is worth, once again, to paraphrase participants' description of the course that that enabled this to happen – supporting, listening, encouraging, nurturing, educating, cajoling, accepting [not judging], laughing… Future men's health work should consider the process and dynamic of men's health work and not just the content or objectives of such work



4.3 Adoption

Adoption refers to the number, proportion and representativeness of settings and staff who engage with the programme.

There were a number of different organisations involved in implementing the programme. The four main organisations were The Larkin Unemployed Centre who organised and project managed the programme; Glasgow Celtic Football Club who provided coaches for the training, the HSE who conducted the health talks and Pfizer Healthcare Ireland who conducted the health screenings. Other contributors to the programme included Mr John Cassidy who facilitated the cookery classes, the Ballybough Community, Youth & Sports

Centre who provided the facilities, Ierne Sports & Social Club who offered their gym facilities and the Ballybough Youth Project who made available their mini-bus.

As highlighted earlier, all staff members involved in the programme were hugely committed to making the programme a success. This could be seen at the presentation on the final day of the programme where all the partners turned up to show their support. All groups pledged their commitment to the programme going into the future and for the next group of participants. Indeed, Pfizer Healthcare Ireland gave an ongoing commitment to the participants who have already completed the programme, offering to conduct a follow-up screening. Likewise, provisions have been made to continue the cookery classes.

4.4 Implementation

At the setting level, implementation refers to how closely staff members follow the programme that the developers provide. This includes consistency of delivery as intended and the time and cost of the programme.

It was evident from the feedback received from the service providers, that there was a sense of common purpose in what all partners hoped to achieve from the programme. As the Pfizer Healthcare Ireland and Glasgow Celtic Football Club representatives remarked respectively:

> *"From meeting with the partners, in particular Anne Flannery, and discussing the potential Glasgow Celtic Football Club initiative it was clear that there was a distinct correlation between the primary objectives of the programme and the needs identified in the Pfizer Healthcare Ireland Men's Health Index report."*
>
> (Pfizer Healthcare Ireland Representative)

> *"The Club met and discussed the project with the Larkin Centre on a number of occasions and quickly established that the Larkin Centre shared the same ethos and as the Club and were very keen to make a positive difference to individuals, families and the community. The project and approach was an outstanding success due to the expertise and commitment of everyone involved."*
>
> (Glasgow Celtic Football Club Representative)

The feedback from service providers also stressed that there was a clear vision and genuine clarity in terms of goals ant expected outcomes for the

programme. As the Pfizer Healthcare Ireland and HSE representatives commented:

> *"Our experience with the partners on this programme was excellent. From the initial meeting with Anne Flannery - the driver and project manager behind the initiative - all partners had a clear and distinct role to play in the delivery of the project - screening, education, exercise, cooking etc. Each partner had clear guidelines and clarity to deliver their part and ensure a very cohesive partnership."*
>
> (Pfizer Healthcare Ireland Representative)

> *"We believe that the clarity each partner had on their roles and responsibilities was key to the success of this partnership."*
>
> (HSE Representative)

As a result of this clarity of roles and responsibilities, the programme was delivered in a very organised and well-co-ordained manner. Not surprisingly therefore, the overwhelming consensus from service providers was of a very positive experience of working in partnership, as the following comments from the HSE, Glasgow Celtic Football Club and Pfizer Healthcare Ireland representatives confirm:

> *"The experience of working collaboratively with Larkin and other partners was a very positive one. There was a genuine willingness for all partners to facilitate each other and ensure the best outcome for the participants."*
>
> (HSE Representative)

> *"We met as a group prior to the programme commencing, during and again at the graduation ceremony. Anne Flannery created a wonderful partnership and more importantly included the participants in all activities prior, during and after the programme. This level of engagement really added to the success of this programme."*
>
> (Glasgow Celtic Football Club Representative)

> *"It demonstrates through open and transparent partnerships, real differences can be made to the lives and wellbeing of communities."*
>
> (Pfizer Healthcare Ireland Representative)

In terms of course costs (see section 2.6), the costs incurred in running the programme, over and above staff and 'in-kind' costs, came to €19,400. Set against the health and related gains highlighted in this report, and the overall effectiveness of the programme in engaging a 'hard-to-reach' target group, this represents excellent value for money. Whilst it would be prudent to

consider the issue of costs for future courses in light of recent budgetary cutbacks in the community sector, it is to be hoped that the wider roll-out and long-term sustainability of the programme will not be compromised by budgetary or financial constraints.

4.5 Maintenance

The extent to which a programme or policy becomes part of the routine organizational practices and policies. Within the RE-AIM framework, maintenance also applies at the individual level, and to the long-term effects of a programme on outcomes after 6 months or more.

As this evaluation was conducted at the end of the pilot programme, a true measure of maintenance can only be gauged in the future. Some positive indications include Pfizer Healthcare Ireland's commitment to a follow-up health screening;

> *"Pfizer Healthcare Ireland is committed to working with this group again and in seeing if the effects of this initiative can be observed over a longer period. We are also keen to understand the extended impact this programme may have had on the participants' families and community."*
>
> (Pfizer Healthcare Ireland Representative)

the continuation of the cookery classes; the provision of local leisure centre facilities in the Markievicz Centre at a reduced rate; and the expressed intention of group members to meet as a group to attend the gym or to play soccer on the Astroturf pitch in the Ballybough Community Centre. It is vitally important not to lose sight of the importance of continuing to support the men to maintain positive behaviour change and to help them to build on the excellent overall results that they achieved in relation to their physical health, wellbeing and overall lifestyles.

It remains to be seen whether the programme will receive the necessary support and funding to be rolled out on a larger scale in the future. Because of the excellent organisation, management and vibrancy that permeated across all aspects of the programme, an excellent basis has been set with both programme partners and the local community, from which to successfully build on this pilot programme in the future.

5. Conclusion & Recommendations

Overall, the MHWP was hugely effective in meeting the objectives of the programme, and in connecting in a very special way with the target community. A great deal of credit is due to the programme team who managed to foster such excellent working relationships and partnerships, both between the programme partners and between the service providers and programme participants. The MHWP is a very genuine and worthwhile example of best practice in how to effectively engage with men. With a view to offering some constructive guidelines on how best to develop the course in the future, the following recommendations should be considered:

5.1 Continue to involve and consult with the target community of men in the ongoing refinement of the NHWP

One of the key elements to the success of this pilot MHWP was the initial consultation carried out by the Larkin Centre with key stakeholders in the local community, and the 'feel' that Larkin Centre staff had [through many years of working with the local community] of the type of programme that would work with the target group. This underlines the importance of consulting with men in the local community in designing such programmes, and reflects a best practice approach in men's health work through enabling men to feel part of a partnership from the outset. The findings from this evaluation report should be seen within the context of an on-going consultation process, in that it gives a voice to participants from the pilot programme to share their experiences and shape the direction of future courses. It is critically important that the Larkin Centre continues to involve and consult with the target community in the ongoing development and refinement of the MHWP.

5.2 Consider the issue of cost and sustainability for future courses

In addition to the staff and 'in kind' costs associated with the Larkin Centre's involvement with the programme, additional costs of €19,400 were incurred with regard to tuition & coaching fees, travel, venue hire and materials. These costs should of course be considered within the value for money context of the health and related gains and the overall effectiveness of the programme in engaging a 'hard-to-reach' target group. As outlined in Section 4.4, it would be prudent to consider the issue of cost and sustainability for future courses in light of recent budgetary cutbacks in the community sector. In the longer term, for example, consideration might be given to accessing resources locally to replicate the Glasgow Celtic Football Club way of working, whilst maintaining the very unique appeal of Glasgow Celtic Football Club as a hook to engage men from the local community. More broadly, one of the key challenges for the programme leaders will be to secure funding in order to maintain the programme into the future.

5.3 Expand the number of partners from the local community in the project

As an Unemployment Centre, the Larkin Centre is well positioned to tap into a number of partners within the community – the VEC, FAS, family resource centres, community development projects, sports bodies, active retirement groups and other voluntary and resource centres in the area. The MHWP could potentially become a significant conduit to both inform and connect participants to the array of services that are available to them in their community. The MHWP could also be seen as a type of informal foundation education programme to encourage participants to consider taking on more formal training and education programmes (e.g. FETAC courses) within their local community.

5.4 Have a more explicit focus on personal developmenet within the objectives of the course

Arguably, the most profound outcome of this course was the personal development aspect of the programme. Although there were no formal baseline measures taken from which to gauge gains in relation to self esteem, mental health or well-being, the overwhelming indications from the focus group data were that the men had experienced huge gains in self-confidence, self-esteem and well-being – in other words positive outcomes in relation to personal development were the key catalyst for other changes relating to lifestyle or health behaviour change. This came about, not through specific personal development sessions, but can be attributed to the respectful and non-judgemental approach adopted by all partners (see Section 4.1.1). It is proposed that, without necessarily changing the course content or approach, the promotion of personal development should be an explicit objective of future courses – to complement the already established personal development/ client-centred focus that is at the very heart and ethos of the course.

5.5 Recruit and train potential leaders and mentors from MHWP to facilitate future programmes

In the context of sustainability and capacity building within the community, it is proposed that there should be an increased focus on identifying potential leaders or mentors from the MHWP that could not only fulfil an advocacy role for the Larkin Centre in promoting the course to other men in the community,

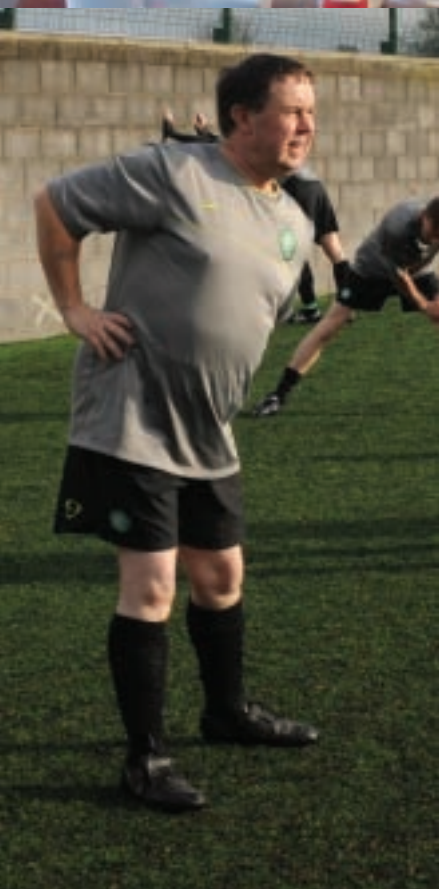
but could also become actively involved in facilitating aspects of the MHWP. Whilst the latter may require further training and upskilling of the men, this would be a highly worthwhile development in terms of making the programme sustainable and developing the capacity of the local community. Indeed, in light of the previous point, such mentors or leaders, could, over time, become facilitators of Larkin Centre men's groups, and that could also provide ongoing support to men who complete the MHWP

5.6 Give consideration to more specific long-term support measures beyond the ten-week duration of the course

The support and nurturing that course participants received from the Larkin Centre was hugely influential in prompting such positive outcomes from the programme. Without wishing to lose sight of the resource implications of recommending follow-up support to the men, nevertheless, this is a critical element of sustaining the health gain into the future. The Larkin Centre is to be complemented on steps that have already been put in place in this regard (such as follow-up cookery classes and provision for access to exercise facilities). Whilst it would be incumbent on participants who complete the programme to take some responsibility for organising such activities themselves, it would be helpful if some form of ongoing support and mentoring could be provided. The Glasgow Celtic Football Club 'Veteran's Programme is a good example of what can be put in place in this regard.

5.7 Involve those tasked with conducting the evaluation from the outset

The Larkin Centre is to be complemented on (i) conducting a programme evaluation and (ii) keeping detailed records of all data relating to the course that fed into the evaluation. Whilst some baseline measures were gathered in relation to health and fitness, it would have been very valuable to have gathered data in other areas also (e.g. metal health, self-esteem and well-being; physical activity; knowledge/awareness of health etc). Such data could have been used to track more specific changes at the end of the programme, and, if possible, to follow up participants six months after completion of the programme. Whilst a lifestyle questionnaire examining lifestyle, exercise and diet regimes was administered at the start of the programme, there appeared



to be no follow-up data collected at the end of the programme. It is recommended therefore to involve those tasked with conducting the evaluation from the outset, and essentially, to build more holistic evaluation measures into the programme from the very outset. This, in turn, will optimise the range of data that can be gathered to assess the impact of the programme.

5.8 Conduct a follow-up evaluation of the programme

Whilst beyond the remit of this evaluation, it is recommended that a follow-up evaluation of the MHWP would provide valuable insights into the longer-term impact of the programme. Such an evaluation might also consider the economic health impact of the programme. It would also point towards the type of support measures that may be necessary to support the men to maintain and sustain the positive changes that were evident from the men's participation in this programme

5.9 Consider some specific changes to the content and format of the pilot NHWP

Provide more tailored and individualised support to men who wish to work on a particular aspect of health or health behaviour change. For example, two-thirds of participants on this course were smokers with a number expressing an interest in quitting. Future courses might avail of local smoking cessation services to support course participants who express a desire to quit smoking. Similarly, a number of participants were interested in weight loss – there may have been scope to avail of local Community Nutrition and Dietician services to provide tailored and individualised weight loss plans.

- **Provide weekly targets** (physical activity, diet etc) that some participants felt would provide the motivation to achieve their goals.

- **Provide sample diet plans**. Some participants said they would like to have received a sample diet plan for a week explaining what they should eat, portion sizes etc. They felt that this would give them a better guide to a healthy diet. This should be considered within the overall context of empowering participants to make informed decisions and to take overall responsibility for their own diets.

- **Make provision for longer health talks**. Some felt the allocated hour was not enough time as many sessions ran over time and cut into their soccer session. A suggestion of an hour and a half was made for health talks.

- **Provide an end of course fitness assessment**. Participants commented on how much they had improved in their 20m shuttle test between week one and week five, however, they would have liked to have had another test on the final week again to see their overall improvement.

- **Provide a follow up to the food diary**. Participants noted that there was no follow-up on the food diaries that they received in week one and this was a point of some confusion. It would be valuable for future courses to explain the use of this diary thoroughly at the beginning and to follow up on it after a given length of time as many participants had filled in their diary and would have liked to have it analysed.

- **Consider using a sub-maximal fitness test for older/less fit participants.** The 20 metre shuttle test requires participants to run to exhaustion, and, in light of the age/ baseline health profile of some of the participants on this course, may not be a suitable test to use for the target group. A sub maximal step test or bicycle test may have been a more appropriate choice.

- **Profile reasons and circumstances for drop-out from the course**. This may inform the approach adopted for future courses in terms of recruitment of participants and the design of course content

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