

**CASE STUDY:**  
**EVALUATING THE STOCKPORT ALTOGETHER ACTIVE PROGRAMME USING THE  
NATIONAL OBESITY OBSERVATORY STANDARDISED EVALUATION FRAMEWORK**

## **Introduction**

The Stockport Altogether Active Programme (A2A) is a community-based, family intervention programme for children aged 7 to 11 who are obese (on or above the 98<sup>th</sup> centile for Body Mass Index). The year long programme, based on weekly sessions, is run across three terms. The sessions include one to one advice and support on lifestyle issues and group sessions for the children based on fun physical activity programmes. All staff providing the programme are health trainers with a physical education background and experience of working with children on weight management programmes.

## **Evaluation Techniques**

Before applying the Standardised Evaluation Framework (SEF) to the A2A programme, we looked at the introductory guide to evaluation in Chapter 2 of the SEF together with guidance on developing and evaluating complex interventions published by the Medical Research Council (MRC). This enabled us to consider different evaluation methodologies including collating ethnographic data, using semi-structured family interviews, focus groups, and process evaluations. We recognised that evaluation shapes the ongoing development of programmes as well as quantifying specific outcomes.

## **SEF as a Development Tool**

All participants involved in the scheme, including the A2A trainers, the scheme co-ordinator, a paediatrician and the commissioner of children's services, spent half a day working through each section of the SEF evaluation tool. It was a helpful aide memoir to ask further questions around the establishment of the A2A programme and to confirm the specific outcomes we were working to. This exercise was extremely valuable, as our A2A workers were alerted to the importance of ensuring that we capture high quality data and the rigour of data collection. We also found it useful as part of an organisational development programme for the staff and a key part of their professional development, enabling them to reflect on their professional practice and the progression of the scheme in a structured manner. By going through each element of the SEF we were able to refine the database that we have developed to support the programme.

We recognised that the process evaluation element of the SEF will be very helpful in enabling us to share good practice and learn from other schemes about, for example, which recruitment techniques work, how to ensure retention, and how to deal with unexpected outcomes.

In addition the SEF criteria were very helpful in exploring areas we had either not previously considered or had not considered in sufficient detail. These included equality impact assessment, full cost analysis and validation of measurement tools. We had a wide ranging discussion regarding the tools that are used as part of the intervention models, i.e. those used for assessment and identification of appropriate intervention(s) alongside those that are used primarily for evaluation.

## **Challenges**

As with all frameworks, we recognised that there were areas we needed to build on, for example:

- ensuring that we do not lose some of the 'soft' data and have systems in place to report and capture the qualitative findings that emerge from the child, the parent or the professional;
- identifying who leads the evaluation, who can help and where to obtain external validation. Clearly, it is important to have strong links with the local public health department and links with the local University if possible. We utilised the expertise of

- 4<sup>th</sup> year medical students and graduate trainees, both in public health and management, who were able to offer practical support;
- we recognised the importance of long term evaluations of between one and three years' duration which can inform us about sustained behaviour change. We felt this was quite challenging and needed to consider ways in which to keep in touch with all the participants throughout the intervention period and beyond;
  - we identified the need for an agreed format for evaluation of schemes across the region so that we can share data sets and outcomes.

The next steps for us will be to formalise the identification and adoption of a minimum data set for all schemes, and to ensure that this is in all service specifications. We are also keen for NOO to explore the identification of a validated tool for psychological measures of self esteem, and a validated tool to review parenting behaviours and styles.

We would recommend the SEF as a really useful source of advice and direction for all involved in evaluation and the ongoing development of an evidence base to support these very important programmes.

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August 2009