

Healthy Streets Programme, Carlow

Summary of progress for 2018-19



“ It broke the mould of me feeling trapped at home thinking that I couldn’t do anything. It made me realise that I can actually get out of the house, learn new things, and make new friends. And that’s what I’ve done. ”

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Contents

Key findings.....	4
Participation resulted in short and long term changes in health behaviours	4
The programme was a source of socio-emotional support.....	4
Positive parenting approaches evolved.....	4
Engagement with resource centres increased.....	4
Capacity building became evident.....	4
Recommendations	6
1. Standardise approaches across centres.....	6
2. Develop ‘Train the Trainer’ training.....	6
3. Investigate the standardisation of support offered after the programme.....	7
4. Allow sufficient time for planning.....	7
Introduction	8
Programme outline for 2018-19.....	9
Programme locations, duration, and frequency.....	9
Cooking sessions	9
Physical Activity sessions	9
Programme timetable.....	10
Results of the 2019 rollout.....	11
Participant characteristics.....	11
Reasons for participating in the programme	11
Impact on food behaviours.....	12
Impact on physical activity behaviours.....	14
Follow-up results from pilot participants in 2018	16
Participant characteristics.....	16
1. Positive changes to food and activity behaviours were maintained	16
2. Positive parenting approaches evolved	17
3. Increased engagement with resource centres was reported	17
4. Socio-emotional and skills-based capacity building were evident	18
Views from Programme Facilitators	19
Discussion and conclusions	20

Key findings

Participation resulted in short and long term changes in health behaviours

Participation in the Healthy Streets Programme provided participants with knowledge and skills that could be easily transplanted into the home setting. Participants made positive changes to diet and exercise habits within the home over the course of the programme.

Long-term positive health behaviour changes were evident among participants who were followed-up from the 2018 pilot programme. These participants clearly described the maintenance and advancement of positive cooking and physical activity behaviours.

The programme was a source of socio-emotional support

Participants independently described a sense of support and camaraderie during the sessions, and praised the facilitators for their warm and inclusive approach.

For participants involved in the pilot programme, the inclusive nature of the classes and resource centres facilitated long-term and meaningful extensions of their social network. Some participants were still in contact with peers from the programme 12 months later and described the friendships that had evolved because of their engagement with *Healthy Streets*.

Positive parenting approaches evolved

Participants involved in the pilot programme described how the maintenance of key health behaviours helped create a routine for more cohesive and positive parenting, with all participants reporting on the benefits of spending more time with their children.



Engagement with resource centres increased

All pilot participants reported continued engagement with their resource centre, citing the inclusive of the centres as invaluable to their wellbeing.

Capacity building became evident

Participants from the pilot programme gave examples of significant and positive growth in self-sufficiency, e.g. return to work, volunteer work, and classes outside of resource centres.

Impact of the Healthy Streets Programme over time

Cooking and exercise led to...

The planning is what I find most helpful. I plan the routine for at least 2-3 days, and then I know I'm organised.

...Better food choices, which led to...

We would have gone through seven packs of chocolate biscuits a week. We bought a pack two weeks ago and it's still sitting in the press. Which I can't get over – it's the same packet of biscuits sitting there!

...Increased family time, which led to...

We wouldn't have exercised before as a family, and it gave you ideas and made you realise that you can do the simplest things together and enjoy it – you don't have to go out and spend a lot, to do a lot with your kids.

...Improved health outcomes, which led to...

I've noticed a change of 4 kilos. It was 70kg at the start and now – 66kgs!

...Improved parenting practices, which led to...

I go out the back garden and play with them for 15 minutes, and they'll stay out there for another 30 minutes playing themselves, and I'll get more housework done in that half hour than I'd get done in two hours with them in the house! They just want to spend time with you, you know?

...Continued engagement with FRC, which led to...

I didn't realise that so much goes on in the centre, you know? They have flyers and ads up the whole time, and I've realised that it's a great way to get out of the house, take a break, meet other people.

...Expansion of social network within FRC, which led to...

Before, there had to be people I already knew in a group before I'd say yes to going, now it doesn't make any odds. I'd just do it anyway, because it's so cool to get out, meet other people, talk to different people.

...Greater sense of connectivity and belonging, which led to...

You don't feel you are on your own – everyone else is going through it too, you're not alone.

...Expansion of social network independent of FRC, which led to...

We went out at Christmas for a night out, so it's brilliant to have met new people, have new friends.

...Increased self-sufficient behaviour and capacity building, which led to...

I started working in the charity shop – so that I can get out more, meet more people, do more things.

...a positive and holistic impact on physical, mental, social, and emotional wellbeing.

It broke the mould of me feeling trapped at home thinking that I couldn't do anything. It made me realise that I can actually get out of the house, learn new things, and make new friends. And that's what I've done.

Recommendations

The programme was universally praised by all involved. The duration of sessions, incentives and group approach were all generally appropriate. Key recommendations include:

1. Standardise approaches across centres

The programme structure varied between centres. Some tailoring of the programme between centres is necessary, but it is important to consider whether minimum levels of consistency can be achieved in all centres, in the effort to offer the same number of positive opportunities to all participants.

For example, some sessions involved more observation than hands-on activities. Education and discussion unquestionably have a role in this programme, but research has consistently demonstrated that *behaviour is not changed by knowledge alone*. Therefore, it is important that consistent levels of hands-on activities be delivered across centres, alongside the theory provided, to ensure that participants get sufficient practice at refining their life skills in a supportive environment.

The number and type of physical activity sessions also varied considerably between centres, but with a slightly longer time for planning, it may be possible to standardise this.

2. Develop 'Train the Trainer' training

Some health theory is discussed in the cookery and physical activity sessions. Having recorded observations of potentially conflicting health messages, it would be helpful for both components of the programme to mirror one another in terms of health messages. A guide for facilitators will assist with this.

This approach will help with recommendation 1, to ensure that minimum levels of hands-on activity will be attained, while still allowing room for tailoring according to the needs of a group.

The development of a 'Training the Trainer' guide is recommended.





3. Investigate the standardisation of support offered after the programme

Additional cookery classes were made available in some centres. Where possible, ensure that similar supports are offered to participants across centres, to ensure equity in the distribution of resources to local families.

Further, given the rural locations of some centres involved in this strand of *Healthy Streets*, it would be useful to determine the supports that can continue to be offered in rural locations, in the 6 to 12 months following programme completion.

4. Allow sufficient time for planning

Although dependent on the timing of funding, a longer planning period would allow for a more comprehensive and consistent approach to implementing and reviewing the programme. The management of the physical activity sessions is particularly dependent on the time available for advance planning, and would benefit from a longer lead-in.



Introduction

Chronic diseases such as heart disease, cancer, diabetes and respiratory disease cause over 60% of global deaths. Not only do these diseases greatly impact on quality of life once they develop, they diminish physical and mental health in the lead-up to their development. Fortunately, up to 80% of this disease burden is preventable if positive health behaviours are adopted and maintained over the life course. Positive health behaviours include eating healthily, developing appropriate food management behaviours, participating in regular physical activity and reducing screen time.

Health behaviours established in childhood often track into adolescence and adulthood. As such, helping children to develop positive health behaviours can reduce the burden of physical and psychological illness in the short- and long- term. However, to help children adopt healthy behaviours, parents and guardians must be provided with the knowledge and skills needed to create a healthful home environment for the whole family.



Interventions that aim to foster healthful home environments via an interactive skills-based approach are more likely to be successful among vulnerable families.

In 2018, a pilot of the family-centred, skills-based *Healthy Streets Programme* was run. As part of the evaluation in 2019, participants from the pilot programme were contacted again, to investigate the long-term outcomes of *Healthy Streets*.

The pilot programme was implemented in urban areas in 2018, and was extended to rural areas in the 2018-19 rollout. As such, this report also evaluates the roll-out of the *Healthy Streets Programme* in rural areas in 2018-19.

Programme outline for 2018-19

Programme locations, duration, and frequency

Ten families were each recruited in Askea, Ballinkillen, and Hacketstown (relatively rural areas of County Carlow). The programme was run in a local centre in each area for 12 weeks:

- Holy Family Girls National School, Askea
- Ballinkillen Community Centre, Ballinkillen
- St. Joseph's National School, Hacketstown

Two sessions were held every week for 12 weeks – one for healthy cooking and one for physical activity – each lasting up to 2 hours. Incentives for participation included a €25 grocery voucher each week, family pool passes, *Healthy Streets* T-shirts, and pedometers.

Cooking sessions

Cookery sessions were guided by the 'Cook It' Handbook and the dishes created varied according to the needs of a group.

Cookery sessions were attended by one parent from each household, and in the majority of cases, it was the mother who attended. Participating mothers helped to prepare and cook the dishes. They sat together and ate the dishes made, before tidying up at the end of the session.



Families were asked to send at least one photo per week of the meals they cooked at home to the Programme Facilitator via WhatsApp. This facilitated sharing between participants and ensured that they engaged with the programme outside of the resource centre.

Physical Activity sessions

Physical activity sessions were facilitated by a local instructor and by Dr Diane Cooper of *TrueFitness*. The Programme Facilitator also assisted, as needed, during these sessions.

Programme timetable

Cookery content (varied by centre)

Soups and light dishes

Brown and white pancakes with healthy fillings
Homemade brown bread and porridge bread
Soups, to include vegetable, potato and leek, tomato and basil, and tomato and lentil soup

Main meals

Baked potatoes with multiple fillings
Chicken and vegetable curry with brown rice
Cod and fresh chips
Fish pie
Garlic bread
Homemade beef burger on a high-fibre bun
Homemade beef stew
Homemade pizza
Homemade ragout sauce
Oven-baked homemade chicken nuggets
Oven-baked homemade fish goujons
Oven-baked spicy wedges and fries with salad
Roasted beef vegetables
Tomato and vegetable pasta bake
Tossed green salad
Vegetable soup
Vegetable lasagne

Desserts

Apple pie
Banana bread
Bread and butter pudding
Homemade low-fat and low-sugar custard
Homemade scones with dried fruit
Rice puddings

Exercise content

15-minute nutrition talks
Aerobic exercise
Active family games
Optional weigh-ins
Indoor and outdoor activities



Results of the 2019 rollout

Participant characteristics

Thirty families engaged with this programme. The average age of participants was 33.8 years, and they ranged in age from 21 to 58 years. Eleven mothers provided details on their partner, who were aged 37.3 years on average, but ranged from 21 to 58 years of age. The overwhelming majority ($n=28$) of participants were of Irish nationality.

There was an average of 2.3 children per family. The number of children in the participating families ranged from 1 to 6 children, who in turn ranged in age from 4 months to 29 years.

Reasons for participating in the programme

Improving cooking skills

Several participants acknowledged that even though they may have cooked to some degree, they did not know how to cook healthy meals and wanted more knowledge in this regard.

I've always loved cooking, but I found it hard to know how to cook without lashings of cream and butter. So I wanted to change that, especially for the kids, you know?

Another mother acknowledged that she had never engaged in much cooking, and wanted to learn how to cook so that she could contribute more to her household.

I'm still living at home with my mother, so she would cook for me and my young lad...so I don't really cook at all then. But I want to help more at home and help her, especially when she's been at work, and contribute more, so I picked this course.

Acquiring skills to improve the health of family

All participants reported that the desire to improve the overall health of their household was the principal reason for their interest in the programme. Many wished to do this by enhancing their meal planning and food preparation skills, with one mother stating that she wanted “a nudge in the right direction”. Several also mentioned wanting to understand how to help their own children who had become overweight or obese, without “making it obvious or making a big deal of it”.

Having a social outlet

Initially, a small number of participants also viewed the programme as a means of connecting with others, seeing it as an opportunity to “get out of the house” and “have conversations with new people”.

Impact on food behaviours

Food preparation and technical cookery skills improved

Several participants remarked on the value of the practical advice given on food planning and preparation, with one participant noting what advice she had implemented.

The preparation was what I always struggled with. Now keep chopped veg in airtight containers in the fridge, and I'm more on top of things.

Most participants reported feeling more capable of cooking healthily since commencing the programme. One participant emphasised that her children had become more receptive to eating vegetables, and when asked why she thought this was, she explained:

I'm not boiling them for 15 hours! You can actually taste the vegetables because I'm not overcooking them; you can still taste the flavour.

Confidence with cooking increased

Using a scale of 1-10, participants were asked to rate their confidence in their own cooking skills at the start, middle, and end of the programme. At the start of the programme, participants had an average rating of 5.7, which indicated that they were somewhat confident in their cooking abilities. By the end of the programme, this had increased to 7.8 out of 10, indicating that participants had become significantly more confident with cooking. This change in *knowledge* was matched by changes in *behaviours* at home (**Table 2**).

Frequency of cooked family meals increased

As shown in **Table 2**, there was a shift towards an increased frequency of cooking family meals over the course of the programme, increasing from 62.9% cooking every day in Week 1 to over three-quarters (77.6%) of participants cooking every day by Week 12.

Table 2. Change in the proportion of women cooking family meals during *Healthy Streets*

	Start		Mid-point		End	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Rarely	7.4	2	-	-	-	-
1-2 times per week	3.7	1	7.1	2	-	-
3-4 times per week	14.8	4	10.7	3	4.8	2
5-6 times per week	11.1	3	13.8	4	17.6	5
Everyday	62.9	17	68.9	20	77.6	22

Attitude towards food became more positive and collaborative

Several participants reported changes in the food habits of their children over the course of the programme. Some recognised how their attitude toward food impacted on their children's attitude towards food.

I never liked veg, was always trying to hide them in food, and the kids were always like 'Urghh, vegetables!' But now that I'm doing more to celebrate vegetables, the kids aren't afraid of them anymore. Now they're like, 'Ooohh, look at that vegetable. I'm going to eat it.' And since I see the kids being more open to eating them without any hassle, really, I've realised that I projected my dislike of veg onto them, you know? So I'm talking more positively about food with them.

Another participant described how her daughter had initially struggled with the healthy changes being made at home, but with conversation and collaboration, she saw improvements in this attitude.

Like, I would have known not to be giving her sweets before, but I used them anyway to pacify her. When I started the Healthy Streets, I cut them out and she was disgusted with me! But we're having more conversations about eating less crap and more fruits and vegetables. I wouldn't have done that before, but now that I'm more motivated and she understands, so we're discussing things together more.

Health benefits became apparent

As participants made changes to the foods they cooked, they noticed positive weight changes in the health of their family members.

My partner, he has lost nearly two stone since we started this and since I started buying healthier foods, reading the labels, cooking more, fewer takeaways...it's been great.

Now, he's a big lad and I'd never have been able to get a belt on him [16-year-old son]. But this morning, he went to put on the school uniform and the trousers were properly hanging off him. So he asked me for a belt, and I was able to buckle it to the first hole, and I could see that he's delighted with himself, delighted. And I wasn't trying to do that by making a point of it, as such, but I was hoping it would happen in the roundabout way if we made healthy changes together.



Impact on physical activity behaviours

Confidence engaging in family exercise increased

Mothers were asked to rate their confidence in being able to independently engage their children in physical activity. In Week 1, mothers had an average rating of 4.9, indicating that they were slightly confident. By Week 10, this increased to 7.4 out of 10, indicating that mothers had become significantly more confident exercising with their children (**Table 3**).

Table 3. Change in the proportion of women exercising with their children

	Start		Mid-point		End	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Never	29.6	8	-	-	-	-
Rarely	25.9	7	7.4	2	-	-
1-2 times per week	18.5	5	24.1	7	17.9	5
3-4 times per week	11.1	3	55.2	16	64.3	18
5-6 times per week	3.7	1	10.3	3	10.7	3
Everyday	11.1	3	3.4	1	7.1	2

Recognised the value of family time through physical activity

Several participants remarked on the value of the physical activity sessions in facilitating family time.

Before, I'd bring them [two children] to swimming, to running, but I'd never have taken part too. I've joined them now, and that's because of this. It's nudged me in the right direction.

Several participants reported that the physical activity enabled conversation with their children about health, with one mother highlighting the role of the education part of the sessions in sparking collaborative discussion.

She's watching me [11-year-old daughter], and she's seeing that I'm learning, she wants to know what I've been listening to and what I've learned, and she wants to have that conversation, so to me, that's invaluable. Because she wants to have more conversations about health and food and why we have to eat properly, so it's really created a positive space for that, you know?



Recognised the benefits of exercise for family routine

Several participants reported that introducing more physical activity helped improve the family routine for parents and children.

Before, I would have felt too busy to go and play with them. I would have been trying to do the housework and they would be underfoot and I'd have been shouting at them for being underfoot. Whereas now, I go out the back garden and play with them for 15 minutes, and they'll stay out there for another 30 minutes playing themselves, and I'll get more housework done in that half hour than I'd get done in two hours with them in the house! They just want to spend time with you, you know? So for just that 15 minutes of my time, I'm less stressed, they're happier to have gotten my attention and easier to get into bed, and I still get the housework done. It's been brilliant.

Physical activity was used to extend social and support networks

Many families in Hacketstown and Askea participated in local running and walking clubs to maintain their physical activity, independent of the *Healthy Streets Programme*.

We've got the running club now, so that's a great way of keeping in touch with everybody, keeping you on track, and just getting out of the house.



Follow-up results from pilot participants in 2018

Participant characteristics

Nine mothers who participated in the pilot programme for *Healthy Streets* in 2018 were contacted in 2019. Of these, four mothers spoke with the researcher (**Table 1**). This follow-up contact sought to determine the long-term impact of the *Healthy Streets* programme on the wellbeing of participating families.

Table 1. Characteristics of four mothers who participated in follow-up interviews

ID	Location	Nationality	Age	No. of children	Interview type
HS01	Tullow	Irish	42	4	In-person
HS02	Tullow	Polish	29	2	In-person
HS03	Bagenalstown	Irish	38	6	Phone
HS04	Carlow Town	Sudanese	44	4	Phone

1. Positive changes to food and activity behaviours were maintained

All mothers reported that many positive food and cooking behaviours initiated during the *Healthy Streets* programme had been maintained.

I am using less oil in my cooking and using more vegetables. My children, they used to be, like, 'don't eat veg, don't eat fish,' but bit by bit, they are improving. I see them eating more salad and more vegetables, so it's slowly increasing all the time. [HS02]

I make the burgers with grated vegetables and I don't use the pasta sauces or jars – none of that. I still do that today, so it's been a real, real big benefit for me. [HS01]

I wasn't really confident with cooking, and definitely not with healthy cooking, before the programme, but since then, I've become much more confident. The classes gave you great ideas, especially around getting the veg into them, so I'm definitely more confident about what to give them. [HS03]

The maintenance of physical activity behaviours was more challenging, but mothers reported that they were able to maintain them as much as time and weather conditions allowed.

I bring the kids to the park – get them away from TV and PlayStations! We bring the dog and spend hours down there, so you can still do things even though you don't have a car. [HS01]

We still go swimming once a week if we can and we go on walks and kick a ball around when it's not raining. There are times that you fall back, but I find that you bring yourself back around! [HS03]

2. Positive parenting approaches evolved

The positive health behaviours that were adopted created a structure for positive parenting approaches. Participants highlighted using cooking and physical activity as a key means of spending time together as a family.

I still have the recipe book from the course, and most weekends me and my daughter will pick a recipe and cook together, so that's a nice new thing I've got from the cooking since finishing too. [HS02]

It brings you closer. We wouldn't have been exercising before as a family, and it's funny, but the kids still talk about that exercise class, so we go out on the bikes and play ball and go swimming. You know, it gave you ideas for things to do and made you realise that you can do the simplest things together and enjoy it – you don't have to go out and spend a lot, to do a lot with your kids, you know? [HS03]

One mother emphasised that when she had a constructive outlet outside of the home, her relationship with her partner improved. She reported that there were fewer rows at home, which contributed to more harmonious time spent as a family.

My partner was delighted that I wasn't sitting by myself in the house all day. It's different talking with your partner when you're sitting at home all day...it's no conversations, it's more rows. But when you go out, and he goes out, you can meet in the evening, say you've had a great day, have a chat, and go to bed happy. So he saw that it was great for me, and if the two of us are happier together, we're happier with the children, so the time we spend together as a family is better. [HS02]

3. Increased engagement with resource centres was reported

The *Healthy Streets Programme* provided an important social outlet for participants, who generally reported a sense of isolation prior to the programme.

Like, I'm not the sort of person who would just go out and mix with other people. I just mind my own business and keep myself to myself...but then I was feeling like I was getting more and more claustrophobic at home. The two older boys are gone and there's only two left, and they're 11 and 15, so they don't need me the way they used to need me, you know? So, I was just feeling like 'make the dinner and clean the house' sort of thing. [HS01]

I sit all the time at home for the last 7 years. And it's important to go and get out of the house. You feel in prison at home, being there all the time. So the course, for me, was to meet new friends, and to have a chat and a joke and a laugh with other people. [HS02]

It's nice to have somewhere to go when the kids are in school. I don't like to be in the house by myself, so it was nice to have something, to have somewhere to go. [HS03]

It's was good to speak with others, to speak English – I needed to meet people to speak English. [HS04]

The *Healthy Streets Programme* was a starting point for continued meaningful engagement between resource centres and families. Having experienced a non-judgemental and non-threatening skills-based programme, all four participants recognised the value of the social interaction offered by this set-up, and felt safe engaging in other programmes.

I used to think other people were snobby fuckers. Like, because I wasn't working or I didn't live in a mansion, I used to feel like I wasn't good enough to speak with other people, and that they'd look down their noses at me. But when I started Healthy Streets, and everyone had worries at home, everyone had bad days, I realised that everyone is the feckin' same! And so whereas before, there had to be people I already knew in a group before I'd say yes to going, now it doesn't make any odds. I'd just do it anyway, because it's so cool to get out, meet other people, talk to different people. [HS01]

I was very lonely here, I didn't know anyone here, and then I had conversation and chatting when we were doing the food. Like, when you have a conversation with new people and you cook together, talk together, laugh together, say a joke, I think that's perfect. That's the most important, I think, so I say to Sandra to put me down for any courses! [HS02]

I'm doing a parenting course now. I didn't realise that so much goes on in the centre, you know? They have flyers and ads up the whole time, and I've realised that it's a great way to get out of the house, take a break, meet other people. It's been great. [HS03]

4. Socio-emotional and skills-based capacity building were evident

The *Healthy Streets Programme* and the resulting continued engagement with resource centres, facilitated the realisation among some participants that they were could expand their social network and skill-set independent of the resource centres.

Like, because I'd already been there, done that, seen it wasn't so scary after all, that's why I started the teapot thing and the jewellery course. And then I started working in the charity shop – so that I can get out more, meet more people, do more things. I look forward to it, actually. I'm happy to see people. Whereas before Healthy Streets, if I'd seen someone I knew, I'd have been like, 'Oh God, please don't stop and talk to me in case I can't think of anything to say.' I'd have crossed the street to avoid talking to people. But now I know that they are just like anyone else, so I can ask, 'How are you? How are you doing? Did you start any different courses lately?' I'm less nervous talking to people. [HS01]

Doing the programme was exciting for me, because I felt more confident in me, believed in me. It changed my life completely, brought me new things...and now I am starting work after 9 years! [HS02]

I'm doing a literacy course, taking a literacy exam, computers – I'm learning, lots of learning! [HS04]

It broke the mould of me feeling trapped at home thinking that I couldn't do anything. It made me realise that I can actually get out of the house, learn new things, and make new friends. And that's what I've done. [HS01]

Views from Programme Facilitators

The Programme Facilitators highlighted many of the benefits already outlined by the participants above, in addition to discussing the logistical considerations for the programme.

Some difficulties were experienced with the set-up of some groups

A course was planned for Borris, but due to the low uptake of the programme, it was moved to Ballinkillen. This was unexpected, but with enough planning time, this was surmountable.

We did a lot of advertising – flyers and efforts with recruiting – but we just didn't get the numbers. We've gotten on much better here, though. The group are engaged – mixed in terms of the number of children and age of children in families. So we have some grown up families, but the mothers are participating anyway, for the social element, I think.

Baseline knowledge and motivation was higher than that in the pilot programme

Facilitators reported that the motivation among the groups in the second round of *Healthy Streets* seemed higher than that in the pilot programme. This was partly attributed to the socially isolated nature of the locations and the more homogenous nature of the groups.

This group was so thirsty for something – they are in a socially-isolated area, and would have done anything to be part of something. Whereas in Tullow – Tullow is like New York compared to here! – everything and anything is happening, so people weren't as enthusiastic, more reluctant, more apprehensive. Here, they were thirsty for knowledge, thirsty for the social element, so they were more motivated to gel together, more motivated toward one another from the start.

Participants experienced programme benefits more rapidly

Since the baseline skill and knowledge levels were higher in this strand of the programme, participants made more progress, more quickly, and reported benefits earlier than participants in previous phases of the programme. These benefits surpassed practical skills, to encompass enhanced parenting and communication practices within families.



Discussion and conclusions

Similar to the pilot programme, it was evident that the *Healthy Streets Programme* had an important positive impact on the health behaviours of participants. Mothers benefitted from a safe and sociable learning environment in which they acquired new knowledge and skills, which in turn, improved their confidence to make healthy changes at home.

It was also evident from the small number of participants followed up one year after finishing their programme, that the food- and activity-related benefits of the programme were not only maintained but that they evolved to encompass positive changes in socio-emotional wellbeing and capacity building. At follow-up, all participants had continued to engage with family resource centres, having recognised the value of the centres as a social and support network. Some participants had also progressed to pursuing employment and volunteer opportunities independent to the resource centres, clearly indicating growth in terms of capacity building and self-sufficiency.





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