Strengthening Local Communities Programme Evaluation:
Health Connect Project, Bourton-on-the-Water

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Contents

This report is part of a series of evaluation reports on the Strengthening Local Communities Programme, and should be read in conjunction with the Summary and Synthesis Report.

Health Connect Project, Bourton-on-the-Water

1. Introduction

This document is the final evaluation report for the Health Connect project, delivered as Bourton-on-the-Water's contribution to the Strengthening Local Communities programme. It details the development of the project model and the delivery of key project activities with attention to the context, rationale, perceived benefits, challenges and learning. The final section summarises progress over the funded period and identifies the themes that distinguish the project.

2. The project

2.1 Local priorities

Before a location was decided on for the project, Cotswold District Council expressed a desire to create a community development role to work within a dedicated area or with a specific beneficiary group, with a general focus on developing better 'self-care'. At this stage, it was undecided whether the beneficiary group would be a specific town or a targeted group such as young carers or young people with mental health needs. However, what was clear was that a place-based methodology would be employed to take the project forward and that the project would have the following broad aims:

- To develop a picture of the place of community interest and the assets involved
- To investigate the Healthy Towns initiative by looking at a community in a rural area where development of a less significant volume is taking place
- To build on current work with GPs in the North Cotswolds
- To identify local stakeholders
- To work closely with the parish council to develop a local health champion role.[1]

It was later decided that the focus of the SLC work in the Cotswolds would be Bourton-on-the-Water (henceforth referred to simply as 'Bourton'). Whilst the apparently affluent tourist attraction may not appear at first glance to be an obvious area in which to focus community development work, there remain a number of public health related challenges within the locality. For example, although it would be fair to say that residents are generally in good health, there are known issues relating to high rates of access to emergency healthcare services in Bourton and the surrounding area. It is also clear from existing local data that more work is needed around promoting the early identification of certain diseases and conditions, such as hypertension and diabetes.

Issues that affect health and wellbeing in the area are not exclusive to any particular age group, and whilst some of the older local population are indeed more prone to loneliness and social isolation, there are also issues associated with high levels of absenteeism and fixed term exclusions among children and young people living in the area.[2] With these issues in mind, and with consideration of the wider determinants of public health, the Health Connect project was subsequently established in order to achieve broad aims that focused on the key areas of:

1) Child health and wellbeing
2) Youth
3) Community activation/cross generational work
4) Long-term health problems/prevention/self-care
5) Physical activity [2]

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[1] Information gathering sheet – Cotswold District Council
[2] Presentation by Jacqui Wright at Action Learning Set 5

These were agreed in part because of the evidence and local data available (see section 3), but were also based on intelligence generated by existing partners already working within the community. These aims were also later agreed with the project steering group (see section 4.7) as key local priorities and therefore became the focus of the work.

2.2 The model

The model in Bourton differs to the other areas of the Strengthening Local Communities project in two key ways. Firstly, as the project has its roots in an assets-based and strengths-based approach to community development, it has largely been built on the premise that local stakeholders, established charities and community groups are already in the best position to know what local people need and want. This has meant that - as opposed to the other local project areas - the Healthy Communities Officer (HCO) who led the project has been primarily focused on working directly with these agencies rather than with members of the community (although some consultation with residents has been done at various stages). A lot of faith has therefore been put into the views and expertise of local stakeholders, and much of the HCO's work has been around bringing agencies together to identify and fill gaps, or in using local expertise to come up with solutions to problems. Part of the rationale for choosing this approach was that there was a keen desire to start the work as soon as possible, and that canvassing the opinions of residents through means such as door knocking in the local area would be too time consuming.[3] Reflecting back on the project, the HCO still believes that this was the right approach for the area:

> *"It wasn't like, 'let's do A, B, C and D'. It was more like, 'what can we achieve?' That was the approach I was taking. I still think it was the right approach to work with stakeholders only, because the residents are hard to reach due to the tourism and so on. And through those stakeholders it was the easiest way to engage with the people."* **HCO [19]**

Secondly, the HCO was already a local authority employee when the project started and was contracted to work on the project as part of her existing role. The Strengthening Local Communities work at one stage constituted 25–30% of her working week (although this has tapered towards the end of the project as the focus of her role has been moved to other areas under her remit).

Prior to working on the project, the HCO did not have a background in community development, although she had experience of working with communities through applied research (her background is in sports medicine). As the SLC work has developed, her role became more akin to that of a facilitator or co-ordinator, with a focus on bringing people together and keeping the momentum of the project going. At the heart of her role has been the ethos that there is a shared vision for the project, and that stakeholders should come together to invest in that vision.[3]

One of the HCO's many strengths is that she is a natural connector, and she has used this skill to bring members of the local community together in order to implement new ideas. The HCO describes this as an 'agile, flexible way of working'[3] where one must remain open minded about what is needed within the community. Despite the different model in Bourton, the idea that the project must respond

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[3] March 19 interview

to what people say they need rather than to implement activities on their behalf does bear similarities with the other projects.

In March 2019 a Community Outreach Worker was appointed to support the HCO, working 16 hours a week. The worker's role has been to assist the HCO in delivering the project through supporting individuals in the local community, providing advice and motivational support on a one-to-one or group basis. This worker has also been leading on the development of a Health Champions Scheme.[4]

3. Profile of the project area

3.1 The village

Bourton is an affluent area situated in the heart of the Cotswolds, and the village is very popular with tourists throughout the year. The centre of the village consists of numerous gift shops, tea shops and restaurants, but has little available for the practical day-to-day needs of the locals. The HCO describes the area as effectively existing in two halves – the central village on the one hand, and then the residential area outside on the other. This has led to a sense that the village is 'not for [the residents]', and many avoid the centre due to issues associated with parking and overcrowding, particularly in peak season.[3] Furthermore, whilst there is a lot going on in the area, many people feel the activities on offer are either too expensive or not well advertised.

3.2 Economic status

Again, despite the relative affluence there are areas where people are less well off than others and for those people life in Bourton can be a little more challenging as there is not much to do for people on lower incomes. These people therefore tend to be hidden from the rest of the population because they do not necessarily have ways of articulating their dissatisfaction with what's on offer. As the HCO put it, "everybody is happy in Bourton-on-the-Water, but when you're not you don't want to stand up and say I'm not, so it's hidden".[3] However, despite some variations in income, unemployment is very low, and in April 2017 there were only 5 unemployment benefit claimants in the Bourton area (0.1% of the population aged 16-64) compared to 4,270 across Gloucestershire (1.1%).[7]

3.3 Age

In addition to divisions associated with variations in income, there is also an issue with older residents who have lived in Bourton for a long time versus the newer residents moving in – many of whom have young families - and these two groups do not tend to engage with one another.[5] In general, the older generation does not necessarily understand the needs of the younger generation, and vice versa. Although the population of people under 19 years is relatively small (see Table 1), Bourton tends to act as a hub for the surrounding smaller villages meaning that many more young people come to the area to socialise.[6] In particular, there appears to be very little for the 12 – 18 age group to do locally and provision for teenagers in general tends to be poor.[6]

Table 1: Population by broad age group, 2015 [7]

Age group (years)	Number of persons		Percentage of population	
	Cotswold 1 area	Gloucestershire	Cotswold 1 area	Gloucestershire
0-19	763	139,192	19.8%	22.6%
20-64	1,917	351,126	49.6%	56.9%

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[4] Community Outreach Worker job description
[5] Action learning set one – planning meeting
[6] Meeting with Jacqui Wright 29th October 2018
[7] Cotswold small area profile

65+	1,183	126,844	30.6%	20.6%
Total	3,863	617,162	100%	100.0%

3.4 Health

Diabetes is known to be an issue in the area, as is hypertension. The prevalence of major conditions at the local GP surgery can be seen in Table 2 below. One major part of the HCO's job is to promote early identification of these conditions, as well as to support the management of these conditions to reduce admissions to emergency care.

Table 2: Prevalence of conditions at nearby GP practices 2015/16 [7]

	Cotswold Medical Practice	Gloucestershire
Mental Health Prevalence (all ages)	0.5%	0.8%
Depression Prevalence (aged 18+)	6.8%	7.7%
Dementia Prevalence (all ages)	0.9%	0.9%
Coronary Heart Disease Prevalence (all ages)	3.1%	3.2%
Hypertension Prevalence (all ages)	14.0%	14.0%
COPD Prevalence (all ages)	1.4%	1.7%
Asthma Prevalence (all ages)	6.2%	6.5%
Obesity Prevalence (aged 18+)	10.0%	9.4%
Cancer Prevalence (all ages)	3.6%	2.8%
Chronic Kidney Disease Prevalence (aged 18+)	8.8%	6.6%
Diabetes Prevalence (aged 17+)	6.3%	6.4%

The crude rate of emergency hospital admissions in 2014/15 to 2016/17 within Bourton Village area was significantly higher than the Gloucestershire average (1086 and 845 per 10,000 population respectively – see bar chart below). [7]
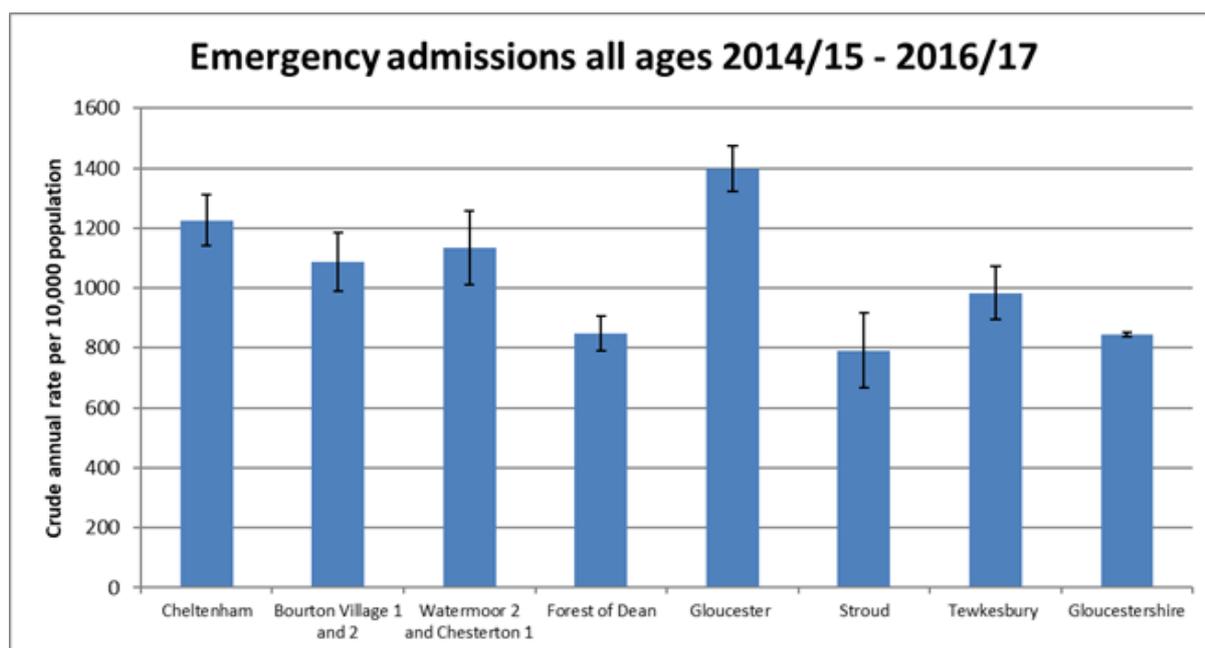

Figure 1 - Emergency admissions all ages 2014/15 - 2016/17

4. Main activities and project developments

This section sets out the main elements of the project at the end of the SLC project funded period, and a summary timeline of the key project events can be found in section 4.9.1. The project has focused on four key areas: 1) children and youth; 2) long term conditions; 3) prevention and self-care; and 4) community activation. Each of these are considered here, along with additional project activities and findings uncovered as part of the evaluation of the Health Connect project.

4.1 Community asset mapping

In order to establish existing assets within the community at the start of the project, the HCO was asked to conduct a community asset mapping activity. Around 56 local groups and services were identified through this process and remain the same at the end of the funded period. A summary of these local assets can be found in the box below.

Box 1: Community assets relevant to the project[8]

Clubs and associations

There are a number of clubs available locally for people to join. These include a range of sports based activities, including **Bourton Rovers football club, tennis, running, gymnastics, hockey and cricket clubs, community fitness classes and short led walks.** There are also hobby-based associations such as **Panto club, the Horticultural Society, Men in Sheds, History Society, Flower club, Art Lift, Irene's Charity Knitting Circle , Bell Ringers, Bourton WI and the Rural Cinema.**

Some clubs specifically target younger people, such as **Youth club, the youth council, Army Cadets, Scouts and Beavers, Community Mentoring and Support (CMAS), and the Primary School Nurture Hub.** Younger members of the community also benefit from the **Cotswold Club House,** an indoor playground and soft play based at the Gymnastics club.

Other clubs offer activities and services for the older population or the socially isolated and vulnerable, including the **Memory Café, Dementia Support Group, Moore Lunch Club, Cotswold Friends, U3A (University of the Third Age) and the community minibus,** as well as through the advice and guidance service **P3.**

Communications and advertising

The Bourton Browser is a free monthly magazine that is delivered to every house in the Bourton area. There is also a **Health Connect Bourton Facebook** page.

Events

Successfully held for the first time in October 2018, **Bourton Funstival** is a community information event that showcases what is on offer locally and allows local residents to attend trial sessions of activities, gain information and give feedback. The event will be held for the second year running in September 2019.

Local institutions, services and charities

The area has one primary care surgery in the form of the **Cotswold Medical Practice** which is supported by local health charity **Moore Friends.** There are also a number of public buildings that include local **churches** and a **library**.

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[8] SLC Tracker Cotswold 9.9.2019

4.2 Children and Youth

4.2.1 Skills programme for young people – Branching Out

This programme has been run as a joint venture between Gloucestershire Wildlife Trust at nearby Greystones Farm, Cotswold School and the Health Connect project. Its aim has been to offer alternative activities to a select group of secondary school children who are struggling with the mainstream curriculum, and therefore sought to address issues associated with exclusions and absenteeism. This has included young people with conditions such as dyslexia or other types of learning difficulties that could be seen to be holding the young person back in some way, either socially or academically. However, the group has also been open to those students who are struggling in other ways, including those with poor attendance records or with a history of disruptive behaviour.

The group was initiated following a community meeting in which the disruptive and sometimes antisocial behaviour of local young people was discussed. Attending that meeting was the HCO, along with Inclusion Officer from the Cotswolds School, and a representative of Greystones Farm. Following that meeting the three parties came together to implement a scheme that could offer alternative activities to those students described above.

Branching Out has been running since 11th April 2019, and currently has funding to June 2020. During this time two groups of students from the school have been regularly attending the project, one on a Wednesday and another on a Friday (both mornings). Students have been selected to participate by the Inclusion Officer who chose the students that he believed would benefit most from participating. They were then invited to join if they so wished, and once assigned to one of the two groups they attended over a period of six weeks.

Students were transported to the Farm in a minibus and were allowed to wear their own clothes for the project, changing back into their uniforms when they returned to school. Those attending Branching Out were very positive about the experience and stated that it had increased their confidence and provided them with opportunities to talk to new people. The children actively looked

forward to attending, and one child felt that when she returned to school after a visit to Greystones her concentration levels were greatly increased.[9]

"All pupils comment on how their Greystones day is their favourite school day of the week and how it motivates them to attend school and access all their lessons. If pupils misbehave at school or fail to attend they lose their Greystones day that week… The project is truly making a difference to our young people's lives and encouraging them to access their education and therefore improve their life choices when they leave school." **Co-ordinating member of staff at Cotswolds School** [10]

Positive anecdotal evidence was also supported by the figures which showed that school attendance had largely improved for those attending the project, with an average increase of 12% by students involved in the latest round of the project. Feedback from teaching assistants attending the project and from parents and guardians has been hugely positive, indicating that participation has improved mental wellbeing for those attending without exception. The students have been involved in a number of activities on the Farm, including building eight raised beds for planting, building and installing bird boxes and setting up a rainwater collection system.[11] Below are two case studies written by staff at The Cotswolds School about children who have been involved in the project that demonstrate the difference that it has made to their health and wellbeing, both in and out of school. [12]

Case study – Rhys*

Rhys had low level behaviour issues at school, triggered in part by his ADHD tendencies. He also was having social issues in school, with difficulties having friends due to his maturity and language problems. Rhys has always been enthusiastic about school but this has often come out in negative behaviours.

Rhys thinks he is more active since starting the Branching Out project and has become more respectful to nature. In the future, Rhys wants to do a job which involves physical work, no paper work and being outside. Rhys thinks he's more chilled out at school and that he gets his anger out at Greystones.

"Rhys has refined his broad knowledge of the natural environment since starting on Branching Out. Since he started on Branching out, he has been able to establish positive relationships, and generally has a more positive demeanour. Although he still has a tendency to make silly mistakes, he understands the consequences better and only makes them once. Rhys has become much more accepting of his own challenges and has developed strategies to cope with them. Without the outlet Rhys has at Branching Out Rhys is likely to return to his low-level disruptiveness. Branching Out is amazing, it has a positive effect on both the physical and mental wellbeing of all the students." **Teaching Assistant**

"*Since starting out at Branching Out, Rhys has developed a leadership role in the project and has had greater self-worth, which in turn allows him to be himself. As with all the pupils involved with the project, for one reason or another, school was not meeting Rhys's needs, he is now able to deal with the challenges of school with more ease. Rhys really looks forward to Branching Out, and has developed lots of new skills in a safe and environment*" **Teacher**

Case study written by staff at the Cotswolds School.

*Names have been changed to maintain anonymity.

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[9] Researcher notes from visit to Greystones Farm
[10] Branching out update 24.02.2020
[11] Branching out – project status report Q1
[12] Case studies provided by Cotswolds School

Case study – Tom*

Prior to starting on Branching Out, Tom had poor attendance at school, poor behaviour, a lack of direction and poor performance. Tom did not see the point of school - in fact he hated it - and so would not engage with the teachers and support staff in school. Tom would regularly have fixed term exclusions previous to attending Branching Out. It was hoped that Tom would be able to focus better at school and achieve all he was capable of.

"Tom's self-esteem and confidence has grown during his time at Greystones. He has also become easier to reason with and is starting to understand the importance of education and his potential career routes" **Teacher**.

"Tom's communication has improved greatly, he comes and seeks teachers out when he needs assistance to help sort out issues. Tom's attendance at school has improved, especially on Friday when he attends Branching Out, which is now 100%. Branching Out has given Tom drive to get through school, he has a goal in mind now- to become a dry stone waller" **Teaching Assistant**.

"Branching Out has been really good for Tom. Tom's family speak very positively about the project and the impact it has had on Tom's behaviour at school. Being able to go to Branching Out is generally used as a "carrot" to negotiate with Tom over his behaviour." **Tom's safeguarding officer.**

"Coming to Greystones on a Friday is the best day of the week for me and now at school, I stop and think,' will I be stopped from coming to Greystones if I do this?' I still don't like school much but I like it better than I did. I think I have been happier at home and at school since I have started Branching Out" **Tom.**

Tom's teacher feels that without Branching Out, Tom would have been expelled from school, and now be in some sort of alternative provision.

Tom really hopes that branching out doesn't stop and he would be very upset if it does.

Case study written by staff at the Cotswolds School.

*Names have been changed to maintain anonymity.

Activities the pupils have taken part in so far have been:

- Built raised beds
- Build woven hurdles
- Filled and planted raised beds
- Made furniture- chairs, benches and work benches
- Looked after plants/watered plants/harvested
- Created rainwater harvesting
- Fire lighting
- Cooked on fires
- Built drystone wall
- Created "treasure" hunt
- Had wildlife walks
- Made bird/bat boxes
- Hedgehog houses
- Made Reindeer
- Made bird feeders
- Fixed broken fencing (round house)
- Made wooden trellis
- Moved aggregate

Sadly, to date funding bids to continue Branching Out beyond the summer of 2020 have been unsuccessful, although it is hoped that the group will find a way to be sustainable given the positive outcomes achieved.[11]

Clockwise from top left: a teaching assistant weeds the plants and herbs contained in planters made by the children; a bench made by two of the boys attending Greystones; the path leading away from Greystones Farm; one of the planters made by the children during one of their visits; pallets are available for the children to make garden furniture.

4.2.2 Primary School Support

In addition to the work that has taken place to prevent secondary school exclusions, the HCO has also had extensive conversations with the local Primary School. Both schools recognise the importance of working with children from difficult backgrounds and those with special educational needs to make the transition into secondary school as smooth as possible. Most of the children from Bourton Primary Academy will transition to Cotswold School, hence it is important that prevention work starts in the early years environment. Therefore, running simultaneously to the Branching Out project, Bourton-on-the-Water Primary Academy began taking their 'Nurture' students for regular forest school sessions at Greystones (Nurture students attend an 18 week programme at the school, and the course is aimed at children who find attachment to adults and peers difficult). [13] These projects have brought the students from the secondary and the primary school together, the aim being for the secondary school students to support the primary students in learning new skills, therefore building self-confidence and increasing community cohesion. As the largest feeder to The Cotswold School and with almost 100% of Bourton Primary Academy pupils ultimately attending, this programme has provided mutually beneficial transition support for both parties.

In addition to the above, Health Connect has provided the Primary Academy with £3,000 to fund training for a Nurture Practitioner in child counselling and child relaxation classes in order to offer alternative packages of support to families. This has been part of the development of a programme of support which has been designed to be sustained long term and will ensure that this work has a lasting impact on the resilience of the children involved. Lastly, the Primary Academy has been working on developing a wellbeing policy and way of working that can also be sustained long term, both in terms of funding and staffing.[14]

4.2.3 Consultation with young people

Working alongside Community Mentoring and Support (CMAS) and The Cotswold School, Health Connect aimed to conduct a consultation with local young people. However, during the project the parish council became unhappy with the services that were being delivered by CMAS (including the youth club and local outreach work). A meeting was held between the Parish Council, CMAS and the Operations Director of Prospects (Gloucestershire Youth Support) with the aim of reviewing the current youth work provision. This involved assessing what works, what doesn't and how this fits with the overall ambitions of the parish council. Although it was made clear at this meeting that the current outreach work was ineffective, there has been no follow up to date on the part of CMAS and no changes have been made therefore this particular piece of work has not been able to progress during the funded period.[15]

4.2.4 Youth council

In collaboration with CMAS and Bourton Parish Council, Health Connect has been trying to establish a youth council since April 2019, but there had been a number of delays to the project, largely associated with resourcing issues at CMAS. Recruitment to the project was temporarily put on hold due to the fact that the initial youth worker left the post prior to the start of the school holidays, leaving a long hiatus between then and the start of the 2019/20 school year.[14] However, a new worker was recruited and has now successfully started a youth council which has already had its first meeting. During this meeting the young people involved agreed that they would like this group to be named 'Voices of the Future' and they have designed a logo which the youth worker is currently getting digitised.[16]

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[13] Bourton on the Water Primary Academy website
[14] Written update from the HCO 10.09.2019
[15] Verbal update from the HCO 28.08.2019
[16] Update from the HCO 21.02.2020

4.3 Long term conditions/prevention and self-care

4.3.1 Community Health Champions (CHC)

Despite initial problems attracting volunteers, six local people have now been successfully recruited to take part in the Community Health Champions (CHC) initiative as the result of a Facebook advertising campaign (see figure 3 below). This piece of work was initiated by the Community Outreach Worker with the aim of recruiting and training local residents to promote health and wellbeing to fellow citizens within the community. The worker had been aware of similar initiatives elsewhere in the country and as such made contact with places such as York where they were known to have been proactive in this area. Through her research and discussions with similar local schemes elsewhere in the country she was able to design a successful model for Bourton which involved a training and learning element as an incentive to attract and retain volunteers.[17]

The volunteers have therefore now received training in areas affecting health and wellbeing - such as domestic abuse and dementia – and are keen to look at other subjects such as suicide prevention in the future. Two network meetings have also now taken place, led by the Community Outreach Worker. Volunteers are expected to give just an hour of their time each month, and the initiative has attracted a variety of people from the local community. They range in age from two people in their twenties to a gentleman in his eighties (although this individual has recently stepped down from the role). Each CHC has a different personal reason for wanting to take on the role, but many have volunteered because they have personal experiences that they would like to share with others. An enthusiasm for maintaining health and wellbeing is therefore the only prerequisite for the role.[17]

Figure 3: Facebook advert recruiting Health Champion[18]

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[17] Interview with the Community Outreach Worker 26.02.2020

[18] Health Connect Bourton Facebook page

It is hoped that the Health Champions will go on to train local people so that they will also be able to give health and wellbeing advice to neighbours and other local people they may come into contact with.[3]

4.3.2 Community Outreach Worker

In early 2019 a Community Outreach Worker was recruited to assist the HCO in delivering the Health Connect Project. The aim of the Community Outreach Worker's role is to improve self-care and the health of individuals in the local community by providing advice as well as motivational and practical support on a one-to-one or group basis.

The key responsibilities of the outreach worker – as featured in the original job description - include the following: [4]
- In collaboration with Bourton primary Academy to identify, make contact and engage with individuals who may require assistance with improving their health and wellbeing or accessing health services
- To build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counselling and advocacy.
- To develop a local 'Health Champion' scheme
- To advise on healthy living options and behaviours in a clear, easy to understand way
- To support individuals in learning how to make better informed health choices
- To support individuals in making and sustaining behavioural changes
- To promote Health Checks and other relevant health messages/initiatives (i.e. Flu vaccinations)
- To work in close partnership with the local health and social care services and other relevant local stakeholders
- To signpost to relevant services as required

Currently the Community Outreach Worker's primary role is to drive the CHC work forward, but she is also involved in the Dementia Friendly Bourton work which is ongoing in the area (see section 4.3.4), was part of the Bourton Funstival organising team (see section 4.4.1), and was a key part of the Diabetes work (see section 4.3.3).

The Community Outreach Worker is a very strong asset to the project, not least because she brings with her a number of years of experience in a range of similar roles. These include home visiting for the Department of Work and Pensions to assess mental capacity, as well as time spent as a health and wellbeing champion in the North of England. Her work has also been praised highly by the HCO who fully supports continuing her role beyond the SLC funding period.[19]

Although some extra funding has been found to extend the post for a further six months, the worker is very keen to carry on the role beyond this and is actively seeking additional funding. Given what has been achieved so far and in such a short space of time this would clearly be beneficial in driving the work forward beyond the SLC programme.

4.3.3 Diabetes programme

The diabetes programme ran from April to July 2019 in collaboration with Cotswold Medical Practice, and a 12-week Physical Activity programme for diabetic patients was devised. Cotswold Medical Practice sent out invitations to information events to patients and 26 people attended, 20 of whom

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[19] Second interview with HCO 31.01.2020

signed up for the programme. The programme was supported by the Community Outreach Worker, and one of the unexpected benefits of the programme was that it brought patients together as a team. This gave them the opportunity to get to know each other, addressing issues of social isolation and loneliness that some of them had been experiencing in addition to the obvious benefits of managing their health. [17]

All attendees were over pension age, with one participant aged 92. The programme was evaluated using fitness testing, as well as through questionnaires. Although there was some drop out - five dropped out of the programme, three due to health problems – all who stayed in the programme until the end improved their physical fitness as a result of the course.

A feedback session was held and overall the response to the course was very positive. The programme clearly demonstrated that there is a need for these kind of specialist classes amongst the older generation and as a result a new specialist exercise class aimed at this target group is now being run at Bourton Leisure Centre.[16]

4.3.4 Dementia Friendly Bourton

In October 2018 a Dementia Awareness Session took place in Bourton aimed at businesses and anyone else who wanted to get involved. Due to high levels of interest, a second session then took place in November 2018 which was open to everyone, with the primary purpose of developing a local dementia support group.[2,3]

A third dementia session was then delivered to members of the Bourton and District University of the Third Age (U3A) members in January 2019, and around 30 people have now attended the awareness sessions in Bourton. As a result of these sessions a Dementia Friends Committee (DFC) was established, the purpose of which was to create a group of volunteers that would help make Bourton a dementia friendly place. Community Dementia Link Worker Training was also delivered in September and October 2019 by the Gloucestershire Dementia Training and Education Team. Twelve local individuals from a range of backgrounds attended this course and through their newly gained skills, knowledge and confidence they were able to increase local capacity by educating others.

In July 2019 three DFC members had a promotional stand at the local Co-op where they raised awareness and informed local people about the purpose of their work. The work of the DFC has continued into 2020 and there are plans to meet in March of this year to agree specific actions for the coming months. The focus will be on continuing to raise awareness amongst local businesses and residents, as well as offering some specific events such as a tea dance or intergenerational activities. There are also plans for a summer 2020 workshop which will be open to anyone from across the district who is interested in building dementia friendly communities, with advice on how to conduct inclusive building audits.[16] This piece of work has been led by the HCO and is supported by the Community Outreach Worker.

4.4 Community Activation

4.4.1 Bourton Funstival & Quality of life consultation

A community event took place on 21st October 2018 that showcased the support and activities on offer locally. The aim of the event was to bring local residents together and inform them about the project. Additionally, the event served as an opportunity to launch a wider Quality of Life Consultation.

Figure 4: Advertisement for the 2018 'Funstival'

Figure 5: The updated 2019 Funstival poster

The Funstival offered a range of free activities for everyone, and the day was such a success that a second Funstival event took place the following year on 21st September 2019. However, visitor numbers were somewhat lower at this second event than they had been the year before, and as a consequence there are currently no plans for a third event in 2020.

When reflecting back on the event, it was felt by some that the Funstival had taken place too early on in the project and that more preparatory work needed to be done before another could be held for the whole community:

> *"[A member of the parish council noted that] it felt like we are trying to put the icing on the cake, but we haven't really finished the cake.'"* ***HCO*** [19]

However, despite the lower turnout one of the positive outcomes of the event was that it was successful in bringing local organisations together. Therefore the HCO and the Community Outreach Worker are hoping to instead hold a gathering for local groups and organisations later in the year to provide them with the opportunity to network and potentially collaborate.[16]

4.4.2 Community consultation

An initial community consultation was launched at the first Funstival event in late 2018 via a short survey (see Fig 6 below).

Figure 6: The short survey, October 2018

Figure 7: Examples of feedback given by local young people and hung on the 'washing line'

Views of young people were also canvassed at the event and children were asked to write what they liked and disliked about the area on paper clothing, then these were hung up and displayed on a 'washing line' at the event (Fig 7 above).

4.4.3 Communications

A Facebook page was set up for Health Connect Bourton in order to reach local people, but despite being updated reasonably regularly at the peak of the project it only has 34 'likes' and 42 people following the page. It has not been updated in recent months.

A monthly Health Connect feature has appeared in the Bourton Browser, which is delivered for free to every household in the area. This has enabled the Health Connect project to promote upcoming events and promote important health messages. Whilst this is a very valuable local paper – it lists all the groups and local events – it is thought that not everybody engages with it.[3]

4.5 Young people's views of living in Bourton

As the focus of the work in Bourton was largely on working with local stakeholders and developing activities through a more strategic approach, opportunities to consult with local people as part of our evaluation were less forthcoming than in other districts of the SLC project. To address this, a member of the research team attended a local youth club (arranged through the HCO) in order to speak to some local young people about how they felt about living in Bourton. Children and young people attending the youth club were asked if they would like to take part in two exercises with the aim of gathering their thoughts on what they like and dislike about the area. Approximately twenty children participated in the first exercise, but this was reduced to around half for the second as some chose not to participate further, and the majority of these were in the older age group.

4.5.1 Exercise one - likes and dislikes[20]

Junior children (school years 6 and 7) were asked to stand on an imaginary Likert scale from 1 - 10 on the floor, depending on how much they liked or disliked the area. They were then asked to write down the reason why they hand chosen to stand on that particular spot. The older children (school years 8 and 9) were not asked to stand on the line and instead wrote their answers on some flipchart paper.

Although some of the younger children gave silly answers to the question, there were a few that were worthy of mention, such as not liking the area or thinking it was 'like a museum' (a possible

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[20] Information gathered from fieldwork at Bourton Youth Club

reference to the influx of tourists on the village). At the more positive end of the spectrum, some of the children remarked on how they enjoyed the local scenery and the river. It is interesting to note that the more negative or neutral respondents weren't able to articulate specific reasons for why they felt the way they did – 'it's rubbish' or 'not sure' being common answers – whilst those who felt positively about the area were able to list the things they liked, such as having lots of friends, the people being friendly or liking specific shops.

Older children appeared more concerned with issues that their parents may have raised, such as the tourists, issues with parking and there being too many pubs. However, there was a lot of talk of needing more things to do for their age group, as well as a perceived mistrust of teenagers and young people from older residents.

Again, many commented on how much they liked the shops and appreciated the scenery, or how Bourton is a friendly place to be, with kind people. In fact the list of positives was long for this age group, and overall the neighbourhood appeared to feel to them like a friendly, nice place to live.

4.5.2 Exercise two – 'Mayor for the day'[20]

The young people (juniors and seniors) were subsequently asked what they would do if they could be mayor of Bourton for the day and change something about the area. The overwhelming result from both age groups was that they wanted bigger or better parks and green spaces, but there was also a strong theme amongst the older children around having somewhere to go and spend time. Many of them mentioned fast food outlets, but some said this was because it was somewhere to 'hang out' as much as anything else. Some wanted better shops, less tourists or improved parking (again perhaps due to parental concerns associated with these issues). Perhaps the most interesting and poignant of all responses however, was the contribution of one of the older children who simply wrote the word 'trust'. This supports some of the comments in the previous exercise regarding perceptions of young people, and is also an issue locally that the Health Connect project has been aware of from the outset.

The results of the youth club activities can be seen in more detail on the following pages, and may provide a useful starting point for taking forward the work with young people if continuation funding is found for the project. The exercises showed that there are clear potential areas for development with regards to facilities for young people, as well as for transforming relationships between old and young within the locality.

4.5.3 Baseline questionnaire data for young people[21]

As part of the data collection process for the evaluation the original intention had been to collect baseline data from all project participants. However, due to the nature of the project in Bourton, questionnaires were adapted for two key recipient groups: young people and stakeholders (see also section 4.7). Although these were not followed up beyond baseline, the results are worthy of mention here with regards to the aspirations of young people living in the area.

12 young people completed the questionnaire in June 2019 and were asked to indicate where they felt they were in terms of wellbeing on a ladder, where each rung represents a number 0 – 10 (0 being the worst possible life, 10 being the best). Eight respondents said they were either a 7, 8 or 9 and one was even a 10. Three however were much less satisfied with life, two of whom reported they were a 5, and the third a 4. This certainly indicates that some young people may require additional support, particularly with regards to their mental wellbeing and sense of satisfaction with life.

Respondents were also asked to complete a section stating what they would like to do or see happen in their local community. Although not all completed this section, similar responses were given to the youth club exercise above – two wanted a local cinema and another more greenery. Two respondents also talked about environmental issues and hoped for less pollution or 'help for the bees'.

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[21] Responses to the baseline questionnaire for young people

Youth club exercise one: how much do you like living in Bourton and why?
(Years 6 and 7)

0 – Because I don't like the area

0 – Because it's rubbish here

9 – I feel a nine because I love school and I can make loads of friends because it's a small village. I like the bridges and water

10 – The reason I love living in Bourton is I love the fish and chip shop

9 – I like the river

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

0 – [no reason given]

1 – [Silly answer given!]

0 – Because it's like a museum and I don't like museums, so I would [rather] live in London

5 – Because I'm not sure!

5 – Too busy!

7 – Because I am so busy

7 – Because I had to read my school book

8 – I don't know why!

10 – Because I love getting sweets from the sweet shop

10 – I love the scenery and lots of people are kind. I love all the communities, clubs, schools, attractions and the buildings

Youth club exercise one: what do you like and dislike about living in Bourton? (Years 8 and 9)

People expect teenagers to be loud and naughty be we aren't

Nothing to do except homework

Lots of work opportunities

We make friends

The scenery

Houses

Teachers set too much homework

Parking is terrible

Lots of shops compared to other villages

The neighbourhood

Londis

The glorious river

Tourists walk on the road and take pictures of you

Too many pubs

The adults

Shops

Youth club

Sweet shop

Litter

Tourists

I like the parks

Lots of things to do

Rivers

Close to school

There's too many tourists and no one trusts teenagers

People just think teens break everything

Friendship

Clubs (youth)

People

Friendly people

Youth club exercise two: what would you do if you were Mayor of Bourton for the day? (All years)

Juniors

- More football
- Make Bourton a better place
- Subway
- Trust
- I would like bigger parks
- I would change the amount of litter around Bourton
- A McDonalds, a Toys 'r' us and an arcade for kids with trampolines
- Trampolines
- Bring back Countrywide stores (local store that closed down)
- Double yellow lines
- Have a massive soft play
- A zip line in the parks
- Make-up store
- Bowling
- Co-op
- Go-karting
- McDonalds (x 2)
- Less litter
- Parks
- Supermarkets (Aldi x2, Tescos)
- Greggs (x 2)
- Laser tag
- Something for teens to do like a community centre or open place
- Car parks/more parking spaces (x 2)
- Parks not for babies
- A park that is suitable for teenagers
- Chinese (x 2)
- Café for teens to hang in

Seniors

4.6 Partnership working and Steering Group

One of the key features of the Health Connect project has been its focus on partnership working and bringing together local stakeholders. The HCO has been instrumental in achieving this, and many local relationships have been developed and established as part of her role. After initial conversations a Steering Group was established with these partners in order to establish the local assets, but also to identify any gaps in provision or unmet need. During these early consultations with stakeholders and local organisations, the key issues were established and prioritised for the area. As outlined above, these included:

- Young people, largely due to known problems around exclusions from school and antisocial behaviour;
- Dementia due to the high levels of older people in the area;
- Self-care. There was an awareness that the project had a health focus and would therefore be able to assist in work with patients with long term conditions, such as diabetes.

Much of this early work became established because the project worker had already made connections with a number of people and useful organisations across the county through her ongoing role at the council. A key part of her job since taking on the SLC work has been to facilitate this partnership working, and she has been successful in bringing together a broad range of parties, including the following (all of whom are currently members of the Steering Group):

- Bromford Housing
- Parish Council
- Cotswold Medical Practice
- Wellbeing Service
- Community Mentoring and Activity Service (CMAS)
- Two local residents
- Primary and secondary school
- Cotswolds Friends – a befriending and transport service based in Moreton-in-the-Marsh, working with vulnerable people
- Clinical Commissioning Group (CCG). Their membership is largely to ensure that work isn't duplicated elsewhere
- More Friends – a local charity who fund lots of activities with a focus on health
- County Councillor Steven Hurst
- Age UK
- Leisure Centre

The HCO established this group initially by talking to all of the above on a one-to-one basis, explaining the purpose of the project and inviting them to attend. The project worker reported that all of these stakeholders have been very supportive of the project throughout.[3] Furthermore, other individuals or organisations have also proven to be key collaborators, including the local Co-op and the Reverend from the Baptist church.[19]

4.7 Baseline stakeholder questionnaire data[22]

From early on in our evaluation it became clear that the initial plan to collect baseline and follow up questionnaire data for project participants would not be applicable uniformly across all districts. This

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[22] Responses to the baseline questionnaire for stakeholders

was particularly true in Bourton, where the focus has been largely on stakeholder collaboration and relationship building. The questionnaires were therefore adapted for Bourton from the original design to make them suitable for the different parts of the project that were up and running at the stage of baseline data collection. Two versions were therefore produced, one for stakeholders and another for young people (the latter is discussed further in section 4.5.3 above). Unfortunately follow up for both groups was not possible, so there is no comparative data for later in the project. However, nine local stakeholders completed the baseline stakeholder questionnaire in June 2019 and their responses are worthy of note as they provide a snapshot of how stakeholders engaged with the project during the second year of funding. Questionnaires were completed by collaborators from the following organisations:

1. Bourton Primary School
2. Cotswolds Friends
3. NHS Gloucestershire CCG
4. Moore Friends
5. Cotswolds District Council
6. Bromford Housing
7. Gloucestershire Rural Community Council
8. Adult Education
9. 2Gether

A member from each organisation was asked to complete the questionnaire and a summary of the questions and responses can be found in Table 2 below. The number in each box indicates the amount of respondents who chose each option, and the green highlighted box indicates the most common response to each question.

Table 2 – Baseline stakeholder questionnaire responses

In your view…	Poor	Moderate	Excellent	Don't know	No response
How effective has your working relationship been with Health Connect's project team?		3	5		1
How effective is Health Connect's project team in identifying local community needs?		1	6	1	1
How well informed do you feel about Health Connect's activities in terms of…	1 (not well informed)	2	3	4	5 (very well informed)
The target, or priority, groups for the service/activities?			3	5	1
What the service/activities aim to achieve for individuals?			5	2	2

	1 (Strongly disagree)	2	3	4	5 (Strongly agree)	Don't know
The outcomes for participating individuals?		1	5	2	1	
Availability and accessibility of service/activities?			5	3	1	
How service/activities fit with existing local services?		1	4	2	2	
What the project aims to achieve overall?			3	4	2	
To what extent do you agree with the following statements?	1 (Strongly disagree)	2	3	4	5 (Strongly agree)	Don't know
The project supports the NHS by providing preventative and/or alternative services		1	2	3	3	
The project supports other statutory services by providing preventative/alternative services			4	2	3	
The project appears to lack clear outcomes for participants	3	2	1	1		1
The project addresses local priorities for promoting health and wellbeing			4	3	2	
The project appears to duplicate other locally available services	1	3		3	1	1
Local communities/target groups have a good awareness of the project's services		1	4	3		1
Local statutory bodies have a good awareness of the projects services		2	1	5		1

As there is no follow up data for comparison, the survey data solely provides insight into how respondents felt about the project at the time of completing the questionnaire. It is also worth bearing in mind that some of the respondents had been working directly with Health Connect, whereas others were more peripheral and therefore had less knowledge of the project. However, overall the results show that local stakeholders had started to develop good working relationships with the project, and that Health Connect was considered to be excellent at identifying local need.

In general, organisations felt that they were moderately well informed about what the activities aim to achieve, the potential outcomes for individuals, availability and access, how it fits with existing local services, and the aims of the project. This indicates that more work was needed to improve information dissemination relating to the project.

The majority of respondents agreed – some strongly – that Health Connect supported the NHS and other statutory services by providing preventative services, however many appeared unclear about what the project outcomes were. There was moderate to strong agreement that the project addressed local health and wellbeing priorities and there appeared to be a good awareness of the projects amongst local groups and strategic bodies.

There were mixed opinions regarding whether the project was duplicating the work of other local services, but this question was poorly worded and it was unclear as to whether duplication was seen as a good or bad thing within this context.

4.8 Project activity

4.8.1 Timeline of events

Table 3: Summary timeline of project events

Project timeline		
2017	June	
	July	
	August	
	September	The HCO started working on the project – asset mapping – desk research
	October	The HCO had numerous face to face conversations with local stakeholders
	November	The HCO had numerous face to face conversations with local stakeholders
	December	The HCO had numerous face to face conversations with local stakeholders
2018	January	Bourton Steering set up an first Group meeting held Analysing outcomes of meeting and priority setting
	February	
	March	ALS 1 – planning meeting. The HCO attended Community Outreach Worker starts in post
	April	
	May	Second Bourton Steering Group meeting held Conversations with Cotswld School and CMAS re youth work
	June	ALS 2 – Glos City. The HCO attended Consultation with young people at Cotswold School
	July	Community Activation Work Group Meeting held (later to become Funstival working group)
	August	Funstival Planning More in depths conversations with Dementia Training and Education team about Bourton Dementia Work
	September	Funstival Planning ALS 3 – Forest Green. The HCO attended Conversations with Wildlife Trust and Schools about possible project for young people at risk of exclusion 3rd Steering Group meeting held Developing Flyer for Bourton Dementia Awareness activities
	October	First Funstival held in Bourton

		ALS 4 – Cinderford. The HCO attended.
		First dementia Awareness Session held
		Ranching Out project proposal being developed
	November	ALS 5 – Bourton. The HCO hosted and presented.
		Further conversations with Cotswold School about Branching Out
		Second Dementia Awareness session held
		Community Consultation survey goes live
	December	First Conversations about possible diabetes project with Cotswold Medical Practice
		4th Steering Group Meeting held
		Branching out proposal finalised by Wildlife Trust
2019	January	Dementia Awareness session held for Bourton and District U3A members
		Branching Out funding confirmed by Health Connect
		2 Consultation Drop-Ins being held at Community Centre
		Planning of diabetes project
		Youth Council Planning meeting
		ALS 6 – Cheltenham. The HCO attended
	February	First DFC meeting
		2 Consultation Drop-Ins being held at Community Centre
		Outreach Worker Recruitment
		Medical Practice sent out invitation letters to patients with Diabetes
	March	Community Consultation finished
		Youth Council recruitment begins (although later put on hold)
		Interview with UWE researcher
		2 Information events held for patients with Diabetes about Physical activity programme
		Community Outreach worker starts
	April	Branching Out starts at Greystones Farm
		Diabetes programme starts
		Second DFC meeting
		5th Steering Group Meeting held
		Conversations about youth work being held
	May	Health Champion scheme idea and flyer being developed
		Meeting re youth work in Bourton
		3rd DFC meeting
		Meeting with Parish Council, CMAS and Prospects regarding Youth Work in Bourton
	June	Planning for Funstival 2019 begins with first planning group meeting
		Meeting with Barnwood Trust
	July	Diabetes Physical Activity Programme finished
		4th DFC meeting
		Conversations and planning around sustainability of project aspects
		DFC promotion stand at Co-op in Bourton
	August	
	September	Second Funstival is scheduled
		Youth Council recruitment resumes
		Community Dementia Link Worker Training

	October	Community Dementia Link Worker Training
	November	Health Champon have been trained
		Dementia Awareness session
	December	Parish Council forms new Committee looking at Community Wellbeing
2020	January	First Community Health Champion Meeting
	February	Second Community Health Champion Meeting
		Parish Council submitted application to Cotswold DC for aspects of the project to be continued and developed further
	March	5th DFC meeting planned – action planning for 2020.

5. Community engagement with the project: summary

Table 4: Summary of key projects and indications of community engagement

Activities led or supported by the project	Indication of community reach or engagement	Source/Note
Dementia Friendly Committee	10 members of which ca 8 are active members	HCO
Dementia Awareness sessions	Around 30 people attended so far	HCO
Funstival 2018	23 groups with stalls and around 280 visitors	HCO
Branching Out	12 Pupils attending	HCO
Community Consultation	203 questionnaires have been completed (160 online, 43 paper versions)	HCO
Consultation with young people	…	HCO
Steering group meetings	20 people are part of the steering group with on average 10 people attending	HCO
Diabetes Physical activity programme	26 patients engaged, 20 signed up, 14 completed	HCO
Community Health Champions	So far 5 volunteers recruited	HCO
Dementia Link worker Training	12 attendees	HCO
DFC promotion at Coop on 6th July	Members talked to around 20 people	HCO

6. Financial, resource, and social value aspects of the project

The HCO was asked to think about how her time has been divided up in terms of project tasks. She felt that liaising with stakeholders probably took up 50% of her role, primarily because a lot of her time was spent talking to people, either on the telephone, by email or in person. Administrative and office time was reasonably minimal at 15%, with the rest of her time in post dedicated to delivering and running community activities.

Figure 8: Distribution of tasks
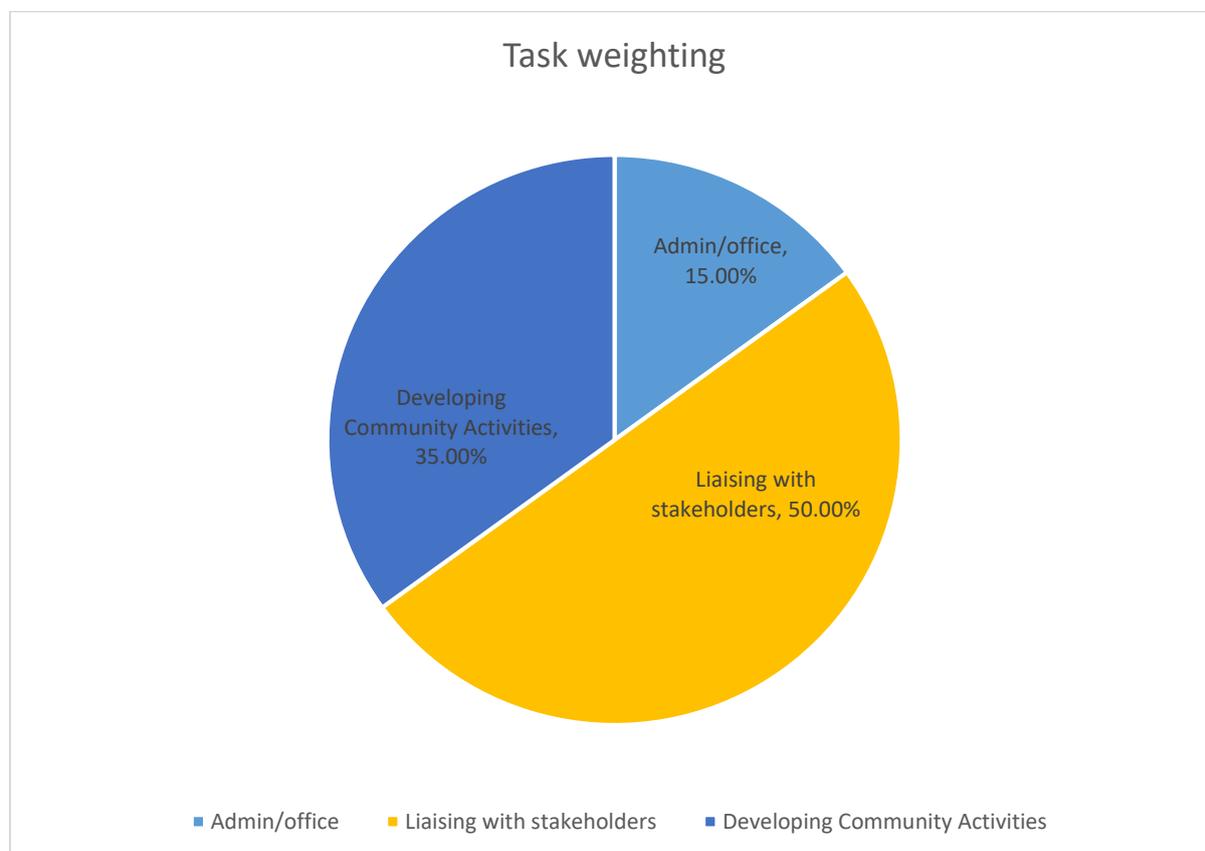
The HCO has also provided a rough breakdown of the project costs, as shown in the table below.

Table 5: Breakdown of project finances

1. Project Budget			
Direct Project Costs	**Description**	**Planned**	**Actual**
Community Worker	*Community Outreach Worker*	*£11,000.00*	
Sessional Worker	*CMAS Support-Youth Work*	*£2,025.00*	
Other worker	*Diabetes PA Instructor/2x 15 Sessions, 2 Instructors,*	*£2,000.00*	
Recruitment	*N/A*		
Activity costs	*Community Events*	*£1,500.00*	
Office space	*N/A*		
Volunteer expenses			
Training	*N/A*	*£2,000.00*	
Travel			
Events/conferences			

Computer, internet, phone	*N/A*		
Meeting room hire	*N/A*	*£150.00*	
Other	*Youth Project - Secondary School Support*	*£19,365.00*	
Other	*Youth Project -Primary School Support*	*£3,000.00*	
Other	*Promotion*	*£1,000.00*	
Other			
Overhead costs		**£42,040.00**	
Management & Overheads	*15% of total project budget*	*£6,450.00*	
Total SLC programme funding		**£43,000.00**	
Added Value			
Meeting rooms	*10x £11 per hour*	*£110.00*	
Volunteer time	*100 hrs @ £8.5 Living Wage*	*£850.00*	
Training	*Package of support provided by consultancy*	*£2,500.00*	
CDC in-kind support promotion and printing	*design of flyers, posters etc, printing*	*£2,500.00*	
Community Saftey Funding		*£5,000.00*	
CDC in-kind support staff time	*approx. 1.5days/week*	*£10,500.00*	
Total Added Value		£21,460.00	
Total project funds		**£64,460.00**	

2. Breakdown by Project Area

Area of the project	Further details		
Community networking, engagement, asset mapping	*Mainly at the start of the project*	*15%*	
Training, facilitation and support of community members	*Mainly at the start of the project*	*10%*	

Supporting community activity 1	*Neighbour garden project*	*10%*	
Supporting community activity 2	*Inter-gen activity through nursery*	*10%*	
Supporting community activity 3	*Support project at community café*	*5%*	
Supporting community activity 4	*Community choir start-up*	*5%*	
One-off events	*1 per month approx with partner agencies*	*10%*	
Work with GP and other key partners	*Monthly meetings*	*5%*	
Admin, evaluation, reflection, professional development	*Work with UWE evaluation and ALSs*	*15%*	
Other			
Other			
Management & Overheads		*15%*	
Total		100%	

7. Engagement with the SLC programme Action Learning Set

As part of the SLC programme, workers were encouraged to attend a regular Action Learning Set (ALS) meeting. These meetings were hosted on a rotation, with each area hosting at some stage in the process. Hosting an ALS generally required the worker to present their project and to discuss a 'burning issue'.[23] The rest of the group were then invited to ask challenging questions and offer support to the worker in order to help them find solutions to their issue. This frequently resulted in good reflective practice – not just for the host, but for all attendees – and was a valued opportunity to share learning and community development experiences.

The HCO was very engaged with the ALS process and attended the first six of a total eight (although it should be noted that attendance at the last meeting was low across the board). The HCO hosted ALS 5 on 5th November 2018 and presented an overview of the project, although the discussion focused more broadly on ideas and less on a burning issue on this occasion. This was because she felt that at the time of her ALS there was no specific subject to focus on or that she was finding problematic.

Table 6 – attendance at ALS meetings

Action Learning Set 1	HCO attended
Action Learning Set 2	HCO attended
Action Learning Set 3	HCO attended
Action Learning Set 4	HCO attended
Action Learning Set 5	HCO hosted
Action Learning Set 6	HCO attended
Action Learning Set 7	Unable to attend

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[23] Intrac guide

Action Learning Set 8	HCO attended
Action Learning Set 9	Unable to attend (attendance overall very low)
Action Learning Set Share and Learn event	Unable to attend

Although the HCO felt her role was slightly different to some of the others attending the ALS meetings, she still felt able to learn from the experiences of others and found it reassuring to hear that others were experiencing similar challenges within their areas.[19]

8. Sustainability and future development of project activities

It was never the intention of Health Connect to take the lead in activities and the aspiration from the start was that sustainability could be achieved through the ongoing engagement of local people, active citizens and paid project staff.

Sadly Branching Out is still seeking funding and is currently unable to attract a sponsor. Given the fantastic progress that this initiative has made in building confidence in those attending and reducing bad behaviour and poor attendance at school, this would be a great loss if it were not to continue.

The HCO is confident that the Dementia Group will carry on beyond the funded period and will be self-sustaining. The group has attracted good support locally and meetings have been well attended. The parish council has recently met to discuss the future of the Bourton Funstival event, and although it is likely to take a different form this year, it appears that this will now be an annual festival and therefore a lasting legacy of the project.

A number of local people are now engaged in various elements of the project. One local woman in particular has become increasingly involved in the community as a result of her engagement, and is now a member of the parish council and a valued contributor. There is some concern however that - as with all volunteers – at some stage in the near future this individual will need to move on or take up paid work elsewhere:

> *"…But by then we would have formed a base for the community to take it up themselves hopefully. But with all the work she has done with the parish council I think that's a really good starting point – even though she might not be there any more, it's embedded in there."* **HCO**[19]

Likewise, the Community Outreach Worker represents a real asset to the project and she hopes to soon secure additional funding in order to continue her work. The HCO has stepped back a little in recent months and some of the work has been handed over to these key people in order to take the work forward. Much of this will include continuing to drive forward culture change within the parish council and persuading them to think differently about improving local health and wellbeing, moving away from more traditional approaches. Although this was challenging early on, this strategy is starting to show positive signs of progress in recent months.[19]

Despite early problems with the recruitment of volunteers, the Health Champions scheme has now become a potentially sustainable element of the project and participants are dedicated and engaged. This has been achieved largely through providing good incentives to volunteers through ongoing training and support.

Cotswold District Council have recently created a new committee that is concentrating on community wellbeing. This committee has a small budget to support community activity, and applicants are invited to complete a form if they wish to be considered for funding. Bourton Parish Council has now successfully applied to the grant, proposing that they use the money to enable ongoing work in three key areas:

1) To start the conversation, identify local interest and to provide mental health first aid training

2) To support the already identified and trained Dementia Friendly village volunteers

3) To promote Gloucestershire's Suicide prevention training.[24]

This application has been successful largely due to the project's ability to prove a track record in this area following the SLC funded period.

9. Discussion of strengths and main areas of project success

One of this project's greatest strengths has been the Branching Out project, a programme developed with local stakeholders at the Cotswold School and nearby Greystones Farm. This project has been very successful in engaging secondary school children who are struggling with the mainstream curriculum. The project offers an alternative, hands-on experience to these pupils at a local farm where they have been involved in activities such as planting herbs and flowers and building outdoor furniture and planters. The results indicate that attendance levels have improved for the majority of students taking part, and great improvements have been made in terms of attendance and behaviour.

The HCO (supported by the Community Outreach Worker) has successfully established a Dementia Friends Committee in Bourton, the purpose of which has been to make the area more dementia friendly. This group have received training through the Gloucestershire Dementia Training and Education Team, and 30 people have attended awareness sessions. They have also undertaken outreach work and have promoted their message through running a stand at the local Co-op.

The Bourton Funstival has proved to be very popular in previous years and despite a dip in attendance in 2019, it is hoped that it can continue in some form in 2020.

One of the major strengths of the project is the HCO herself who has performed a vital facilitation role. She has approached the work by bringing together local stakeholders and interested parties in order to directly tackle the local priorities identified at the start of the project. This has led to a high number of project outputs as she has been able to keep the momentum going and liaise between stakeholders as the project has progressed.

The Community Outreach Worker has also been a great asset to the project, bringing a range of skills and experience to the role. This has meant that the HCO has been able to take a step back in recent months and hand some of the work over as she begins to concentrate on other projects.

Towards the end of the funded period the HCO attended a celebration event for the whole SLC project. Accompanying her to this event was one of her active volunteers who has been integral to Health Connect, particularly through her work with the parish council. At this meeting, both became quite emotional as they looked back over what had been achieved in the time. Later, the HCO was asked during an interview with a member of the evaluation team if she could say a bit more about what had prompted this response:

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[24] Application to the Community Activity Support Grant

This demonstrates that for this project, having someone such as the HCO in a strong leadership role has clearly helped to drive the work forward and build high levels of trust. She has also gained the loyalty of some key people - whether in paid or voluntary roles – who are able to take this work forward as her focus shifts to other areas of work within the district.

10. Discussion of challenges arising for the project

Securing funding to enable projects to continue after the current funding period has been an ongoing challenge, for example for Branching Out and for the continuation of the Community Outreach Officer role. However, it is hoped that the project can now demonstrate the value of these key elements and the results they have produced, and the HCO and her colleagues are actively seeking out and applying for funding from a range of sources.

Our discussions with young people indicate that there is still much work to be done with this age group, particularly with regards to what is available to them outside of school hours. It is clear that many still feel there is a lack of facilities, and that they are misunderstood or mistrusted by residents from older age groups. The HCO is in agreement that this is an area for future development and agreed that the work with young people had been slow to become established in the time available.[19]

11. Conclusions

The flexible 360° approach has led to a wide range of project outputs. In contrast to other SLC projects, more project funding has been allocated to directly support community activities. Examples include Branching Out, a scheme to engage secondary school children who are struggling with the mainstream curriculum, offering hands-on experience at a local farm. Results show attendance levels have increased for the majority of students and behaviour is greatly improved for those involved. The project has also established the Bourton Dementia Friends Committee, a joint volunteer and practitioner group aiming to make the area more dementia-friendly. The diabetes programme has been successful in engaging a group of local people not only in physical activity, but in a group that can also provide mutual, emotional support. The Community Health Champions group also continues to grow and shows great promise as a health and wellbeing resource within the local community. Many of these project activities have been well supported by the highly skilled and experienced Community Outreach Worker.

Partnership working and collaboration between local stakeholders has been a major project output, and a steering group has been successfully established as a result of the HCO's effective facilitation skills. A number of local people continue to be very supportive of the project - either as individuals or organisations – and as a result many activities look likely to be sustainable beyond the initial SLC funding period. However, more work needs to be done to attend to the needs of young people living locally, and should funding be found for the project this should now be a priority going forward.

12. Sources of data

The evaluation draws upon a variety of sources of data collected from the inception of the project. These include:

1. Information gathering sheet – Cotswold District Council
2. Presentation by Jacqui Wright at Action Learning Set 5
3. March 19 interview
4. Community Outreach Worker job description
5. Action learning set one – planning meeting
6. Meeting with Jacqui Wright 29th October 2018
7. Cotswold small area profile
8. SLC Tracker Cotswold 9.9.2019
9. Researcher notes from visit to Greystones Farm
10. Branching out update 24.02.2020
11. Branching out – project status report Q1
12. Case studies provided by Cotswolds School
13. Bourton on the Water Primary Academy website
14. Written update from the HCO 10.09.2019
15. Verbal update from the HCO 28.08.2019
16. Update from the HCO 21.02.2020
17. Interview with the Community Outreach Worker 26.02.2020
18. Health Connect Bourton Facebook page
19. Second interview with HCO 31.01.2020
20. Information gathered from fieldwork at Bourton Youth Club
21. Responses to the baseline questionnaire for young people
22. Responses to the baseline questionnaire for stakeholders
23. Intrac Guide
24. Application to the Community Activity Support Grant