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EVALUATION OF THE IMPACT OF Paddock PATHWAYS TO HEALTH MEMBERSHIP ON BENEFICIARIES' HEALTH, WELL-BEING AND SOCIAL FUNCTIONING

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EXECUTIVE SUMMARY

INTRODUCTION

This report is the final evaluation of the Paddock Pathways to Health programme and represents an examination of PPH activities and its impact on beneficiaries over a one year period.

The Paddock Pathways to Health (PPH) project began as a local authority SRB5 bid (under the Huddersfield Healthy Living Initiative) for which Paddock Community Forum (PCF) was the main operational lead. In 2002 an application was submitted to the New Opportunities Programme (National Lottery) to create a Healthy Living Centre in Paddock. The bid was successful. The Paddock Pathways to Health project has then, in its five years, sought to encourage improved physical and psychological health, and social functioning, amongst the local community in Paddock. It has supported a wide range of initiatives targeted at specific priority groups (e.g. older people, mothers and babies/toddlers) as well as the general population of the area.

In this context, our study sought to evaluate the impact of PPH, focusing on three main research questions:

- i) What are users' reasons for engaging in activities provided through PPH?
- ii) What is the impact of involvement in PPH activities on self-rated health and well-being?
- iii) How do participants in group activities held at Paddock Village Hall experience their involvement with PPH, in the context of their views of Paddock as a community?

METHODOLOGY

This evaluation was in two main parts:

Part 1 – A longitudinal audit questionnaire survey examining issues related to involvement in PPH activities and the impact of this on health and well-being.

Part 2 – A qualitative study (focus groups, individual interviews) of three specific activity groups supported by PPH, exploring users' experiences and perceptions of their group, the other activities and facilities associated with PPH, and the wider Paddock community.

Ethics

Approval for the study was granted by the School of Human and Health Sciences Research Ethics Panel (SREP) at the University of Huddersfield.

The Questionnaire Survey

A longitudinal postal survey was carried out between June 2007 and September 2008.

Design

The survey involved three cohorts of PPH users: those who had been beneficiaries for a year in 2007 (A), new beneficiaries in 2007 (B) and new beneficiaries in 2008 (C). For Cohorts A and B the questionnaire was administered again approximately a year later. This design facilitated both longitudinal and cross-sectional comparisons.

Part 1 of the questionnaire included demographic information, and questions related to participants' involvement in PPH activities.

Part 2 included standardised measures of health and well-being (five scales from the RAND SF-36 instrument).

Sample and recruitment

Cohort A registered between April and September 2006, Cohort B between April and September 2007, and Cohort C between April and September 2008. Across all cohorts at time 1 a total of 137 participants returned questionnaires, representing a response rate of 22%. For Cohorts A and B, 48% of those who completed questionnaires at time 1 also completed at time 2. The sample was broadly representative of PPH beneficiaries in terms of gender, ethnicity and age.

Analysis

All numerical data were entered into the statistical package SPSS for analysis. Free response items in part 1 of the questionnaire were analysed using a simple content analysis. Where appropriate, chi-square tests, t-tests, correlational analyses and ANOVAs were used. Differences according to the nature of activities were analysed, but because of the small sample sizes these were further grouped into wider categories: *health/conventional*, *alternative/complementary health*, and *interests and hobbies*.

The Focus Group Study

Design

Focus group interviews with participants from three selected activities were used. A number of individual interviews were also undertaken.

Sample and recruitment

The three activity groups were based at the Village Hall.

Shared Church Coffee Call-in:

Participants in study: 4 plus group leader; 3 male, 1 female. Age range 58–82. Ethnicity: White British.

Craft Group:

Participants in study: 10 plus group leader (includes carer and volunteer helper); 2 male, 8 female. Age range: 42–86. Ethnicity: 8 White British, 2 Asian.

PALS Exercise Group:

Participants in study: 6 plus group leader; 1 male, 5 female. Age range: 68–88. Ethnicity: White British.

Six individual interview participants were selected, two from each focus group.

Interview procedure

Focus group interviews were held in Paddock Village Hall. All but one of the individual interviews took place at the Village Hall meeting room, the other one took place in the participant's home. All interviews were audio-recorded with participants' consent.

Analysis

All the interviews were transcribed in full, and analysed using “template analysis” (King, 2004). The technique involves a systematic process of developing potential themes, applying them to a transcript, and modifying them where necessary to capture participants' meanings as fully as possible.

FINDINGS

The Questionnaire Survey

Part 1 of the questionnaire focused on participants' involvement in PPH activities, as well as collecting demographic information:

- Our sample was mostly female, white British, age range: 14–90 (skewed towards older people). Participants heard about PPH activities through health professionals, family and friends, and PPH publicity.
- Convenience of location and time were the most common reasons people joined PPH activities.
- At Time 2, participants were strongly positive about their involvement in PPH over the previous year. Most did not feel that improvements were

needed – they thought services and facilities were good or excellent as they were.

- Around half who were Paddock residents said that involvement in PPH made them feel more positive about the area generally.

Part 2 looked at the relationships between involvement in PPH activities and the RAND SF-36 instrument: General Health, Health Change, Energy/Fatigue, Emotional Well-being and Social Functioning.

Longitudinal comparisons for both cohorts (A and B) show generally improved health and well-being over time.

Specifically:

- Cohort A, who have been involved in PPH for the longest time, showed that Emotional Well-being and Energy levels improved over time.
- Cohort B respondents reported an improvement in health over time (Health Change) and a near significant improvement in General Health over time. For all other measures there was improvement over time.
- Cohort A, who took part in activities in the *health/conventional* category, showed a significant improvement in Energy/Fatigue over time. The reverse was found for those who took part in activities in the *alternative/complementary* category.
- When compared with the control condition (Cohort C), Cohort B did show a significant difference in Energy levels and the general pattern on all measures was in a positive direction.
- Correlational analysis between the attendance data (covering the six months of Time 2 data collection) and the SF-36 scales showed mostly small negative correlations.

The Focus Group Study

Three main themes (and a number of sub-themes) were identified. Two integrative themes, 'Getting older' and 'The world going down the plug-hole' pervaded all three main themes.

Us as group

Looking inward

- There is strong evidence that involvement in group activities provided an invaluable source of social support for members.

Looking outward

- The Coffee Call-in group showed strong connections to other faith-related initiatives. Craft Group members engaged in craft work outside of the group, making gifts for family and friends. PALS Group members exercised at home as well as in the classes at the Village Hall.

Perceptions of Paddock

- Participants gave mixed views on Paddock as a community. There were differences within and between groups.
- Negative perceptions reflected wider views of contemporary society rather than problems unique to Paddock.

People

- Perceptions of Paddock people were mixed: Paddock was at once seen as a good old-fashioned neighbourhood but also perceived as a place where locals just didn't care.
- Intergenerational and inter-racial issues were raised.

Physical space and facilities

- The geography of Paddock played an important part in people's perceptions of it as a physical environment. The village is strung out along

a long main road, and thus issues that affect people at one end might not affect those at the other.

- There is a sense of decline in some of the descriptions of facilities in Paddock, with participants referring to churches, shops and pubs closing. However, Paddock was compared favourably with other areas of Huddersfield in terms of opportunities to get involved in activities in the community.

Understanding and perception of PPH

Understanding of wider PPH activities

- On the whole, participants did not have a great deal of knowledge about what PPH was, or about the funding other than that it was connected to “the Lottery”.
- There was widespread knowledge of the fact that the PPH project (and the funding) was coming to an end. All three groups voiced concern about this.

Finding out about PPH activities

- Participants had quite a good knowledge of other activities and facilities available in Paddock; several had become involved in some of them.
- People tended to learn about activities through personal recommendations and through visiting the Village Hall.
- The Village Hall is viewed as a lively place that serves a crucial role in the community.

Facilities at the Village Hall

- The convenience of Paddock Village Hall as a location for services was seen as important.

DISCUSSION

Findings from part 1 of the questionnaire survey indicate quite high levels of satisfaction with the activities participants have been involved with through PPH.

The reasons users gave for engaging in PPH activities centred on the central location of activities (at the Village Hall in particular). User engagement with PPH demonstrates that the availability of locally based facilities that are easily accessible is a factor in why people take up health-related activities.

The survey showed that the project worked successfully in partnership with other health care providers, evident in the high uptake of activities based on GP/Health Visitor referral. Many users had, through visiting the Village Hall for their own activity, tried other activities too. This demonstrates that PPH has had some success in broadening the kinds of activities that people have become involved in.

Findings from part 2 of the questionnaire (the SF-36 scales) have been limited somewhat by the low response rate – especially for Cohort A. Longitudinal comparisons for both cohorts (A and B) show generally improved health and well-being over time. Of course, there could be other factors in people's lives in the community causing this effect. Analyses relating to attendance revealed some negative relationships with health and well-being measures. Looking at the other findings, such as the comparison of mean scale scores by attendance categories, the conclusion that coming to PPH activities actually impairs health and well-being seems highly implausible. It is much more likely that many of those who are very high attenders have enduring health problems which in themselves are likely to make them feel negative about their general health, levels of fatigue and emotional well-being.

Our sample was heavily biased towards those involved in health-related activities (*health/conventional* category with its strong showing for physiotherapy). Within and across cohorts, analysis shows Social Functioning is the one scale that never shows a significant positive finding. It could be that PPH activities in general do not have a strong impact on this aspect of well-being, but we suspect that the nature of the sample is the key factor here.

The data from part 2 of the questionnaire do offer some confirmation of a positive relationship between involvement in PPH activities and health and well-being.

Results from the focus group study show strong evidence that involvement in specific group activities held at the Village Hall provided an invaluable source of social support for members. We have seen in the longitudinal survey that those who had attended PPH activities for a year had higher health and well-being scores than a control group of new beneficiaries. On this evidence, PPH appears to have been successful in fostering activities that combat social isolation and improve the individual's sense of well-being.

Perceptions of Paddock as a community were mixed across and within the groups and views were often contradictory. The area was at once seen as a good old-fashioned neighbourhood by some participants but also perceived as a place where locals just didn't care. Litter and vandalism were major bugbears. Intergenerational issues were also raised, with a perceived lack of engagement from young people despite some promising projects such as the benches and landscaping at the Royds roundabout. Attitudes to the Asian community were also mixed, in that whilst a "them and us" attitude was expressed, there was also a real sense of wanting to move towards a sharing of resources and social time for communities. Negative aspects of Paddock were not seen as unique to this area, but rather as a symptom of more general decline in society. Participants' involvement in their groups at Paddock Village Hall served as something of an "antidote" to the common feeling of "the world going down the plug-hole". In addition, half of Paddock residents in the Time 2 questionnaire sample said that involvement in PPH had made them feel more positive about the area as a whole. This is particularly encouraging.

Participant awareness and understanding of PPH aims and its relationship to the Lottery was sketchy, although there was an awareness of PPH's role in capital-build projects (reception annexe). The end of PPH was perceived as threatening

to the future of the groups, and provoked anxiety about the continuation of other activities. Groups were not simply defeatist about possible future difficulties and were taking positive action to ensure their future.

PPH has been well-placed to identify projects which provide services to the community that are key to individual well-being. In this sense, PPH's legacy is that it has been very successful as a “connector” or conduit for the growth and development of community groups and in so doing has provided opportunities for enhanced individual well-being. In a practical sense too, all groups in the study have benefited from the provision of space for their group to meet as well as support from project staff.

CONCLUSIONS

There are a number of key issues which both studies address and which benefit from an integration of their findings.

The physical location of PPH

The fact that the Village Hall is located in the middle of the village helps it to play a strong role in providing a sense of community.

Paddock as a community – and PPH’s role in it

There was a strong (though by no means consensual) view that Paddock as a community suffered many of the problems of contemporary urban life. Attending activities provides social interaction, a sense of belonging and a safe environment.

The future of PPH activities

The main emphasis regarding the future was not on new developments but on maintaining and protecting what people already had.

RECOMMENDATIONS

Practice

We propose the following recommendations for those supporting, managing, and/or commissioning community-based activities in Paddock.

Supporting current groups and services

Groups and services that PPH has supported play a major role in providing meaningful social contact and activity for members, therefore we would urge the continued support of existing groups.

Addressing perceptions of “us and them”

Whilst Paddock is not a deeply divided community, there is a sense of different groups in the area living in rather different worlds that do not touch each other as much as they could.

Initiatives to encourage community cohesion (both inter-generational and inter-racial) can make a real contribution to helping people move out of their “comfort zones” and recognise common interests that can bring them together.

Diversifying involvement in activities

To build on the successes of PPH in getting people to try things they might not have otherwise considered, initiatives such as “free trial” schemes should be pursued.

Research and evaluation

There is a need for further research in the community at large, focusing on people's awareness of services and activities, and their views on what could be provided in future.

We would suggest that a variety of research methods and ways of approaching potential participants should be employed. These could include:

Individual stories of involvement in community-based activities

Research with individuals over an extended period of time exploring how involvement impacts on their wider lives would give further insight into the value of community-based activities.

User involvement in research and evaluation

We would recommend stronger user involvement in research and evaluation processes as a whole in order to access hard to reach sectors of the community. This could be by involving users in project design from the start, through consultative groups; community researchers could be trained and employed, with appropriate professional supervision.

Reference

King, N. (2004) "Using templates in the thematic analysis of text", in Cassell, C. and Symon, G. (Eds.) *Essential Guide to Qualitative Methods in Organizational Research*, London: Sage Publications.

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INTRODUCTION

In 1999 the UK government published a white paper, “Saving Lives: Our Healthier Nation”. Its twin aims were to:

- improve the health of the population as a whole by increasing the length of people's lives and the number of years people spend free from illness;
- improve the health of the worst off in society and to narrow the health gap.

(DoH, 1999).

The white paper was the government's first comprehensive plan to tackle the major health threats facing the UK population, including cancer, coronary heart disease, stroke and mental illness. It marked a reorientation of the NHS towards the local delivery of health care and for Primary Care Trusts (PCTs) to have new responsibilities for public health. It also coincided with funds becoming available from the National Lottery's New Opportunities Fund, from which the New Opportunities Programme (NOP) became the body responsible for the development and delivery of the aspects of the new health strategy.

A key initiative in the strategy was the establishment of Healthy Living Centres (HLCs). The central aims of the HLCs were to:

- promote good health in its broadest sense;
- include a range of facilities, such as health screening facilities, dietary advice, smoking cessation, employment, training and skills schemes, parenting classes, exercise classes and child care;
- involve the local community in the planning of the projects.

(DoH, 1999)

As such, there was an emphasis on the involvement of local communities in all aspects of project development and delivery. In total, 350 HLCs have been

established across the UK since 2002, of which Paddock Pathways to Health is one.

Paddock is a suburb of Huddersfield, West Yorkshire. Its growth (and demise) were linked to textile manufacturing, which was a major employer until the 1960s. It was one of the 20% most deprived wards in England (Kirklees Metropolitan Council, 2008). The Paddock Pathways to Health (PPH) project began as a local authority SRB5 bid (under the Huddersfield Healthy Living Initiative) for which Paddock Community Forum (PCF) was the main operational lead. PCF is a voluntary sector organisation run by its members which supports community projects that aim to make Paddock a better place to live and work. The proposals and ideas contained in the Stage 2 Healthy Living Initiative bid were endorsed by the local community using a community consultation tool called Planning for Real.

The Stage 2 bid was forged in partnership with the Huddersfield Healthy Living Initiative, the local PCTs and local council Social Services Department (Kirklees Metropolitan Council) and contained a raft of health initiatives under the banner of Paddock Pathways to Health. These initiatives embraced the HLC's remit to improve health in its broadest sense. Projects therefore ranged from improvements to allotments (and the establishment of a community allotment with raised beds for disabled residents), to podiatry services offered from the heart of the village in the Village Hall, to exercise classes and a craft group which has provided much needed support for isolated elderly residents. The Stage 2 bid was successful and Paddock Pathways to Health began in 2002.

The Paddock Pathways to Health project has, in its five years, sought to encourage improved physical and psychological health, and social functioning, amongst the local community in Paddock. It has supported a wide range of initiatives targeted at specific priority groups (e.g older people, mothers and babies/toddlers, ethnic minorities) as well as the general population of the area.

The Centre for Applied Psychological Research (CAPR) at the University of Huddersfield was commissioned by Paddock Pathways to Health to carry out a series of evaluations of its projects. These include a survey of participants' views of the Tai Chi group, community-based podiatry and physiotherapy services, and an in-depth study of the impact of the allotment renovations on the health and well-being of allotmenters. This report is the final evaluation of the Paddock Pathways to Health programme and represents an examination of all PPH activities and its impact on beneficiaries over a one year period.

OVERVIEW OF THE EVALUATION

This evaluation was in two main parts. The first was a longitudinal audit questionnaire survey examining issues related to involvement in PPH activities and the impact of this on health and well-being. The second was a qualitative study of three specific activity groups supported by PPH, exploring users' experiences and perceptions of their group, the other activities and facilities associated with PPH, and the wider Paddock community. This used focus groups, supplemented by individual interviews with two members from each group. We will present an account of each part separately (i.e. method, findings and discussion), followed by a conclusion section for the evaluation as a whole which will include recommendations for practice and future research.

THE QUESTIONNAIRE SURVEY

AIMS

1. To examine users' reasons for engaging in activities provided through PPH.
2. To examine the impact of involvement in PPH activities on self-rated health and well-being.

METHOD

This part of the evaluation used a longitudinal postal questionnaire, and was carried out between June 2007 and September 2008.

Design

The survey used a longitudinal design, involving three cohorts of PPH users, based on when participants first registered as beneficiaries with PPH. Cohort A registered between April and September 2006, Cohort B between April and September 2007, and Cohort C between April and September 2008. Cohorts A and B received their Time 1 (T1) questionnaires between June and September 2007, and their Time 1 (T2) questionnaires in June 2008. Cohort C only received the T1 questionnaire, between April and September 2008.

The survey was designed in this way to facilitate both longitudinal and cross-sectional comparisons, in order to effectively address Aim 2. This enabled us to look at whether people's health and well-being improved over a year after joining PPH, and also whether those who had been members for a year were doing better than those who had just joined.

Table 1: When beneficiaries joined PPH and data collection dates for each cohort.

| Cohort | Date joined PPH | Time 1 (T1) questionnaire sent | Time 2 (T2) questionnaire sent |
|---------------|--------------------------------|---------------------------------------|---------------------------------------|
| A | April – Sept 2006 ¹ | October 2007 | June 2008 |
| B | April – Sept 2007 | June – Sept 2007 | April – Sept 2008 |
| C | April – Sept 2008 | Sept 2008 | |

Questionnaires

The questionnaires were in two parts. Part 1 included demographic information, and questions related to participants' involvement in PPH activities. Part 2 included standardised measures of health and well-being. The Time 2 questionnaires for Cohorts A and B differed in some of the questions used in part 1, while part 2 remained the same in both versions.

Part 1 at Time 1 (T1) included the following questions:

- What activity did you join PPH to do?

- How did you first find out about this PPH activity?

¹ Note **six** participants gave a start date on their questionnaire earlier than April 2006. We decided to take the PPH record as definitive for our purposes.

- Is there anywhere else you could have got involved with this activity? If yes, why did you choose PPH?
- Are there any other activities that you have taken part in over the last year (Cohort A)/that you plan to take part in over the coming year (Cohort B)? If yes, please list.

At T2, participants were asked to reflect on their involvement in activities over the last year and answer the following questions:

- Do you have any suggestions for how services could be improved?
- Has your involvement in PPH activities made you feel more positive about living in the area?
-

They were also asked whether they would be interested in hearing more about a range of potential activities for the future, relating to food and health, families, and the environment.

Part 2 used four scales from the Rand SF36 instrument² – a widely used set of scales measuring health and well-being. We selected the scales that were most pertinent to a wide range of PPH activities, namely:

- General health
- Health change³
- Energy/fatigue
- Social functioning
- Emotional well-being

² http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html

³ i.e. Whether and in what direction they feel their health has changed over the previous year

Copies of both T1 and T2 versions of the questionnaire are included in Appendix 1.

In addition to the questionnaire data, we were able to access information on attendance frequencies for Cohorts A and B during the six months prior to the end of T2 data collection (i.e. April to September 2008).

Sample and recruitment

In our data collection periods, we sought to sample all new members of PPH, indicated by the provision of a beneficiary number. To encourage participation, PPH offered entry to a prize draw for everyone who returned a questionnaire in each of the two data collection periods.

For Cohort A, all members who had received a beneficiary number between April 1st and September 30th 2006 were identified from PPH records by a member of their staff, and they were sent a copy of the questionnaire, an information sheet about the survey (see Appendix 2) and a pre-paid return envelope.

Questionnaires were sent out in October 2007. A reminder letter and fresh copies of the questionnaire and information sheet were sent to non-respondents.

For Cohort B, recruitment was a little more complex. We began the study in June 2007, but decided that we would include new beneficiaries from April of that year, to maximise respondent numbers; April and May 2007 joiners were therefore recruited by post in the same manner as Cohort A. For June to September joiners, our initial strategy was to ask PPH reception staff to hand questionnaire packs to all new beneficiaries in this period. However, within about a month it became apparent that for whatever reason, some new beneficiaries may not have been receiving the packs. We therefore reverted to postal recruitment for the rest of the period. Questionnaires were sent out in batches approximately at

the end of each month. Non-respondents were sent one reminder letter along with an extra copy of the questionnaire and information sheet.

Cohort C was recruited solely by post, again with questionnaires sent in approximately monthly batches between April and September 2008. Because of time constraints on the evaluation, reminder letters were not sent to Cohort C.

Respondent numbers and response rates for all three cohorts are shown in Table 2 below.

Table 2: Respondent numbers and response rates from all three cohorts.

| | Number of questionnaires distributed Time 1 | Number of returns Time 1 (% response rate) | Number of questionnaires distributed Time 2 | Number of returns Time 2 (% response rate) |
|-----------------|---|--|---|--|
| Cohort A | 268 | 43 (16%) | 43 | 19 (44%) |
| Cohort B | 179 | 48 (27%) | 48 | 25 (52%) |
| Cohort C | 182 | 46 (25%) | n/a | n/a |
| Total | 629 | 137 (22%) | 91 | 44 (48%) |

As can be seen, the response rate for Cohort A (who were recruited retrospectively at Time 1) is considerably lower than that of the other two cohorts.

Hypotheses for part 2 of the questionnaire

If involvement in PPH activities impacted positively on health and well-being, we would expect Cohort A and B participants at T2 to score more positively than they did at T1.

Hypothesis 1

Cohorts A and B will score significantly higher on the health and well-being variables at T2 than at T1.

We would also expect that those who had been with PPH for approximately a year would score higher than those who had just joined. In effect the new joiners act as a control group for the established members. Therefore we would predict that Cohort B participants at T2 (i.e. already members since the previous year) would score higher than the newly-joined Cohort C participants.

Hypothesis 2

Cohort B at T2 will score significantly higher than Cohort C on the health and well-being variables.

However, for this to be a valid comparison we would need to show that Cohort B at Time 1 did not differ significantly from Cohort C on the SF36 scales – otherwise differences with B at T2 might just reflect the fact that Cohort B had better health and well-being all along. Similarly, we would want to show that the two cohorts did not differ substantially in age, gender and ethnicity profiles, or the activities in which they took part.

Analysis

All numerical data were entered into the statistical package SPSS for analysis. The free response items in part 1 of the questionnaire were analysed using a simple content analysis to reveal the main categories of response to each. Where appropriate, chi-square statistics were calculated to examine whether comparisons of responses revealed significant differences – for instance, were older people more likely than younger people to feel that their views of Paddock had become more positive through involvement in PPH activities?

As well as the longitudinal comparisons within Cohorts A and B, and the cross-sectional comparisons between Cohorts B and C, we wanted to examine whether there were differences according to the nature of the activities people engaged in

via PPH. Because there were a large number of different activities, some with very few participants in our samples, it was necessary to group these into wider categories: *health/conventional*, *alternative/complimentary health*, and *interests and hobbies*.

Regarding the data on attendance at PPH activities and services, we did not formulate specific hypotheses as to how this might impact on the health and well-being variables. This was because it was not clear what direction of relationship we would expect to see. On the one hand, if people benefit from involvement in PPH activities, we might expect higher attendance to be positively related to health and well-being outcomes. On the other hand, where people are attending activities or services because of health-related problems, we might expect those who have more serious and persistent problems to attend more often and also to exhibit less positive health and well-being status, than those who problems are less serious and/or persistent. That would therefore lead to a negative relationship between attendance frequencies and SF36 scale scores. We therefore took an exploratory approach to examining how these variables were related (if at all),

FINDINGS

Demographics and cohort characteristics

We will examine the findings from the two parts of the questionnaire in turn. Before this, though, we present in Table 3 the demographic data (age, sex and ethnicity) for each cohort at each time period. Table 4 shows activity types and table 5 shows the place of residence (by postcode) for each cohort at each time period.

Table 3: Demographic characteristics of each cohort.

| | Age | | Gender | | Ethnicity | Total N |
|---|------|-------|----------------|--------------|---|------------|
| | Mean | Range | Male | Female | | |
| Cohort A Time 1 | 52 | 27-87 | 16 | 27 | White-English 29 All others 7 Missing/not declared 7 | 43 |
| Cohort A Time 2 | 62 | 34-87 | 9 | 10 | White-English 16 All others 3 | 19 |
| Cohort B Time 1 | 49 | 14-90 | 9 | 39 | White-English 30 All others 9 Missing/not declared 9 | 48 |
| Cohort B Time 2 | 56 | 14-90 | 6 | 19 | White-British 19 All others 6 | 25 |
| Cohort C | 46 | 19-86 | 5 | 41 | White-British 41 All others 3 Missing/not declared 2 | 46 |
| All Time 1 | 49 | 14-90 | 30 (22%) | 107 (78%) | White-British 100 (84% - excluding missing data) All others 19 (16% - excluding missing data) Missing/not declared 18 | |
| Overall Paddock Beneficiary data | n/a | n/a | 2,144 (30%) | 922 (70%) | White-British 2,452 (80%) All others 614 (20%) | |

At both times, Cohort A has a higher mean age and a much higher proportion of male participants than the other two cohorts. Comparing all time 1 data with PPH monitoring data for all beneficiaries at 31st December 2008, our sample can be seen to be reasonable representative in terms of gender and ethnicity. [add re age]

...

Table 4: Activity categories, with frequencies for each cohort at each time.

| Activity category | Activities included | Cohort A Time 1 | Cohort A Time 2 | Cohort B Time 1 | Cohort B Time 2 | Cohort C |
|---|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| Health/conventional | physiotherapy, podiatry, PALS, keep fit, aerobics, chair exercise, tone and strength, heartline, pain management | 21 | 9 | 31 | 20 | 24 |
| Alternative/complementary health | aromatherapy, reflexology, tai chi, holistic massage, baby massage, pilates | 16 | 7 | 7 | 2 | 16 |
| Interests and hobbies | Arabic and Urdu, literacy and numeracy, learning English, computer classes, photoshop, craft group, Coffee Call-in, gardening/allotments, salsa | 2 | 1 | 8 | 3 | 3 |

In all three cohorts, at both times (for A and B), Health/conventional was the most common category of activity reported. Cohort B (at both times) were less likely than Cohorts A and C to report Alternative/complementary health activities.

Across all three cohorts at T1, the most common activities which participants said they had joined PPH to do were physiotherapy (n=39), baby massage (n=22) and keep fit (n=16). Note, though, that baby massage numbers were low in Cohort B (n=4) and keep fit numbers were low in Cohort A (n=1).

Table 5: Place of residence (by postcode) for all participants.

| Postcode | Coh A Time 1 | Coh A Time 2 | Coh B Time 1 | Coh B Time 2 | Coh C |
|----------|-----------------|-----------------|-----------------|-----------------|-------|
| HD1 | 11 | 7 | 14 | 7 | 11 |
| HD2 | 4 | 3 | 3 | 2 | 7 |
| HD3 | 15 | 4 | 11 | 6 | 20 |
| HD4 | 1 | 0 | 10 | 2 | 0 |
| HD5 | 0 | 0 | 3 | 2 | 1 |
| HD6 | 0 | 0 | 0 | 0 | 2 |
| HD7 | 9 | 3 | 1 | 1 | 4 |
| HD8 | 1 | 1 | 1 | 0 | 1 |
| HD9 | 1 | 1 | 5 | 5 | 0 |
| WF14 | 1 | 0 | 0 | 0 | 0 |

The most common home postcodes of respondents were HD1, HD3 and HD7. This suggests that a large number of respondents live in Paddock (HD1 and part of HD3) and adjacent areas such as Lockwood, Hillhouse, Marsh and Huddersfield town centre.

Involvement in PPH activities (part 1 of the questionnaire)

Attending activities at Paddock

When asked at T1 what activities they had joined PPH to do, the most common responses were physiotherapy (39 participants), keep fit (18), Tai Chi (16) and Baby Massage (14). A total of seventeen other activities/services were mentioned, of which twelve only had a single participant in all three T1 cohorts.

When asked how they found out about the activity they joined, the most common response was through referral or recommendation from a health professional (n= 80, representing 58.5% of total who provided this information, including 23% hospital referral; 14.5% GP referral; 14% Health Visitor). This reflects the large proportion of participants who attended for physiotherapy and for other health-related activities and services. There was also a substantial proportion of people who had found out about their activity through family and friends (n=23, 17%), and through PPH's own publicity (n=20, 15.5%) such as fliers and posters in the village and the Village Hall, and in two cases through advertisements in local newspapers.

When asked whether they could have taken part in the same kind of activity elsewhere, 65 said 'yes', representing 52% of all those who answered this question; sixty-one said 'no' and eleven did not respond. The most common reasons people gave for choosing to attend at Paddock related to the convenience of the location (n=29, 45%), the time of activities (n=11, 17%), and availability of parking (n=7, 11%). Other reasons given included cost and prior knowledge of the activity leader/instructor.

At T1, no participants from cohort A that they had taken part in a second activity within the last year. Similarly, none of the new beneficiaries from Cohort B said they planned to join a second activity, though one from Cohort C reported planning to do so. When we look at the T2 responses (Cohorts A and B) we see that now 26% of Cohort A (5 out of 19) and 28% of Cohort B (7 out of 25) said they had taken part in more than one activity over the intervening year.

Looking back: suggested improvements, experience of services and interest in future developments.

This group of questions was included in the T2 questionnaires for Cohorts A and B, and asked participants to reflect back on their previous year's involvement in PPH activities. When asked what improvements they'd like to see, the majority of

those who responded (10 out of 18: 53%), explicitly stated that they could not suggest improvements because facilities and services were good or excellent as they were. A typical comment was: “a very good keep fit class at the Meeting House in Paddock. I have felt so much better for going to this class on Wednesday evenings”.

Where suggestions were offered they tended to be practical ones to do with the timing of services which could be offered outside of office hours. Other suggestions included showering facilities and having drinking water/refreshments more readily available. Concern was also voiced about how changes to groups were to be funded post-PPH.

Thirteen participants provided more general comments about their experiences of PPH facilities and services included the friendliness of the reception staff and the convenience of the location in the heart of the community:

... for me an ideal place, out of the busy town with good parking nearby. Since I started I have had physiotherapy as well as aromatherapy, back massage and computer sessions. Another bonus is being able to come and use the computers (out of class time).

We asked participants at T2 whether their involvement in PPH activities made them feel more positive about living in the area. Thirteen out of 32 who responded (41%) said that it had, with the rest quite evenly divided between “no” (n=9) and “not sure” (n=10). When we just focus on participants in postcode areas HD1 and HD3, which cover Paddock and its immediate environs, we find that 52% of respondents state that they now feel more positive about the area (11 out of 21).

In the final section of part 1 of the questionnaire, respondents were asked to consider the future of their community and to indicate the kinds of projects they

would like to see provided. The table below shows preferences for the different types of activity.

Table 6: Expressions of interest from Cohorts A and B about future projects ideas.

| Food and Health Activities | Yes | No |
|---|----------|----------|
| Healthy eating on a budget | 19 (43%) | 25 (57%) |
| Cook and eat – cooking from fresh ingredients | 13 (30%) | 31 (70%) |
| Growing your own food | 8 (18%) | 36 (82%) |
| Family-Based Activities | | |
| Exercise for families | 12 (27%) | 32 (73%) |
| Computing for families | 12 (28%) | 31 (72%) |
| Environmental Activities | | |
| Restoring green spaces | 9 (20%) | 35 (80%) |
| Improving footpaths | 11 (25%) | 33 (75%) |

Healthy eating activities appear to be the most popular of the projects proposed (43% would like advice on healthy eating on a budget). There does appear to be a moderate interest in family-based activities and environmental projects.

Impact on health and well-being (part 2 of the questionnaire)

The data from the five SF36 scales were analysed statistically in order to test the hypotheses stated above. Descriptive data relating to these scales are presented for each cohort in Tables 7, 8 and 9.

Table 7: Descriptive data from SF36 scales for Cohort A.

| | Mean | | Standard deviation | | Range | |
|-----------------------------|--------|--------|--------------------|--------|----------|--------|
| | Time 1 | Time 2 | Time 1 | Time 2 | Time 1 | Time 2 |
| Health change | 58.1 | 48.7 | 26.2 | 10.1 | 25-100 | 25-75 |
| General health | 57.8 | 56.2 | 27.3 | 20.6 | 5-100 | 25-90 |
| Energy | 50.1 | 52.1 | 24.9 | 22.7 | 0-90 | 10-85 |
| Social functioning | 75.6 | 71.0 | 27.6 | 33.3 | 12.5-100 | 0-100 |
| Emotional well-being | 68.5 | 73.1 | 18.0 | 18.6 | 32-100 | 32-100 |

Table 8: Descriptive data from SF36 scales for Cohort B.

| | Mean | | Standard deviation | | Range | |
|-----------------------------|--------|--------|--------------------|--------|----------|----------|
| | Time 1 | Time 2 | Time 1 | Time 2 | Time 1 | Time 2 |
| Health change | 61.5 | 68 | 23.0 | 22.2 | 25-100 | 25-100 |
| General health | 69.0 | 73.4 | 16.5 | 16.5 | 35-100 | 35-100 |
| Energy | 63.2 | 67.0 | 18.1 | 19.8 | 10-100 | 30-100 |
| Social functioning | 81.0 | 87.0 | 21.7 | 21.9 | 12.5-100 | 12.5-100 |
| Emotional well-being | 75.7 | 80.4 | 16.8 | 16.5 | 32-100 | 40-100 |

Table 9: Descriptive data from SF36 scales for Cohort C.

| | Mean | Standard deviation | Range |
|-----------------------------|-------------|---------------------------|--------------|
| Health change | 59.4 | 22.8 | 25-100 |
| General health | 68.8 | 18.3 | 20-100 |
| Energy | 54.2 | 18.9 | 15-85 |
| Social functioning | 79.4 | 23.6 | 12.5-100 |
| Emotional well-being | 73.6 | 14.8 | 48-96 |

Longitudinal comparisons

In order to test hypothesis 1, we compared T1 and T2 data for Cohorts A and B, using t-tests. For Cohort A, only Emotional Well-being showed a significant difference, with respondents at T2 scoring higher than at T1 ($t = -2.693$, $df = 16$, $p = .016$). Of the scales that did not show a significant difference, the Energy scale showed an improvement over the period from T1 to T2 while the rest showed declines over the same period.

For Cohort B, only Health Change showed a significant difference; respondents at T2 were more likely to report that their health had improved over the previous year than they were at T1 ($t = -2.864$, $df = 24$, $p = .009$). There was also a near-significant improvement in the General Health variable between T1 and T2 ($t = -1.893$, $df = 24$, $p = .07$). On all the other scales, the non-significant differences were in a positive direction.

To take into account possible differences by activity type, we carried out these comparisons again, for Health/conventional and Alternative/complementary health separately. (The numbers in the Interest and hobbies category were too small to allow useful comparisons longitudinally.) The one notable finding was that for Cohort A, there was a significant improvement in Energy/fatigue scores between the two time periods ($t = -2.679$, $df = 7$, $p = .032$) for participants who were in the Health/conventional category. However, in the Alternative/complementary health category, Energy/fatigue actually fell significantly over time ($t = 4.392$, $df = 5$, $p = .007$).

Cross-sectional comparisons

Before testing hypothesis 2, we compared Cohort B/T1 with Cohort C, to check whether that they had similar demographic profiles and that their scores on the SF36 scales were not significantly different. As noted above, this was because

we wanted to be as sure as possible that any significant differences between B/T2 and C could be attributed to the effects of involvement in PPH activities.

Cohorts B/T1 and C did not differ significantly in age or gender. Cohort B/T1 had a higher proportion of participants from non-white/English backgrounds than Cohort C (chi-square = 4.419, df = 1, p = .036). Cohort B/T1 also had a lower proportion of participants in the Alternative/complementary health category than Cohort C, and correspondingly higher proportions in the other categories (chi-square = 6.592, df = 2, p = .037).

Based on independent groups t-tests, Cohort B/T1 scored significantly higher than Cohort C on one of the SF36 scales – Energy/fatigue ($t = 2.353$, $df = 91$, $p = .021$). The mean scores for B/T1 and C on this scale were 63.2 and 54.2 respectively. On all the other scales, B/T1 scored higher, but only by a small amount – the largest mean difference was +2.02 – and none of these came anywhere close to statistical significance.

Turning to the comparisons between Cohort B/T2 and Cohort C, again only Energy/fatigue showed a significant difference on an independent groups t-test ($t = 2.666$, $df = 68$, $p = .01$). The mean scale scores for B/T2 and C were 67.0 and 54.2 respectively. Emotional Well-being came close to significance, again with B/T2 scoring higher (80.4 compared to 73.6: $t = 1.747$, $df = 68$, $p = .085$). On all the other scales, B/T2 scored higher again. It was notable that these non-significant differences in favour of B/T2 were much larger than they had been in the comparison between B/T1 and C. They ranged from +4.68 to +8.56.

Attendance data

When we look at the attendance data covering the six months of T2 data collection, we see a very wide range. A substantial minority ($n=29$, 21%) had not attended at all (or had no record of having attended), while six had attended 15 or more times – the maximum being 38. We carried out correlational analyses

(Pearson’s r) between attendance scores and the SF36 scales. These showed mostly small negative correlations; however, for Emotional Well-being the coefficient did reach statistical significance ($r = -.25$, $n=88$, $p=.017$). However, looking at the distribution of the data, it seemed possible that this pattern reflected a situation where some of the very high attenders were people with persistent and debilitating health problems, who not surprisingly might show low scores on health and well-being related measures. It was notable, too, that the scale which did not show a negative correlation was Social Functioning – the one least directly addressing specifically health-related effects. To investigate further we divided participants into four attendance rate categories (zero, 1-5, 6-10, 11 or more), and compared the mean scores between these groups on the five scales, using oneway ANOVAs. Table 10 shows the mean scores for each attendance category on each scale.

Table 10: mean scores for each attendance category on SF36 scales.

| | Zero attendances | 1-5 attendances | 6-10 attendances | 11+ attendances |
|-----------------------------|------------------|-----------------|------------------|-----------------|
| Health change | 63.8 | 60.0 | 54.6 | 55.4 |
| General health | 70.6 | 68.7 | 72.7 | 56.4 |
| Energy/fatigue | 67.2 | 50.9 | 61.8 | 52.5 |
| Social functioning | 79.7 | 80.5 | 86.4 | 75.0 |
| Emotional well-being | 82.2 | 72.8 | 78.5 | 67.5 |

There is some tendency for the zero attendance category to score high, representing positive health/well-being. It is the highest for three scales: Health Change, Energy/Fatigue and Emotional Well-being. There is the inverse pattern

for the 11+ attendance category, which is the lowest for three scales: General Health, Social Functioning and Emotional Well-being. However, there is far from being a consistent pattern in this direction – for instance, for both Social Functioning and General Health, the highest mean scores were in the 6-10 attendances category.

On the ANOVAs, these group differences were significant for two scales: Energy/Fatigue ($F = 4.368$, between groups $df = 3$, within groups $df = 84$, $p = .007$), and Emotional Well-being ($F = 3.647$, between groups $df = 3$, within groups $df = 84$, $p = .016$). A third, General Health, approached significance ($F = 2.320$, between groups $df = 3$, within groups $df = 84$, $p = .081$).

DISCUSSION

The findings from part 1 of the questionnaire indicate quite high levels of satisfaction with the activities participants have been involved with through PPH. This is evident in the common response amongst participants at T2 that there was no need for improvement to the existing services and facilities as they were already good or excellent. The fact that over half of Paddock residents in the T2 sample said that involvement in PPH had made them feel more positive about the area as a whole is particularly encouraging. The expression of interest in future developments – especially regarding health eating on a budget – shows there is the potential to build successfully on existing activities.

The location of PPH activities (at the Village Hall in particular) is clearly important to participants. The central location in Paddock, with ample free parking, is a key factor in people's decision to come to these activities instead of alternatives elsewhere.

When we look at how people heard about PPH activities we see they have done so from a good cross-section of sources: health professionals (reflecting the predominance of health-related activities amongst our sample), friends and families, and PPH's own publicity. This implies that PPH has been successful in establishing a presence in Paddock, though clearly to judge exactly how successful we would want to gather data on awareness amongst the wider community.

Moving on to the findings from part 2 of the questionnaire (the SF36 scales), we have presented both longitudinal and cross-sectional comparisons between cohorts. Our analysis is limited somewhat by the response rate – especially for Cohort A – but even so, longitudinal comparisons for both cohorts (A and B) show generally improved health and well-being over time. Of course, we cannot be at all sure that such improvements were due to PPH membership; there could be other factors in people's lives in the community causing this effect.

To increase confidence in attributing gains in health and well-being to PPH membership, we ideally needed to compare those who had attended with a control group of non-attendees. It would have been well-nigh impossible to recruit a control group from the community in general. Even disregarding the major difficulty of defining a sample and finding an effective way to approach them, we would have been very unlikely to get the kind of response rate we required from those who had had no involvement in PPH. After all, only 22% of those we approached who did have a stake in the subject of the survey (i.e. as PPH beneficiaries) returned questionnaires. However, we were able to use new PPH beneficiaries (Cohort B/T1 and Cohort C) as a proxy for a non-beneficiary control group, to compare with those who had been members for a year (Cohort B/T2).

The comparisons between B/T2 and C were only significant for one scale, Energy/fatigue, and given that B/T1 also differed significantly from C on this measure, it is possible that the former finding just reflected the fact that Cohort B

had higher energy levels and less fatigue than Cohort C from the start. However, when we explore the B/T2 and C comparisons in more depth, the general pattern is suggestive of an effect in the predicted direction. The differences between B/T2 and C are much larger than those between B/T1 and C, and Emotional Well-being does come close to the conventional .05 level of significance. It must be borne in mind, though, that Cohort B/T1 did show some significant differences from C in ethnic mix and activity categories, making them a less than perfect match, though they were well-balanced in terms of participant age and gender.

The analyses relating to attendance revealed some negative relationships with health and well-being measures. This could be interpreted to indicate that attendance is actually having a negative impact on aspects of health and well-being. However, as this is a cross-sectional analysis (i.e. based on data at one time point, namely our T2) the direction of causality cannot be determined. Looking at the other findings, such as the comparison of mean scale scores by attendance categories, the conclusion that coming to PPH activities actually impairs health and well-being seems highly implausible. It is much more likely that many of those who are very high attenders have enduring health problems which in themselves are likely to make them feel negative about their general health, levels of fatigue and emotional well-being.

The previous point highlights the importance of the fact that our sample was heavily biased towards those involved in health-related activities, and particularly the health/conventional category with its strong showing for physiotherapy. In the analyses within and across cohorts, it is noticeable that Social Functioning is the one SF36 scale that never shows a significant positive finding. It could be that PPH activities in general do not have a strong impact on this aspect of well-being, but we suspect that the nature of the sample is the key factor here. This in part informed our choice of groups to recruit in the Focus Group study.

Our conclusions from these analyses must be tentative, especially given the relatively small sample sizes. Larger samples would have enabled us to use more complex multi-variate analyses that might have teased out more clearly how different factors were related to health and well-being outcome scores. Equally, with substantially more participants we would have obtained a clearer idea of how real the effect of PPH involvement on health and well-being actually is. With the current analyses we are left with partial support and suggestive patterns of data that limit the strength of the conclusions we can draw. Nevertheless, the data from part 2 of the questionnaire do offer some confirmation of a positive relationship between involvement in PPH activities and health and well-being.

THE FOCUS GROUP STUDY

AIM

To examine how participants in group activities held at Paddock Village Hall experience their involvement with PPH, in the context of their views of Paddock as a community.

METHOD

Design

Because this study was concerned with examining the experiences and perceptions of people involved in activities supported by PPH, our approach was qualitative, involving focus group interviews with participants from three selected activities. We felt that focus groups were the ideal main method for this study, because they enabled us not only to gather the views of individual participants, but also to get a sense of the nature of each of the groups as a whole through the interactions amongst members during the interview. Such interactions can reveal areas of both consensus and disagreement within the group, and can help to highlight the issues that are of real concern to the group (Finch and Lewis, 2005). In order to explore individual perspectives in more detail, we supplemented the focus groups with individual interviews, recruiting two participants from each group for this stage.

Sample and recruitment

We sought to recruit participants from three activity groups supported by PPH. In deciding which groups to approach, we took into account a number of factors. We wanted sufficient diversity in the type of activity to gain a variety of perspectives. At the same time, we did not want the groups to be so diverse that comparisons between them would be difficult to make. We were interested in the

way their venue, the Village Hall, was seen, and the extent to which participants found out about and got involved with other activities based there, so we chose groups that met regularly in the hall. Finally, we were particularly interested to explore issues related to social inclusion/exclusion, as these are important to PPH's mission and were not addressed in great depth in the survey study.

Considering these factors, we recruited three groups to the study:

Coffee Call-in

The Shared Church Coffee Call-in meets every Thursday morning at the Village Hall. The group consists of 15–20 regular members. Based originally at the church hall on Church Street, Coffee Call-in was formed to provide worshippers with an additional social activity. The closure of the church in 2006 saw Coffee Call-in relocated to the Village Hall. This also signified a more inclusive approach to membership away from a purely Christian one. The group's main purpose is simply to provide a social activity which consists of coffee/tea and a chat with friends, old and new.

Craft Group

The Craft Group meets every Monday afternoon at the Village Hall. It has 10–15 regular members. The aim of the group is to provide an opportunity for people with different needs and abilities to explore different art and craft techniques in a relaxed and informal atmosphere. Peer support and friendship are actively encouraged.

PALS exercise group

PALS (Physical Activity and Leisure Scheme) is a service run by Kirklees Metropolitan Council as part of their Active for Life initiative. The PALS Group meet each Wednesday afternoon at the Village Hall for a chair-based exercise session. The group has a core of 10 regular members but can

accommodate up to 15 people. Membership of the group is usually by referral from a GP.

In all cases we initially approached the group leader to ask whether she was willing to take part herself and to approach members to seek their participation. A member of the research team (EKG) then met with each group leader to discuss the proposed research and to seek their support. The group leader was responsible initially for gauging group interest in taking part in the research. Once the group leader had established which group members would be interested in taking part, the researcher visited the groups to talk about the process and give out information sheets. Table 11 gives details of participants in each of the focus groups.

Table 11: Focus group participants.

| Group | Number of participants | Characteristics of participants |
|-----------------------|--|--|
| Coffee Call-in | 4 (+ leader) | 1 female, 3 male Approx. age-range: 58-82 All white |
| Craft Group | 10 (+ leader) Volunteer helpers: 1 Carers: 1 | 8 female, 2 male Approx. age-range 42-86 8 white, 2 SE Asian |
| PALS | 6 (+ leader) | 5 female, 1 male: Approx. age-range: 68-88 All white |

At the end of each focus group, participants were reminded that we would be grateful for two volunteers to take part in subsequent individual interviews. We succeeded in recruiting the number we required. These participants were:

- Coffee Call-in: two male participants, aged 71 and 82.
- Craft Group: two female participants, aged 86 and 51
- PALS: two female participants, aged 68 and 61.

Interview procedure

All focus groups were held in Paddock Village Hall, and for the convenience of participants, were scheduled to follow straight on after a regular group meeting. As is standard in this kind of research, we used a topic guide to help us ensure we covered key areas for the evaluation, but allowed the groups a good deal of flexibility to lead the discussion to whatever issues they felt were relevant. The main areas included in the topic guide were:

- Views on Paddock as a community and a place to live.
- Reasons for joining and attending their group, and what they got out of it.
- Views on the location of the group (Village Hall).
- Understanding of, and involvement in, PPH activities more widely.
- Hopes and fears for the future of their group and the development of activities and facilities in Paddock.

A copy of the full topic guide is included in Appendix 3.

Two researchers were present at each focus group, and all the groups were audio-recorded with participants' consent. In the first part of each focus group, the researchers used a flip-chart to record the main positive and negative points made by the group about Paddock as a community. The aim of this was to facilitate interaction amongst the group, and to stimulate subsequent discussion by referring back to issues noted on the chart where appropriate.

For the individual follow-up interviews we did use a standard topic guide. Three broad “headline” questions were formulated which aimed to give participants the opportunity to explore the journey that has brought them to the activity, and to reflect on personal and community-wide changes over the last five years.

The main areas covered by the topic guide were:

- How and why their involvement with the group began.
- Views on what is known about activities that take place in the community of Paddock.
- Thoughts about Paddock as a community, and how it may have changed over the last five years.

All but one of the individual interviews took place at the Village Hall meeting room, the other one took place in the participant’s home. All interviews were audio-recorded with participants’ consent.

Analysis

All the interviews were transcribed in full, and analysed using a form of thematic analysis called “template analysis” (King, 2004). The template produced in this approach organises the key themes identified in the data into hierarchical clusters – that is to say, broad themes are sub-divided into several levels of more specific themes. The technique involves a systematic process of developing potential themes, applying them to a transcript, and modifying them where necessary to capture participants’ meanings as fully as possible. Amongst the three members of the research team, we compared our independent coding of samples of the data as a way to enhance the quality of our analysis.

The full coding template for the study is shown in Appendix 4. As can be seen, our themes are organised in three main clusters. These are:

- *Us as a group*: This cluster is concerned with the way the groups see themselves. It has two main sub-themes, *looking inward* and *looking outward*.
- *Perceptions of Paddock*: We have divided this cluster into perceptions of *people* and of *physical space and facilities*.
- *Understanding and perception of PPH*: In this cluster the main sub-themes are *understanding of wider PPH activities*, *finding out about PPH activities*, and *facilities at the Village Hall*.

In addition we have identified two “integrative themes” (King *et al*, 2002). These are themes that do not belong to any one of the main clusters but rather pervade them all. They are:

- *The world going down the plug-hole*: This represents a range of perceptions that the participants’ world has generally got worse over the years.
- *Getting older*. This addresses participants’ views of how their own ageing has impacted on the way they experience their community and the activities they engage in.

FINDINGS

We will use the structure of the coding template to organise the presentation of our findings. In doing so, we will provide quotes from participants to illustrate the key issues emerging from our analysis. Participants are anonymised through the use of pseudonyms.

Us as a group

Looking inwards

All three groups showed a strong sense of cohesion, mutual support and care. This could be seen in the way that members tried to ensure that those who had

difficulty communicating, through disability or just a generally quiet nature, were able to contribute to the discussion. It was evident in the frequent use of humour in all the groups, both amongst members and in interactions between members and the group leaders.

Caring ethos:

I think with Lucy...it's the realisation that people are worrying when she's not here and it's more than a craft class. It's that side of it.

(Helen, Craft Group)

Sue: And when I'm poorly, Rita comes to see me. That's true, when I'm missing.

Roger: When she leaves her key, when she leaves something behind, I go take it.

Sue: Yes, true that.

(Coffee Call-in)

Humour:

Jane: We're all very popular in the pound shops

Lisa: Yeah, there's nothing left there by the time we go for it, because we know who's bought it!

(Craft Group)

Andrew: You know most of the villains round here!

Roger: I'm one of them, aren't I?

Sue: Aye, one of them!

Roger: I'm the Fagin round here!

(Coffee Call-in)

In both Coffee Call-in and the Craft Group, the group leaders played a very active part in the discussion, raising topics for consideration and encouraging members to contribute. (The PALS group leader was by comparison much less proactive in

the focus group.) Also, within each group, there were certain members who tended to assume a more dominant role in the conversation. However, other members frequently challenged such dominant voices, often using humour and good-natured teasing (especially in the Coffee Call-in group); such challenges never seemed to threaten the warm and friendly atmosphere in each group. For example, Roger was a notably strong voice in the Coffee Call-in group, and on several occasions challenged views expressed by the group leader, Rita:

Rita: ...maybe what we might need to do is find a day next summer, if it's really nice, and really summery, and really pleasant, and actually go outside and serve coffee just to passers-by.

Roger: ...Yeah, it's, it's viable, but it's not the busiest part of the place, is it?
(*Coffee Call-in*)

However, other members certainly did not allow Roger to take over the conversation, and quite often challenged him in turn:

Roger: You've got to leave Paddock, get out of Paddock to get your stuff, not...

Andrew: But that Premium Supermarket, he's not too bad.

Roger: He's expensive.

Sue: He's very expensive, it's, it's...

Roger: Very expensive.

Kevin: He's got the cheapest sugar in Huddersfield, anyway.

[Laughter.]

Roger: No, but I don't take sugar!

Sue: No, I don't take sugar neither.

Kevin: And his eggs are the cheapest ones as well.

Roger: They're not.

Kevin: They're beautiful eggs, absolutely beautiful eggs, those.

(*Coffee Call-in*)

Coffee Call-in acts as a place where members can enjoy a chat, and offer each other friendship and support, within an overtly Christian context – the group was founded by Paddock Shared Church and is lead by a minister of religion. As such, it is not surprising that participants said they came for the fellowship and social contact. All the participants except Sue knew each other well and were involved in other church activities together, and for them, group membership was more about maintaining existing relationships than making new ones. Nevertheless, Sue was clearly made to feel welcome, and as we will see below, there was much discussion about how the group did and should reach out into the wider community.

In contrast to Coffee Call-in, the Craft Group and PALS were based around very specific activities. For both groups, these activities were valued in themselves, but the opportunity for social interaction that they provided were for most participants at least as important in encouraging them to attend. For the Craft Group, the creative and productive nature of the activity was experienced as absorbing, satisfying and rewarding. At the same time, the group was very important as somewhere members could go to get out of the house and meet people. The combination of creative activity and the friendly and caring ethos (very much facilitated by the group leader) gave members a sense of personal growth and increased confidence.

...everybody followed me straight, if I did blue, they did blue, and now it's wonderful to see the way that different people develop... confidence in themselves. (*Helen, Craft Group*)

Lucy never used to say anything. She used to sit there with no confidence at all, and now she doesn't wait, she's off!...we see a change in people that's come into the group I think's fantastic. (*Helen, Craft Group*)

In her individual interview, Lucy confirmed Helen's impression of the positive effect the group had had for her.

There was never any arguments or anything, we just got, I loved being there...I could hear them all down the table then, although I'm doing busy here I could hear all what's going on and chatter and talk and the man used to be always singing...Yeah and I thought it was marvellous. I thought, when I came home and sat here...I sat here for, well it's been great, I felt worn out. But still I felt good, I don't know, not as old and done a day's work or something.

(Lucy, Craft Group, individual interview)

Members of the PALS group had come with particular physical problems that they hoped would be alleviated through exercise. All but one of those participating in the interview had been advised to attend the group by health professionals. They generally felt that the exercise was good for them, though they did not tend to point to specific improvements in physical health brought about by attending the group. However, they did feel that getting out and meeting people through coming to PALS was good for their psychological well-being. Several members stressed that they had few other such opportunities, because other places where they could join classes like this were too expensive or inconveniently located.

Looking outward

This theme is concerned with the ways in which the group activity is taken into the participants' homes, and/or the wider community. It also encompasses the views of members about the possibility of increasing the group's size in future. The theme appeared most prominently in the Coffee Call-in group, where it was strongly linked to their Christian identity and their connection with other faith-related initiatives. Group members were involved in fund-raising activities, both for local church-related causes and for national charities. All but one had been

involved in “inter-faith” ventures in Paddock and more widely in Huddersfield – although this appeared mostly to be focused on relations amongst Christian denominations rather than between Christians and members of other religions. Supporting inter-church fellowship in Paddock was seen as an important aspect of what the group did, especially in the light of church closures in the area:

Emma: Well...my understanding is it's not a physical church for you to come and worship at?

Kevin: No.

Rita: Not a building.

Emma: That, that sense of getting together.

Kevin: No, the church has disappeared but the fellowship has been retained...

Emma: The fellowship, fantastic.

Kevin: ...within the Paddock community. So it's by, err...

Emma: And is, and is that something you all, you're all sort of nodding, is that something you'd, you'd...

Kevin: Yeah, I mean in my Churches Together role, I err, think of Waverley as having a Paddock fellowship section.

(Coffee Call-in)

The group was rather ambivalent about its own future growth. On the one hand, reaching out to others in the community who might be lonely or isolated was seen as an important part of what the group did, as evidenced by Sue joining them fairly recently. On the other hand, the character of the group was undoubtedly shaped by the long-standing relationships amongst core members – relationships that largely preceded the founding of the group. There was at least an implication that too much growth could threaten this.

Roger: I'd like to see a few more people come to have coffee. It's open to everybody, but not many people take it up.

Kevin: Yes, I suppose growth is the...

Roger: We can't grow too big.

Kevin: Oh no no, we can't grow too big.

(Coffee Call-in)

The other two groups, being more narrowly activity-focused, did not have the kind of "mission" to reach out to the community that was evident in Coffee Call-in. In both cases, though, at least some members in certain respects "took the group activity home". In the Craft Group, members engaged in craft work outside of the group, and enjoyed making gifts for family and friends. The group was already quite large and seeking growth was not an immediate priority, but members were keen to increase their profile in Paddock by participating in community events and having a showcase in the village for their work. Some PALS group members spoke about exercising at home as well as in the classes at the Village Hall, though maintaining motivation at home could be difficult. The group were welcoming towards new members, and noted quite a high turnover in membership in the last few years. However, they also pointed out that there were practical limits to growth, both in terms of the size of the available room and the need for the leader to have time to assess members properly.

Perceptions of Paddock

The division into perceptions of *people* and of the *physical space and facilities* worked well for most of the material coded within this thematic cluster. However, there were some general comments about Paddock as a place to live which could not be incorporated into just one of these, and we will therefore look at them separately here.

The general comments about Paddock as a place to live were very varied, both within groups and between them. In the Coffee Call-in and PALS groups there were some very negative views expressed, though in both cases it was one member in particular who was responsible for most of them:

Roger: And we could do with less takeaways.

Sue: Less, less takeaways.

Roger: Because it's destroying the community, actually.

(Coffee Call-in)

Well, I came from [*names another area of Huddersfield*] and I find this valley very very different, not so nice, not as nice. (*Joyce, PALS*)

At times, other members concurred with some of these negative generalisations, but more often they sought to temper them or even to argue against them:

Roger: ...a big thing would be to expand [the Asian community's] comfort zone.

Rita: Well it would, and ours.

Kevin: And ours.

Roger: Well, expand *the* comfort zone then...

(Coffee Call-in)

Alison (PALS) noted that in the evenings Paddock is a relatively quiet and safe place to be, compared to the centre of Huddersfield:

It's an absolute horrendous nightmare down there, there's police all over the place, bottles flying and you've got to drive through it all. I mean it seems quiet here compared to town.

In contrast to the other two groups, Craft Group members did not make any general negative comments about living in Paddock. This might in part be due to the fact that there were several members who were not Paddock residents and who might have been reluctant to criticise an area that was home to other participants. However, it should be noted that the comments of those who *were*

Paddock residents did not suggest any defensiveness about the village as a whole; rather, they presented it as a friendly, old-fashioned neighbourhood, as was evident in the support shown to the group by the local community:

What I would say is that people of Paddock, they're very supportive of each other...we've had people wandering in from over the garden walls to help out at craft classes, cos they've seen us...if they know what's going on, they want to join in. They want to help out, they're very supportive.

(Helen, Craft Group)

People

Discussion about people in Paddock often focused on specific groups – children, young adults, Asians – and was concerned with the extent to which “they” contributed positively to the community. Again, the Craft Group were in general more positive than the other two groups, though they also tended to discuss these (and most other) issues in less depth. As with the general comments about Paddock, there were varied views expressed in the Coffee Call-in and PALS groups. Some of the discussions were quite prolonged and there was evidence of some people’s positions shifting over the course of the interview.

All three groups pointed to problems relating to children in Paddock, including littering, vandalism, and lack of respect for others:

...if you go to the orchards, some trees have been smashed.

(Roger, Coffee Call-in)

You just see kids walking down from the school, with their half bag of chips, and just scatter them over the floor. *(Roger, Coffee Call-in)*

...you know they go to the takeaway, they'll eat it and wherever they've finished it they'll just drop it, you know, and that's something, I suppose more litter bins would be [useful]... (*Claire, Craft Group*)

However, participants did not suggest that children in Paddock were necessarily any worse than anywhere else – the problems tended to be seen as symptoms of a wider societal decline in children's behaviour. One of the main causes to which this decline was attributed was the fact that young parents had less time for children – due to work demands – than the members themselves had been able to devote to *their* children. Also, even those who were most critical of children's general behaviour stressed that there were exceptions to this rule:

Joyce: But I think there's some lovely children.

Liz: Oh, there are, there are
(*PALS*)

Some participants offered optimistic views on the possibility for positive change regarding children's unacceptable behaviour. In the Coffee Call-in group, the example was given of children from two local schools joining together to design a public garden (located at the roundabout near the top of the village). Members suggested that because they felt ownership of the project they had not vandalised it: "If the kids have done it... they don't desecrate it then, do they?" (Andrew). In the PALS group, Alison argues that if teachers were better supported, they would be more effective in guiding children to change how they behaved. On a very practical level, Craft Group members suggested that littering would be less of a problem if there were more litter bins available.

Both the Coffee Call-in and PALS groups observed that younger adults did not get as involved in the community as older generations. While this was sometimes linked to an apathetic attitude (in Coffee Call-in, Roger says "Paddock don't care!"), there was widespread recognition that changing patterns of work were a

major factor behind this. It was pointed out that more women worked now, people worked longer hours, and often farther away from home. And while some members bemoaned a lack of neighbourliness, others made quite the opposite point (at least regarding their immediate neighbours):

Loreen: I mean I was poorly, I had an operation on me knee and everything and my neighbours, bless them, they were great, no matter who you are...Even if it's just going to the shop...

Joyce: My neighbours couldn't care less whether I live or die.

Liz: Well this is the difference you see, I mean isn't it?

(PALS group)

Issues relating to the Asian community in Paddock were discussed at length in the Coffee Call-in group, and we will examine what was said shortly. In the Craft Group, they did not occur at all. (It is worth noting here that this was the one group that included some members from that community.) In the PALS group the one point where Asian people in Paddock were discussed was in relation to the fact that their group had been moved from a room they previously used in order to make space for an "Asian Ladies' group". What was striking here was that Joyce, who raised the subject, clearly indicated that she felt this was a taboo topic. The non-verbal reactions of some other members tended to support her implication – one made an exaggerated gesture of holding her head in her hands as Joyce spoke.

Well, if you can speak the truth and speak out, we were pushed out for the Asian ladies; if I shouldn't have said that, I don't know, but we were, so.

(Joyce, PALS)

In the Coffee Call-in group, the leader (Rita) spoke strongly from the start about diversity being a positive aspect of the Paddock community. This provoked differing reactions amongst group members, with Roger in particular challenging

her on this claim as it related to Asian people. Roger was concerned that Asian people did not participate much in the wider community, and pointed to the unfriendliness of his own Asian neighbours to support this:

I've lived with Asians, they've been there 10 to 12 years, and they, it's taken that long for them to start speaking to you. They just ignore you, and even now, they'll turn their nose up at you and look the other way when they walk past you.

The group do recognise that for the Asian and white communities to get to know each other better requires both sides to step outside their "comfort zones" (a phrase used repeatedly). Some members, though, feel that the nature of "Muslim culture" makes Asian people less able (or willing) to do this than white people:

Andrew: You see the Muslims have strict guidelines don't they, and they don't like stepping out of [them].

Sue: Well we don't do we!

Andrew: Well we do more than what they would do, probably.

(Coffee Call-in)

Having described barriers to interaction between white and Asian people in Paddock, the group do acknowledge that there have been a number of events and activities quite recently that have helped facilitate positive contacts. In particular they refer to events where people from both communities cooked and ate together:

Rita: But they did come, they came out of their comfort zones to come to our High English Tea afternoon and we, we were out of our comfort zones perhaps, some of us, when we're having, erm, a curry afternoon. Err, but we, on two occasions we came together.

Kevin: On a couple of occasions, yeah.

(Coffee Call-in)

In the Coffee Call-in group, members appeared to feel relatively comfortable talking about how they saw the Asian community in Paddock – there was not the sense of it being a taboo topic that was apparent in the PALS group. This may reflect how well most of the group members knew each other, as well as the fact that the group leader explicitly and repeatedly drew the conversation to the area. Even where some members were critical of aspects of how Asian people related to them (or failed to do so), the tone of the discussion remained constructive. Overall, towards the end of the interview the group acknowledged that through initiatives such as the meals described above, gradual progress was being made in improving relationships:

Emma: Do, do you think Pathways [PPH] has helped that at all?

Roger: I think it has actually.

Rita: I do.

Roger: Not a lot, a little bit.

Kevin: I think it's been a knock on effect...I mean we've had the facility to meet, that we didn't necessarily have before, you know, for the inter-faith type [events].

(Coffee Call-in)

Physical space and facilities

The geography of Paddock played an important part in people's perceptions of it as a physical environment:

Paddock's a difficult place in some respects because you've got a top and a bottom and we're [i.e. the Village Hall] in the middle, there's nothing here...

(Roger, Coffee Call-in)

The village is strung out along a long main road, and thus issues that affect people at one end might not do so for those at the other. Thus Liz and Loreen in the “top” part of Paddock enjoy pleasant views of woods and fields, but are worried about the imminent closure of Quarmby Post Office as it is the nearest one to them. Neither of these points would be relevant to people living at the bottom end of Paddock. The main road itself features quite often in discussion. Its poor condition – both the road itself and the pavement – is referred to repeatedly in the PALS group; Alison calls it “the worst road in Huddersfield”. On the positive side, though, it has a very good bus service, which is an especially important point for older people in the village.

There is a sense of decline in some of the descriptions of facilities in Paddock, with participants referring to churches, shops and pubs closing. Having said that, they also highlighted quite a wide range of activities going on for Paddock residents, at venues such as the Quaker Meeting House, Jubilee Centre and above all the Village Hall. Several members of the Craft Group compared Paddock favourably with other areas of Huddersfield in terms of opportunities to get involved in activities in the community. Disabled access can be a problem in some venues though, and the PALS group also pointed out that the activities available in Paddock were targeted disproportionately at older rather than younger people.

Shopping facilities in Paddock attracted a variety of views from across the three focus groups. These range from Alison’s description of it having “a nice little shopping area” (PALS) to Roger’s statement that:

...the shops up there are frankly not worth bothering [with], they’re very expensive and they haven’t got variety... You’ve got to leave Paddock, get out of Paddock to get your stuff.

The proliferation of takeaways was seen as a cause for concern in both the Coffee Call-in and Craft Group interviews, because of the amount of litter they generate. This is mostly blamed on schoolchildren at lunchtime, though Rita (Coffee Call-in) argues that adults are responsible for some of the problem too. Litter and vandalism were the environmental issues most commonly raised in these interviews; they create a sense of urban mess that is damaging to the community. In the light of this, initiatives to improve the urban environment – such as the gardens designed by local children (mentioned above) – were seen as valuable.

Understanding and perception of PPH

Understanding of wider PPH activities

With a few individual exceptions, participants did not have a great deal of knowledge about what PPH was, or about the funding other than that it was connected to “the Lottery”. There was, however, widespread knowledge of the fact that the PPH project was coming to an end, and concern in all three groups over their own future and that of other activities at Paddock Village Hall, should their funding be withdrawn. Moving to another venue might be a possibility in theory, but could prove too expensive:

Joyce: I think if it does stop [i.e. funding for PPH activities generally], there’s going to be an awful lot of lonely...

Fran: Old, disabled people...

Joyce: Very lonely people, and very disillusioned about Paddock.

(PALS)

We’re struggling now because the funding ... could finish, as you know probably, err, we can’t afford really to rent anywhere after that, so I don’t know what we’ll do. We’ll find somewhere I suppose.

(Andrew, Coffee Call-in)

It's the uncertainty of whether or not things can carry on...it does play a lot on people's minds. (*Helen, Craft Group*)

The Craft Group leader, Helen, had to work hard to “manage” the anxiety that uncertainty about future funding created within the group. Members' strength of feeling about this was testimony to the very high value they placed on attending the group – there really was nothing else that could take its place. Helen had for some time been involved in independent fundraising for the group to try to make its future as secure as possible:

Yeah, we have erm, like Christmas Cards, and Summer Fairs and that lot where we always hold a stall, cos we like to raise as much of us own funds as we can so that we're not having to dip into Paddock.

Finding out about PPH activities

On the whole, participants had quite a good knowledge of other activities and facilities available at the village hall, and several had become involved in some of them. People tended to learn about them through personal recommendations, reading noticeboards at Paddock Village Hall, or simply by noticing what else was going on when they visited the hall for their own activities. Participants viewed the Village Hall as a lively place that served a crucial role in the community:

Fran: I would imagine the Village Hall here is very important.

Joyce: Yes, yes.

Alison: I think it's important.

Joyce: Really they have all manner of things here, there's, they have bingo don't they, they have, err, dancing, they have...

Loreen: Do they have a coffee morning as well?

Joyce: Yes, yes.

(*PALS*)

Because people know about the variety of activities available at the hall, it is able (as Joyce says) to give Paddock “a sense of community”.

Facilities at the Village Hall

The convenience of Paddock Village Hall as a location for services and activities was emphasised by many participants. For instance, those who had used podiatry or physiotherapy services there were very pleased to have such local access:

Yeah, it's handy is that. I used to have go to doctor but the Village Hall is a much more convenient location...when they said chiropody at Paddock, oh that's alright, so I'm just down in 5 minutes. *(Michelle, Craft Group)*

Although all three groups spoke with great warmth about the village hall as a resource, both the Craft Group and the PALS group expressed some dissatisfaction with the rooms they used. The Craft Group had been moved around between rooms quite frequently, and would prefer to have “a room we could settle in” (Helen). The rooms they have used have not always been very well-suited to the kind of work that goes on in the group – for instance, they would benefit from having a sink in the room. With Helen's energetic leadership, they do find ways to “make do” in spite of the practical limitations of the space.

The PALS group complained that the room they now used was too full of furniture – at times it felt “like a storeroom”. Also, other users did not always put the furniture away as they should, with the result that members had to waste time and effort moving quite cumbersome tables out of the way. Although they had moved to this room when their previous room became too small for the group, the new room itself was rather crowded if the full group turned up at one session. A change that members would very much like to see would be the availability of facilities to have refreshments and a chat after classes – without this, their

opportunities for social interaction are curtailed. In fact, some members observed that taking part in this focus group provided them with a good opportunity to get to know each other a bit better:

Loreen: I mean, like now, we're all getting to know one and other, just sitting here talking...

Alison: It's rather nice, to sit and get to know everybody like this.

(PALS)

Finally, when we asked all the groups about how facilities could be developed to improve their experience of using the village hall, other than the above points about rooms they had very little to suggest. This reflected the fact that participants were very happy with what they got out of membership of their group, and in the current climate of uncertainty over future funding, their overwhelming wish was to see it carry on.

Integrative theme: The world going down the plug-hole

In the Coffee Call-in and PALS groups, there were frequent references to ways in which the world of today had become a worse place in which to live than it had been in the past. These included such things as the loss of neighbourliness, apathy about the community, deterioration in the urban environment (through vandalism and litter), the loss of facilities such as churches and post offices, the loss of a sense of safety (especially at night) and so on. With a few exceptions, when such topics were raised in relation to Paddock, they were set in the context of this more general sense of decline – in other words, the problems in Paddock were seen as symptomatic of the contemporary world, rather than distinctive to this location. Much of what was valued about the groups they attended could be summed up by saying that these served as a kind of “antidote” to how the world was perceived: friendliness instead of isolation, activity instead of passivity, care instead of neglect, safety instead of danger.

The fact that the “world down the plug-hole” theme was much less evident in the Craft Group than in others is interesting. There are several factors that might have contributed to this. As we mentioned earlier, this group had more members who lived outside Paddock than the others, and they may have felt less willing or able to criticise the area than those who were residents. Discussion in the group tended to be in somewhat less depth than in Coffee Call-in or PALS, in part because of the number of members with communication difficulties. The tone of the group was particularly positive, reflecting members’ enthusiasm for their activity which was very much fostered by the group leader – in that context they may simply have been less prone to dwell on negative aspects of their experience. Finally, the Craft Group had the highest proportion of younger members (i.e. under 60) of the three, and the sense of the “world going down the plug-hole” did appear to have a degree of association with our second integrative theme, “getting older”.

Integrative theme: Getting older

The majority of participants across this study as a whole were older people, at or close to retirement age (though as we have just noted that was somewhat less true for the Craft Group). Directly and indirectly, the experience of getting older coloured the focus groups in several ways. Convergence with the previous integrative theme could be seen in the ways in which getting older impacted on a sense of people’s worlds contracting. So, not only had facilities closed in Paddock, but older people’s ability to make use of those that were still available was limited by fears about going out at night, or unwillingness to face the winter weather. Similarly, the decline in neighbourliness and community participation was clearly perceived as a generational issue. Against this background, the opportunities for social engagement and activity available at the village hall were seen as crucial in Paddock – witness the remarks we quoted earlier in the PALS group about “very lonely” people who would be left “disillusioned” if their groups were to disappear.

In our focus groups, “getting older” was most certainly not only seen in terms of decline and potential isolation. There was a strong sense that older people were the backbone of community activity in Paddock; they were more likely than younger ones to engage with a wide range of initiatives in the area. Several of our participants were themselves excellent examples of his kind of engagement, being involved in various other leisure groups, voluntary work, charities and so on. There was also an awareness that it was probably inevitable that different generations wanted different things out of their community: critical comments about younger people were usually tempered by a recognition of the pressures and constraints they were under – for instance, in relation to historical changes in patterns of work.

DISCUSSION

In this section we will consider what the focus group findings tell us, in relation to the concerns and priorities of PPH as an organisation. We will organise our discussion around the three main thematic clusters identified above.

Recommendations arising from this work and from the preceding quantitative longitudinal study are presented in the final section of this report.

Us as a Group

This theme provides strong evidence that involvement in specific group activities held at the village hall (Shared Church Coffee Call-in, Craft Group, PALS) provided an invaluable source of social support for members. It is, of course, possible that this outcome is unique to these three groups, but we feel that this is very unlikely. Our earlier evaluation work in relation to a variety of services and activities (Tai Chi classes, podiatry and physiotherapy services, allotments and gardening) suggests that feelings of social support and inclusion were widely experienced by PPH beneficiaries. The retrospective audit that we helped PPH carry out in early 2007 showed that the longer people had attended activities for,

the more they reported “making new friends” and “meeting a lot of people”. Finally, we have seen in the longitudinal quantitative part of this evaluation that those who had attended PPH activities for a year had significantly better social functioning than a control group of new beneficiaries.

We would argue, therefore, that on our evidence PPH appears to have been successful in fostering activities that combat social isolation and improve the individual’s sense of well-being. Further, for some individuals (especially in the Craft Group), membership of the group has clearly resulted in increased personal confidence and satisfaction with life.

Perceptions of Paddock

Perceptions of Paddock were mixed across and within the groups and views were often contradictory. The area was at once seen as a good old-fashioned neighbourhood by some participants but also perceived as a place where locals just didn’t care. Litter and vandalism were major bugbears. Intergenerational issues were also raised, with a perceived lack of engagement from young people despite some promising projects such as the benches and landscaping at the Royds roundabout. Attitudes to the Asian community were also mixed in that whilst a “them and us” attitude was expressed, there was also a real sense of wanting to move towards a sharing of resources and social time for communities.

In most instances, the negative aspects of Paddock were not seen as unique to this area, but rather as a symptom of more general decline in society. There was some awareness that the fact that most participants were older people probably skewed their views. Participants’ involvement in their groups at Paddock Village Hall served as something of an “antidote” to the common feeling of “the world going down the plug-hole”.

Understanding and perception of PPH

On the whole, participants' awareness and understanding of Paddock Pathways to Health, its aims and its relationship to the Lottery, was sketchy. There was a reasonable awareness of PPH's role in capital-build projects such as the reception annexe at the Village Hall which has provided a much needed facility for many activities.

Provision of services such as podiatry and physiotherapy from the Village Hall was perceived as useful and valuable. Participants cited the importance of the location in Paddock as a key factor in taking up appointments, suggesting that for some service users, a community-based service might be essential to their using it at all. On the whole, participants' perceptions of the Village Hall were largely positive in terms of the number of activities on offer. Several had, through visiting the Village Hall for their own activity, tried other activities too. Those who had not done so were at least aware of some of the other facilities and services on offer. This demonstrates that PPH has had some success in broadening the kinds of activities that people have become involved in.

The end of PPH was perceived as threatening to the future of the groups, and provoked anxiety about the continuation of other activities. This suggests that at least for some members, a key perception of PPH had been as a provider of services for an indefinite period. However this misunderstanding of PPH's time-limited status is perhaps understandable. Over its five year term, PPH has encompassed a wide and varied range of activities, and has been involved with the different groups for different reasons: sometimes stepping in with a practical solution to a problem such as finding a new venue for an existing activity (as with Coffee Call-in) and sometimes taking a more proactive role in helping new groups get under way (as with aerobics and pilates classes, for example). It is important to note that the groups were not simply defeatist about possible future difficulties. Rather, their sense of group cohesion acted to galvanise members into taking action to ensure their group can continue. For example the Craft Group has begun the process of gaining its independence from the Paddock

Community Forum and is currently taking action to become a formally constituted group, so that it can fundraise more readily. Incidentally, taking part in our focus groups provided participants with a chance to reflect constructively on their group and its future.

PPH has been well-placed to identify projects which provide services to the community that are key to individual well-being. In this sense, PPH's legacy is that it has been very successful as a “connector” or conduit for the growth and development of community groups and in so doing has provided opportunities, through these groups, for enhanced individual well-being. In a practical sense too, all groups in the study have benefited from the provision of space for their group to meet as well as support from project staff.

CONCLUSION AND RECOMMENDATIONS

In this section we will look at how the quantitative and qualitative findings together illuminate three key issues that have emerged from our research: the physical location of PPH; Paddock as a community and PPH's role in it; the future of PPH activities. We will then move on to present recommendations based on our evaluation.

INTEGRATING QUESTIONNAIRE AND FOCUS GROUP FINDINGS

We used two very different research designs with the intention of addressing different aspects of our overall evaluation aims. However, there are a number of key issues which both studies address and which benefit from an integration of their findings.

The physical location of PPH

This emerged strongly as an important issue in the focus groups and in part 1 of the questionnaire – especially in relation to Paddock Village Hall. People came to PPH activities because they were conveniently located, and they could park for free nearby. Paddock's geography – with separate centres at the “top” and “bottom” – works against cohesion. The fact that the Village Hall is located in the middle helps it to play a strong role in providing a sense of community. The relatively few negative comments tended to be about the way space was allocated and utilised within the Village Hall.

Paddock as a community – and PPH's role in it

As we have seen, there was a strong (though by no means consensual) view that Paddock as a community suffered many of the problems of contemporary urban life. For the focus group participants, involvement in PPH activities was a valuable “antidote” to this. Attending their activity groups provided social

interaction, a sense of belonging and a safe environment. Such perceptions are in accordance with the questionnaire study finding that almost half of respondents felt that coming to PPH activities made them feel better about Paddock more generally. They also concur with the pattern of improved perceptions of their own health and well-being over time, suggested in the analysis of the data from part 2 of the questionnaire.

The future of PPH activities

The questionnaires showed that there was interest in considering new activities for the future. Similarly, within the focus groups, participants discussed ways their group could develop, such as Coffee Call-in considering new forms of “outreach” in the community, and the Craft Group looking for opportunities to display members’ work publicly. However, the main emphasis regarding the future was not on new developments but on maintaining and protecting what people already had. We saw that by far the most common response to the survey question about suggested improvements for PPH activities was that none were needed – participants were very satisfied with what they had. In all three focus groups, participants were clearly anxious about the future in the light of the end of Lottery funding, because of the high value they placed on the activities they took part in.

RECOMMENDATIONS

Practice

There are three areas where we would like to make recommendations for those supporting, managing, and/or commissioning community-based activities in Paddock.

Supporting current groups and services

Groups and services that PPH has supported play a major role in providing meaningful social contact and activity for members, as well as in some cases

directly benefitting people's health. Well-established groups, such as those we studied in the qualitative arm of our evaluation, show a strong degree of self-reliance, but without relatively small levels of resource input could still find their futures in jeopardy. While there will inevitably need to be new initiatives in response to policy developments in future months and years, we would urge that these are not allowed to divert attention from the continued support of existing groups. At the same time, such support should, where appropriate, include a focus on encouraging independence – for instance, helping groups identify new sources of income and/or other resources.

Addressing perceptions of “us and them”

Our research does not present a picture of Paddock as a deeply divided community, but there is a sense of different groups in the area living in rather different worlds that do not touch each other as much as they could. This was evident with regard to contact between white-British and black and minority ethnic groups – especially South Asians. We feel that it is important that the difficulty of overcoming barriers in such cases is acknowledged, as it was in the open but in the end constructive interchange on this topic in the Coffee Call-in focus group. In that example, participants came to a recognition that events such as the cross-cultural shared meals could lead to positive change, albeit slow and incremental. We feel that further initiatives of this type can make a real contribution to helping people move out of their “comfort zones” and recognise common interests that can bring them together.

The strength with which inter-generational issues emerged in the focus groups was something of a surprise to us. At the policy level, “us and them” attitudes relating to ethnic groups may receive more attention, but divisions between older adults and younger people (adults and children) have significant implications for the health of a community. We feel that future developments should prioritise activities and services that bring people together across generations.

Diversifying involvement in activities

One of the rationales for Healthy Living Centres is that by providing a focus for a range of community-based services and activities, people may move on to try things they might not otherwise have considered. The fact that over a quarter of the time two questionnaire respondents had got involved in additional activities is encouraging in this respect, as is the fact that a sizeable proportion of focus group participants had done so too. However, we feel that this success could be built on further – for example, through “free trial” schemes to encourage people to take part in activities they might not have considered before.

Research and evaluation

As we noted in the introduction to this report, at its inception PPH used the Planning for Real tool as a very fruitful way to consult the community about their priorities. We feel it would now be valuable to develop new ways of building strong user involvement into research and evaluation processes as a whole,

There is a need for further research in the community at large, focusing on people’s awareness of services and activities, and their views on what could be provided in future. We recognise of course that obtaining a good level of response from those who have up to now not shown an interest in the kinds of activity and service PPH has supported is a real challenge.

We would suggest that a variety of research methods and ways of approaching potential participants should be employed. This could include, for example:

- Individual stories of involvement in community-based activities
- User involvement in research and evaluation

Individual stories of involvement in community-based activities

Our focus groups and the follow-up interviews provided some rich insights into experiences of involvement in community-based activities. We feel that the

understanding arising from such research could be deepened by research which engaged with individuals over an extended period of time, to explore how their involvement impacted on their wider lives. This could be done in a variety of ways, including repeat face-to-face interviews, diary methods and online qualitative data-gathering techniques.

User involvement in research and evaluation

Building on the previous point, we would recommend stronger user involvement in research and evaluation processes as a whole. This could include involving users in project design from the start, through consultative groups. At a higher level, community researchers could be trained and employed, with appropriate professional supervision. As well as developing the individuals involved, their use can be very helpful in engaging with some of the sectors of the community who have been hard to reach in the past.

References

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APPENDIX 1: QUESTIONNAIRES

Paddock Pathways to Health Evaluation

PART 1

1. Paddock Pathways to Health (PPH) beneficiary number

(This is the member's number you were given when you joined PPH)

.....

2. Postcode

.....

3. Your Age

4. Your Sex

Male

Female

5. When did you first join PPH?

.....

6. What activity did you join PPH to do?

.....

7. How did you first find out about this PPH activity?

.....

.....

8. Is there anywhere else you could have got involved with this activity?

Yes

No

If 'Yes", why did you choose PPH?

.....
.....

9. Are there any other PPH activities that you have taken part in over the last year?

Yes

No

If 'Yes', please list below

.....
.....
.....
.....
.....
.....
.....

PART 2

10. In general, would you say your health is:

- | | |
|-----------|---|
| Excellent | 1 |
| Very good | 2 |
| Good | 3 |
| Fair | 4 |
| Poor | 5 |

11. **Compared to 1 year ago**, how would you rate your health in general **now**?

- | | |
|-------------------------------------|---|
| Much better now than 1 year ago | 1 |
| Somewhat better now than 1 year ago | 2 |
| About the same | 3 |
| Somewhat worse now than 1 year ago | 4 |
| Much worse now than 1 year ago | 5 |

12. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

(circle 1 number)

- | | |
|-------------|---|
| Not at all | 1 |
| Slightly | 2 |
| Moderately | 3 |
| Quite a bit | 4 |
| Extremely | 5 |

These questions are about how you feel and how things have been with you **during the last 4 weeks**. For each question, please give the 1 answer that comes closest to the way you have been feeling. **How much of the time during the last 4 weeks...**

CIRCLE ONE NUMBER ON EACH LINE

| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
|-----------------|------------------|------------------------|------------------|----------------------|------------------|
|-----------------|------------------|------------------------|------------------|----------------------|------------------|

13. Did you feel full of life? 1 2 3 4 5 6
14. Have you been a very nervous person? 1 2 3 4 5 6
15. Have you felt so down in the dumps that nothing could cheer you up? 1 2 3 4 5 6
16. Have you felt calm and peaceful? 1 2 3 4 5 6
17. Did you have a lot of energy? 1 2 3 4 5 6
18. Have you felt downhearted and sad? 1 2 3 4 5 6
19. Did you feel worn out? 1 2 3 4 5 6

20. Have you been
a happy person? 1 2 3 4 5 6

21. Did you feel tired? 1 2 3 4 5 6

22. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.) ?

- All of the time 1
- Most of the time 2
- Some of the time 3
- A little of the time 4
- None of the time 5

How TRUE or FALSE is *each* of the following statements for you?

CIRCLE ONE NUMBER ON EACH LINE

| | | | | |
|-----------------|-------------|------------|--------------|------------------|
| Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
|-----------------|-------------|------------|--------------|------------------|

23. I seem to get sick
a lot easier than
other people 1 2 3 4 5

24. I am as healthy as
anybody I know 1 2 3 4 5

25. I expect my health
to get worse

1

2

3

4

5

26. My health is
excellent

1

2

3

4

5

Paddock Pathways to Health Evaluation

PART 1

1. Paddock Pathways to Health (PPH) beneficiary number

(This is the member's number you were given when you joined PPH)

.....

2. Postcode

.....

3. Your Age

4. Your Sex

Male

Female

5. Which PPH activities have you taken part in over the last year?

Please tick

- Physiotherapy (...)
- Podiatry (...)
- Tai Chi (...)
- Baby Massage (...)
- Photoshop (...)
- NHS Pain Management Course (...)
- Aromatherapy massage (...)
- PALS (...)
- Reading, Arabic and Urdu (...)
- Keep fit (...)
- Family Literacy/numeracy course (...)
- English language class (...)

Any others, please list below

.....

.....

.....

.....

Looking Back - We would like to hear about your experience of using the facilities and services offered by Paddock Pathways to Health.

6. Do you have any suggestions for how facilities and services could be improved?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

7. Any other comments about your experience of PPH facilities and services?

.....

.....

.....

.....

.....

.....

.....

8. Has your involvement in PPH activities made you feel more positive about living in the area?

| | | |
|--------------------------|--------------------------|--------------------------|
| Yes | No | Not sure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please add any comments here to explain your answer

.....

.....

.....

.....

.....

.....

9. Your community – future projects

We are now looking to the future. Listed below are the kind of activities that we are hoping to be able to offer. Please tick any that might be of interest to you.

Food and Health

- Healthy Eating – cooking on a budget (....)
- Cook and Eat – learn to cook from fresh ingredients (....)
- Growing your own food – using local allotments (....)

Family Based Activities

- Exercise for families (....)
- Computing for families (....)

Environmental Activities

- Restoring green spaces – for example, cleaning up the river. (...)
- Improving footpaths and cycle routes (....)

[Note that Part 2 of the Time 2 questionnaire is identical to Time 1]

APPENDIX 2: PARTICIPANT INFORMATION SHEET

(UNIVERSITY HEADED PAPER)

Paddock Pathways to Health evaluation

Information Sheet

Invitation:

You are being invited to take part in an evaluation study. Before you decide we want you to understand why the study is being done and what it will involve. Please take time to read this carefully and talk to other people about it if you wish. Ask us if there is anything that you are not sure about or if you would like more information. Take time to decide whether or not you wish to participate.

What is the purpose of the study?

The study aims to find out whether people's general health and well-being improve through getting involved in activities and services run by PPH.

Why have I been chosen?

We are asking all new members who joined PPH between April and September 2007 to take part.

Do I have to take part?

It is up to you to decide whether or not to take part and you are free to withdraw at any time and without giving a reason. A decision not to take part or to withdraw at any stage will not affect you in any way.

As a thank you for your time, the beneficiary numbers of all members who return questionnaires will be entered into a prize draw, with a first prize of a £25 shopping voucher and a runners-up prize of a free complementary therapy session.

What do I have to do?

If you agree to take part we would like you to complete the attached questionnaire and return it in the envelope provided. You can either hand it in at the reception desk in Paddock Village Hall, or post it to the University (you do not need a stamp). In a year's time we will send you another similar questionnaire to complete and return.

What are the possible disadvantages and risks of taking part?

We cannot foresee any disadvantages or risks in taking part in this study. If you are not happy with anything to do with the study please get in touch with the researcher.

Will my taking part in this study be kept confidential?

Yes – at no point will we require you to put your name and full address on a questionnaire. We will use your beneficiary number – given to you when you joined PPH - to contact you for the second questionnaire and match the two together, so it is vital you include this where requested. No PPH staff will see any of the completed questionnaires, and the University team will not have any direct access to your name and address.

What will happen to the results of the research study?

The results of this work will then be used to write a report that will be included in information given to those who fund PPH. Other shorter reports

will be prepared for presenting at conferences or for publication in journals. You will be able to request a copy of a summary report if you wish to. You will not be identified personally in any report or publication.

Who is organising and funding the research study?

The study is organised and planned by researchers from the School of Human and Health Sciences, University of Huddersfield. The study has been reviewed and approved by the University Research Ethics Committee. The evaluation is funded by Paddock Pathways to Health.

Further information can be obtained from:

Professor Nigel King
Department of Behavioural Sciences
The University of Huddersfield
Queensgate
Huddersfield, HD1 3DH.

Telephone number: 01484-472812

E-mail: n.king@hud.ac.uk

Thank you for taking the trouble to read this information sheet.

APPENDIX 3: FOCUS GROUP TOPIC GUIDE

Focus Group – Topic Guide

Note that these questions are provided only as guidance to the topics we expect to cover. They may be re-phrased in response to the development of particular discussions, and the order may change. Should other issues of relevance to the study arise in the focus groups we will naturally follow these up.

Question 1

(a) What kind of things do you like about Paddock? (b) What kind of things could make Paddock a better place?

At end of this discussion, generate a list of by consensus as to the top 5 of each, with a flipchart. Ask participants to rate their top two, by indicating with a sticker on the flipchart)

Question 2

Tell us about why you chose to join this particular activity?

Question 3

How important is the location of the activity for you? For example is the fact that the activity is based in Paddock an important consideration for deciding whether to take part in it?

Question 4

What has it meant to you to be involved in this activity?

(prompt to elicit responses about: emotional well-being, social networking, physical health)

Question 5

What could be done to improve your experience of the activity?

Question 6

[Following explanation about Lottery Funding] What if any impact has the lottery funding had on Paddock?

Question 7

Would you like to be more involved in making sure activities like (group name here) continue to take place in Paddock?

Question 8

Do you have any ideas or suggestions about how activities in the community might continue and develop?

[following discussion, ask participants to refer back to the lists they made in response to question 1. How (if at all) do any of their ideas for the future relate to issues raised from question 1? Having reflected on this, do they have any further ideas for the future?]

APPENDIX 4: FINAL CODING TEMPLATE

1. US AS A GROUP

1.1 Looking inward

- 1.1.1 Exclusivity
 - 1.1.1.1 Restricting growth
 - 1.1.1.2 Existing relationships
- 1.1.2 Ethos of group
 - 1.1.2.1 Caring
 - 1.1.2.2 Practical help
 - 1.1.2.3 Christian fellowship
- 1.1.3 Intra-group dynamics
 - 1.1.3.1 Leader telling group what they (should) think
 - 1.1.3.2 Resisting dominant voice
 - 1.1.3.2.1 Re. faith/ethnic diversity
 - 1.1.3.2.1 Re. children = vibrancy
 - 1.1.3.2.2 Re. takeaways
 - 1.1.3.3 Humour
- 1.1.4 Value of activity
 - 1.1.4.1 Activity as ends or means
 - 1.1.4.2 Sharing food/drink
 - 1.1.4.3 Importance of talk/sociability
 - 1.1.4.4 An excuse to get out
 - 1.1.4.5 Direct health benefits
 - 1.1.4.6 Meanings related to specific activities

1.2 Looking outward

- 1.2.1 Seeking growth
- 1.2.2 Taking group activity home
- 1.2.3 Spreading/sharing the ethos
 - 1.2.3.1 Being a presence in Paddock
 - 1.2.3.2 Wider Christian/Faith activities
 - 1.2.3.3 Fundraising for charities

2. PERCEPTIONS OF PADDOCK

2.1 People

2.1.1 Intergenerational issues

- 2.1.1.1 Children as constructive
 - 2.1.1.1.1 In organised contexts
 - 2.1.1.1.2 Schools' involvement in community
 - 2.1.1.1.2.1 Flower beds
 - 2.1.1.1.2.2 Pensioner dinners
- 2.1.1.2 Children as destructive
 - 2.1.1.2.1 Wild
 - 2.1.1.2.2 Environmental damage
 - 2.1.1.2.3 Litter
- 2.1.1.3 Children as future/sign of life
- 2.1.1.4 Young people don't get involved
- 2.1.1.5 Generations want different things

2.1.2 Inter-racial issues

- 2.1.2.1 "Us and them"
 - 2.1.2.1.1 Asians unfriendly
 - 2.1.2.1.2 Asians keep to their own comfort zone
 - 2.1.2.1.3 Asians changing nature of community
 - 2.1.2.1.4 Competition for resources
- 2.1.2.2 Coming together
 - 2.1.2.2.1 Cooking/eating together
 - 2.1.2.2.2 Coming out of comfort zones
 - 2.1.2.2.3 Diversity a good thing
 - 2.1.2.2.4 Asians participating in Paddock activities
- 2.1.2.3 Difficult/taboo topic

2.1.3 Paddock don't care

- 2.1.3.1 Involvement from outside Paddock
- 2.1.3.2 People won't get involved
 - 2.1.3.2.1 Asians
- 2.1.3.3 Excuses (or not) for lack of involvement
 - 2.1.3.3.1 Not lack of information

2.1.4 Contesting the 'Paddock don't care' attitude

- 2.1.4.1 (Local) Government initiatives of bottom up community activity
- 2.1.4.2 Local government has good ideas. But...
- 2.1.4.3 Doing it from own heart, and pocket
- 2.1.4.4 Roots of voluntary community action in Christianity

2.2 Physical space and facilities

2.2.1 Physical geography of Paddock

2.2.1.1. Proximity of PVH

2.2.1.2 Top and Bottom

2.2.1.2.1 Long way to walk

2.2.1.2.2 Two communities in one

2.2.2. Green environment

2.2.2.1 Improvements to environment

2.2.2.2 Better than other similar (multi-cultural) areas

2.2.2.3 Ownership of environmental improvements (children)

2.2.3 Urban mess

2.2.3.1 Too many takeaways

2.2.3.1.1 Destroying community

2.2.3.2 Lack of cleanliness

2.2.4 Facilities

2.2.4.1 Good bus service

2.2.4.2 Poor main road

2.2.4.3 Other venues for activities

2.2.4.3.1 Quaker Meeting House

2.2.4.3.2 Jubilee Hall

2.2.5 Diversity

2.2.5.1 +ve re diversity of people

2.2.5.1 Diversity of worship

2.2.5.2 Of activities

2.2.5.2.1 Plenty

2.2.5.2.2 Not enough

3 UNDERSTANDING AND PERCEPTION OF PPH

3.1 Understanding of wider PPH activities

3.1.1 Involvement in PPH planning

3.2 Finding out about PPH activities

3.3 Impact of lottery funding

3.3.1 On Paddock in general

3.3.2 On specific services at PPH

3.4 Facilities at PVH

3.4.1 Issues re rooms

3.4.2 Access to PVH

A. WORLD DOWN PLUG-HOLE

(INTEGRATIVE THEME)

- A.1 Churches going/moving to fringes*
- A.2 People not going out at night*
- Lack of shops in Paddock*
- A.3 Loss of Jubilee Centre dinners*
- A.4 Night-time dangerous*
- A.5 Litter (kids)*
- A.6 Young people's lack of involvement*
 - A.6.1 Excused re work pressures*
- A.7 Fewer people volunteer*

B. GETTING OLDER

(INTEGRATIVE THEME)

- B.1 Fear of night*
- B.2 Can't walk so far*
- B.3 Stuck in house*