

# **Women Exploring Leisure Evaluation Report**

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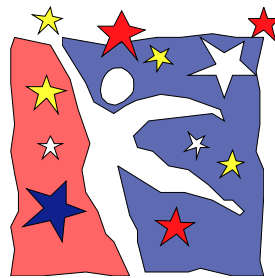
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## Women Exploring Leisure



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### Background to Authors:

Simone Fullagar, sociologist, and Suzy Gattuso, psychologist, are academics in the School of Community Health at Charles Sturt University who teach and research in the areas of leisure, health, ageing and gender. Tricia Forbes is a key member of the Steering Committee who developed the original proposal as the Women's Centre Manager. She was on secondment with the Attorney General's Department for the duration of the project. Kathy Kerin, Social Worker, is the WEL Project Officer and Liz Olle, graduate in Women's & Legal Studies, is the interim Manager of the Women's Centre.

## **EXECUTIVE SUMMARY**

The objectives of the Women Exploring Leisure project were successfully implemented. The project provided opportunities for women at risk of poor physical and mental health, because of inactivity, to explore some of the barriers to physical activities that they faced. The women participants increased their understanding of the effects of sex role/gender stereotyping on their own health and wellbeing. The program also enhanced their understanding of the importance of physical activity to both physical and emotional health and wellbeing. In addition they were able to try a range of physical activities in a supportive environment. The majority of women who completed the program maintained their own involvement in active leisure(walking, tai chi, yoga, swimming, cycling etc) for three months with self reported improvements in physical and emotional wellbeing.

Secondly, the project built on the capacity of the host agency, the Albury Wodonga Women's Centre Inc., to respond to the issues addressed by the project. Centre staff further developed knowledge and skills relevant to planning, implementing and evaluating projects reflecting current policy directions within NSW Health. These included the development of capacity building strategies within the organisation, through partnerships in the steering committee and in the community. A health outcomes framework emphasised the importance of understanding the social, economic, and cultural determinants of women's wellbeing. Awareness of the importance of active leisure within feminist practice, and its recognition as an equity and social justice issue, has been enhanced. It is clear that this increased sensitisation to a gendered approach to active leisure in women's health program planning is continuing to influence future strategic directions in the organisation.

Enhancing the capacity of the community to respond to the issues addressed by the project was an important goal of the project. Specifically, the aim was to raise awareness in key leisure services about barriers to women's participation in active leisure and to work collaboratively to challenge sex role stereotyping. These efforts would lead to exercise and fitness programs being more accessible to women. The

project successfully tapped into an awareness within leisure service providers about gender equity issues, informed providers about current policy directions in active leisure for women, and encouraged them to consider their role in bringing about change in the community.

Limitations in time, funding and expertise hampered the development of a more comprehensive community development approach to building capacity with key partners in the project, including other government agencies such as the Department of Sport & Recreation and the Health Promotion Unit. In order to address health problems associated with physical inactivity through community capacity building there needs to be further development of a participatory approach to planning, implementation and evaluation. The way the project and its evaluation evolved, as described in the report, set some limits to what could be achieved in developing such capacities.

A fuller implementation of policies that aim to address gender as a significant influence on health outcomes and to build participation in decision making and community capacity will depend on inter-sectoral partnerships being developed. These will include women in the community, women's health providers, and industry and governmental agencies in 'top down' and 'bottom up' strategies that embrace feminist values. There appears to be a need, for example, based on the findings of this report, to more adequately address the skilling of health providers to implement policies within the health outcomes approach. While learning by doing is important, providers can often feel overburdened by a need to respond to new policy in the absence of supportive strategies such as appropriate mentoring. Encouragement of collaboration between 'non-traditional' partners, such as between the Centre and the leisure industry, depends on time to develop trust and to identify common goals and thus has resource implications. And, while women appreciate the provision of accessible health programs, in the spirit of a Health Outcomes approach the process itself requires a participatory approach to planning, implementation and evaluation where women are partners rather than 'targets'.

## RECOMMENDATIONS

These recommendations focus on the capacity building strategies and processes employed to improve women's health outcomes through a physical activity/ active leisure program; within the Albury-Wodonga Women's Centre, the Steering Committee partnership and GMAHS/ NSW Health.

### *The Centre*

The Women Exploring Leisure project outcomes can be made sustainable through the Women's Centre's activities within the Albury-Wodonga community. Some of these capacity building strategies could include;

- Ongoing inclusion of active leisure/physical activity within Centre strategic planning to develop a holistic approach to women's health promotion.
- Promotion of active leisure/physical activity as a feminist issue within the Albury-Wodonga Women's Health Inter-agency forum.
- Enhance the workforce capacity of the Centre to run active leisure programs by supporting the professional development of staff in the areas of fitness and recreation leadership as well as leisure program planning.
- Identify potential partnerships with ante and post-natal services for women with young children to improve access to health promotion programs within the Centre.
- Utilise the Women's Health Expo as a forum for promoting women's active leisure within the community and between services.
- Advocate for the development of leisure/physical activity programs that address gender equity issues through partnerships with leisure services, neighbourhood centres and provision of in-house activities.
- Develop a gendered approach to capacity building through related projects to focus more strongly on developing a 'ground up' participatory process that draws upon the knowledge, skills and capacities of women themselves in identifying need and designing projects within rural communities.
- Engage in community consultation with women 45-65 to run the WEL program again to address unmet need and develop a participatory planning and evaluation approach. This could be undertaken through a partnership with a leisure service and through the use of co-facilitators and student placements.
- Maintain an advocacy role in GMAHS planning for the health of women to promote a gendered approach to physical activity and women's *entitlement* to leisure time, space and support.

The organisational and workforce capacity within the Centre could be enhanced through the use of evaluation strategies that develop a culture of critical reflection upon women's health priorities and strategies.

- Increase staff skills and knowledge in the design, implementation and evaluation of health promotion / leisure projects to develop feminist practice based evidence.
- Further develop organisational capacity to undertake feminist action research as an evaluation strategy with mentoring support from tertiary education institutions.
- Develop a partnership with Greater Murray Health's professional development program to draw upon the expertise of Centre staff in promoting a gendered approach to women's health promotion within the region.

### *Area Health Service*

The WEL outcomes point to the need for a gendered approach to physical activity/active leisure within the current strategic planning directions of GMAHS and Hume Regions, as well as local councils within Albury, Wodonga, Hume and Indigo Shires. Given the policy commitment to developing a gendered approach to women's health made by NSW Health it would be appropriate for GMAHS to take up this responsibility to begin planning for change within the health system and through partnerships beyond health.

- Within GMAHS planning for 'the health of women' a working party could be established with a multi sectoral approach incorporating women's services, leisure/recreation services, sports associations, media, health promotion and importantly women within a range of rural communities.
- This working party could develop indicators related to women's participation in relation to the WEL project outcomes. For example,
  - ♀ Increase number of joint projects between different services that link active leisure/ physical activity to a range of women's health issues. Eg, depression, violence, social isolation within smaller rural towns, homophobia and cultural intolerance.
  - ♀ Develop a gendered approach to physical activity/active leisure within the strategic planning directions of the GMAHS Health Promotion Business Unit.
  - ♀ Include gender equity principles within local government planning for leisure and healthy communities to improve access and infrastructure support.
  - ♀ Establish regional community forums and consultation processes to engage a diversity of women in the identification of barriers to active leisure, the meanings of active leisure, the value of pleasure, social relations and emotional wellbeing.
  - ♀ Increase knowledge of current policies on gender equity in sport and recreation amongst government, commercial leisure providers and PE teachers.
  - ♀ Increase representation of active women of all ages and body types within local media reporting.

## *NSW Health*

The WEL project clearly demonstrates the need to develop a gendered approach to physical activity that addresses the inequities that limit women's sense of entitlement to leisure time for themselves and the provision of accessible, non-stereotyped leisure services. It also highlights the importance of promoting pleasure, fun, social relations and meaningful choices in relation to women's active leisure and sense of wellbeing.

- Health promotion projects could draw further upon qualitative and action research methods to evaluate the meanings that women themselves construct in relation to active leisure. In this way health promotion messages are more likely to be able to positively influence the social determinants that negatively impact on women's health.
- A statewide partnership between NSW Health and NSW Sport and Recreation could strengthen the development of a gendered approach to program development at the regional level through the identification of equity issues.

Improving the structures and supports provided to rural non-government agencies could enhance workforce capacities and increase the likelihood that a Women's Health Outcomes approach will be implemented.

- Proposals for women's health promotion projects require adequate funding for the time and resources needed to develop a 'gendered approach to capacity building'. This would involve extensive consultation to enhance women's participation as service providers and community members within rural areas.
- Adequate processes for developing funding and performance agreements are required at the State, local and service levels to ensure projects can begin with appropriate funds and timelines.
- A mentoring process established between NSW Health and Women's Services could facilitate the development of knowledge and skills pertaining to current policy directions and project proposals.

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## 1. INTRODUCTION



Launch of WEL in winter. Photo by Wes Ward, CSU.

In May 2001 a Steering Committee was formed at the Albury-Wodonga Women's Centre (hereafter referred to as the Centre) to apply for funding from NSW Health to develop an innovative women's health promotion project targeting obesity, a major health issue in the region serviced by the Centre (GMAHS 2000; NSW Health 2002). The Steering Committee partners in the project included the YWCA, Albury Community Health workers and the Women's Health Project worker for Greater Murray Area Health Service (GMAHS). The project was based on a similar project in Canberra that had encouraged larger women to engage in physical activity and increase their fitness levels. Initially entitled *Fitness at any Size: The Large T-Shirt Project*, the project aimed to increase fitness and self-esteem for larger women, rather than to focus on dieting and weight loss (see **Note 1**).

Funding was obtained for a group program targeting women with young children and older women from low socio-economic backgrounds within the regional community (see **Appendix 1** for an outline of project objectives). The Steering Committee appointed a project worker and invited staff from the School of Community Health, Charles Sturt University (CSU), to collaborate in an evaluation of the project. A further submission for funding in July 2002 from NSW Health in order to evaluate the project against parameters set in the original funding submission was successful (see **Appendix 2** for an outline of the objectives of the evaluation)(see **Note 2** for details of actual funding periods).

## 2. CONCEPTUAL FRAMEWORK

In collaboration with Centre staff and the Steering Committee the evaluation team engaged in critical reflection on project directions in order to elaborate upon the terms of the funding brief. Discussions were framed around a commitment to feminist perspectives on women's health, a broad understanding of the significance of leisure in relation to wellbeing, and the new policy directions of NSW Health. These policy directions stressed a health outcomes approach, gender equity and the importance of

capacity-building strategies within funded projects. In 2001 the Centre had developed a strategic plan that also incorporated the NSW Health priority area of physical activity into three key objectives that were themselves linked to the National Women's Health Policy (Commonwealth Department of Community Services and Health, 1989). These areas are marked below and details are included in appendix 3.

- Violence against women
- Health effects of sex role stereotyping (a gendered approach to health)\*
- Women's mental and emotional health\*
- Reproductive health and sexuality
- Access and equity\*
- Provision of quality service

## 2.1 Feminist perspective

Gender is a significant social and cultural determinant of health outcomes for women. Hence, both projects drew upon a range of feminist perspectives to develop a gendered analysis of the inequities that construct barriers to women's active leisure participation. The WEL project acknowledged the powerful role that language plays in shaping large women's identities in negative ways rather than in potentially positive ways as active, capable and confident (Frost 2001). Discussion about the emphasis on body size conveyed by the original title of the project identified the potentially stigmatising effects on larger women. The Committee sought to emphasise the positive potential that experiences of active physicality could create in terms of body confidence and countering stereotypes. Current research suggests that dieting for weight loss is unlikely to be successful for behavioural, physiological and social reasons (Schwartz & Seeley 1997). In fact the dieting merry-go-round can set women up for failure and further diminish their confidence and motivation to be active. Healthy weight in this sense is linked to healthy body image, which must be supported by social and cultural change that creates opportunities for women to participate. Becoming active at any size was the key solution-focused message conveyed by the WEL project and it contrasted with much health information that emphasised the problem of obesity. The current challenge for health practitioners is to develop positive programs that promote healthy lifestyles that involve pleasurable physical activities and address gender inequities. Such programs should avoid promoting body dissatisfaction (Ikeda 2002).

Thus, while acknowledging the radical potential of large women revaluing their embodied selves, it was decided that the project would move to embrace a diversity of body shapes and sizes. That is, women would not be invited to self-select for the program on the basis of their body weight. In this way the methodological problem of defining who was large and the inappropriateness of either measuring or weighing women for eligibility could thus be avoided (see **Note 3**). Promotional material included a range of body shapes and sizes so that women could identify with positive images and the pleasures of being active at any size (see flyer **Appendix 9**). In this way the wellbeing benefits of becoming active and feeling confident about oneself were emphasised rather than a punitive regime of self-control. In line with this the project was re-titled Women Exploring Leisure (WEL).

## 2.2 Active leisure

In promoting the project there was an emphasis on the term active leisure in preference to physical activity. The former is a broader term for participation in activities likely to promote better health through individual and social experiences. Whereas the latter is often more limited, being equated with 'energy expenditure' in exercise or sport (Bauman 1997 a,b, Booth 1997). Promotion stressed fun, pleasure and active leisure through the program's focus on women feeling good and improving their self-esteem as the means to increasing physical activity and emotional wellbeing. This shift in conceptualising the program's aims and objectives acknowledges the interconnectedness of embodied (physical) health and emotional wellbeing (mental health) within a social context that has historically treated these aspects of self as separate. It was expected that there would be physical and mental health benefits resulting from increased participation in active leisure pursuits, an anticipated outcome of the program.

Such an approach is consistent with research on women's leisure that identifies the socio-cultural barriers or inequities preventing women from feeling entitled to leisure time for themselves (Wearing 1998; Henderson et al 1999). The program's emphasis on meaningful activities, pleasure and sociability, rather than on a medicalised notion of physical health gains is also supported by the literature on women's experience of leisure and well-being (Wearing and Fullagar 1996; Brown et al 2001a, Fullagar 2003). In particular rural women experience specific cultural constraints that shape their opportunities to be active within their communities (Warner-Smith and Brown 2002).

## 2.3 Health outcomes

The WEL project and its evaluation work within the NSW Women's Health Outcomes policy framework.

A health outcomes approach shifts the focus from only measuring the impact of interventions on the health of those who present to health services...It seeks to examine and evaluate the structures and processes that have an effect on the health of whole populations and draws on a broad definition of health that involves primary health care, public health policy, social justice, and social and environmental interventions as well as interventions with individuals (NSW Health, 1998, Sainsbury, 1999).

*NSW Women's Health Outcomes Framework (2002:6)*

The focus in this policy has been on addressing the socio-cultural determinants that impact upon women's health in relation to obesity, cardiovascular disease and diabetes, which are amongst the leading causes of death for women within the Greater Murray Area (GMAHS 2000; NSW Health 2002). Physical activity is a NSW Health priority area for women which is linked to improving women's health outcomes through reducing the burden of disease at population and individual levels.

As a population women have been identified as being less physically active than men (NSW Health 2002; Bauman 1997). This difference based on sex also requires a

gendered analysis of the social and cultural factors that prevent women's active participation. The two target groups selected for the project both experience gendered barriers relating to stereotyped roles for women in rural areas, low incomes and poor access to transport, the risk of violence in the home and safety fears in public spaces. Yet, there are also particular differences that relate to age and life-stage.

Women with young children are the least active because they have little free time; this applies especially to those on low incomes (Brown et al 2001b). The lack of childcare within and outside the family unit is a major barrier to being active. For older women, defined in the project as between the ages of 45 and 65 (see **Note 4**) paid work and unpaid caring roles may also impact upon leisure time (Wearing 1998), along with changes in self-confidence and identity associated with menopause (Gannon 1999) and with ageing (Gattuso 1996).

Equitable access to leisure services and facilities is also a key issue in relation to women feeling comfortable within their social and physical environment. Leisure cultures typically emphasise body image, appearance, youth and beauty in ways that exclude many women. These issues directly affect women's participation in physical activity and thus point toward the need for a gendered approach to health promotion. Such an approach, among other things, values women's participation in naming the problems and creating solutions and encourages the collaboration between services to bring about proactive policies and practices that address gender inequity.

## 2.4 Capacity building

Capacity building is sometimes described as the 'invisible work' of health promotion. It is the 'behind the scenes' efforts of practitioners that increases the likelihood that effective health promotion programs will be sustained...

Capacity building occurs both within programs or more broadly within systems and leads to greater capacity of people, organisations and communities to promote health.

*A Framework for Building Capacity to Improve Health*, NSW Health (2001:3)

The project employed a number of capacity-building strategies aimed at increasing skills and/or awareness about gender and active leisure within four sectors: women participants in the program, Centre staff, Steering Committee members, and local leisure service providers. It was expected that the project would develop the knowledge and skills of Centre staff, that the Centre would attract women who had not previously accessed the Centre, and that leisure resources for women would be developed within the Centre. Through the establishment of a new website the results of the project could also be disseminated to other services. It was anticipated that relationships between the Centre and other organisations involved in women's health and leisure would be strengthened. In regard to the aim of program sustainability, the project sought to enhance the organisational and workforce capacities of the Centre to promote women's participation in active leisure and address gendered barriers to participation.

Sustainability of the project outcomes would occur through collaboration with other services and through mainstreaming a focus on active leisure within future Centre

activities. This constitutes the first step in capacity building strategies to generate a more effective response to the physical activity and active leisure needs of women with young children and women aged between 45 and 65.

Since the project critiqued the view that women's participation in active leisure could be attributed to individualised factors such as motivation or willpower, a gendered analysis of community barriers was also developed based on the perceptions of women, Centre staff and leisure providers. The project sought to enhance the capacity of leisure providers to appreciate issues pertinent to women's participation in leisure. In this way a gendered approach to capacity building was developed in terms of the need to bring about changes in the social conditions and opportunities that shape the choices women have in their communities. These strategies – the addressing of gender inequities and a participatory approach – are central to capacity building within and between organisations engaged in promoting women's health.

**Table 1** illustrates the capacity building strategies utilised and the outcomes achieved in relation to the different aspects of (a) the project and (b) the evaluation.

## Capacity Building Strategies

Health Problems Addressed	Workforce Dev.	Organisational Dev.	Resource Allocation	Partnerships	Constraints	Outcomes
<p>WEL Project:</p> <ul style="list-style-type: none"> <li>● Gender stereotypes</li> <li>● Inequitable access to leisure</li> <li>● Cardiovascular disease</li> <li>● Obesity</li> <li>● Physical inactivity</li> <li>● Diabetes</li> </ul>	<p>Informal and formal staff discussion about active leisure in health promotion</p> <p>Staff meetings &amp; focus group participation</p> <p>Mentoring between proj. worker/ steering committee</p>	<p>Steering committee with manager, worker &amp; evaluators</p> <p>Informal networks between leisure services, facilitators and Centre</p>	<p>Centre funds matched project worker costs</p> <p>Time of manager and admin staff to coordinate projects/funding agreements</p>	<p>Steering committee with YWCA, GMAHS, CSU.</p> <p>Enhanced media relations through positive portrayal of women</p>	<p>Limited funding &amp; impact on Centre resources</p> <p>Time pressure for staff in relation to partnerships</p> <p>Change of staff &amp; disruption</p> <p>Unfamiliarity with current policy directions, strategies and leisure program planning</p>	<p>*3 groups conducted with health gains for targeted women</p> <p>*New women accessed the Centre</p> <p>*Promotion of positive Centre image</p> <p>*Awareness of gender barriers to active leisure raised with women &amp; leisure service providers</p> <p>*Resources distributed</p> <p>*New relationships with leisure facilitators</p> <p>*Strengthened partnership relations</p> <p>*Staff skills broadened</p>
<p>WEL Evaluation:</p> <ul style="list-style-type: none"> <li>● Gendered barriers to active leisure</li> <li>● Dearth of research into women's health outcomes</li> </ul>	<p>Resource folder for staff reading</p> <p>Participation in research/ evaluation processes &amp; methods</p> <p>Website development by staff</p>	<p>Project outcomes linked into strategic planning processes (sustainability)</p> <p>Collaboration with researchers and grant application process developed</p>	<p>Time of manager and admin staff to coordinate projects/funding agreements</p> <p>Staff time to participate in focus groups and read material</p>	<p>Steering committee with YWCA, GMAHS, CSU.</p> <p>Future partners identified in leisure service providers</p>	<p>Change of staff &amp; disruption</p> <p>Time pressures</p>	<p>Referral pathways mapped</p> <p>Gendered approach to active leisure and participatory evaluation process developed</p> <p>Web site proposed to disseminate findings to wider communities</p> <p>Sustainability of project outcomes within Centres strategic directions</p>

### 3. ETHICS

Ethical approval was obtained for the project from the Charles Sturt University Human Ethics Committee, which met the requirements of NSW Health, and was obtained from the Centre's Management Committee through a consultation process involving staff and Steering Committee members. An important element of ethical practice was the provision of back-up support from staff within the Centre for participants who wished to address issues outside the group. The women participants in the program gave permission for their first names or preferred pseudonyms to be cited in the report. From a feminist perspective, it is important that the women participants have the opportunity to be honoured by name. All participants in the project including Centre staff and Steering Committee members were provided with information about the project and signed consent forms (see **Appendix 4**). Several women chose not to participate in the evaluation project but continued to participate in the WEL project.

### 4. METHODOLOGY

The Steering Committee invited the CSU members of the evaluation team to facilitate an evaluation within a feminist framework that valued collaboration and participation. The original funding application for the project had been submitted without the involvement of CSU. Thus, there was no opportunity for collaboration on the parameters of the project itself. For example, it was not possible to set up a partnership with women participants to develop the group program and evaluation as a feminist action research project would do. Given that the project brief emerged out of current policy directions and Centre planning, the evaluation sought to develop a participatory approach within the existing framework. The Centre and the Steering Committee participated along with the CSU members of the evaluation team in the submission for evaluation funding and the ethics application.

Throughout the project there were regular consultations between parties in the project including the Centre manager and the project worker (who facilitated the groups and consulted with leisure providers). The project worker and Centre manager participated in the design of focus group questions as part of the capacity building approach to evaluation. At Steering Committee meetings, progress reports on the project were tabled and discussed. Key aspects of capacity building, including sustainability of the project, were discussed. A resource folder on evaluation methodology, capacity building, and feminist research into active leisure, was made available to Centre staff and the Steering Committee. Centre staff and Steering Committee completed a capacity building checklist (see **Appendix 5**).

Table 2 outlines the different qualitative and quantitative methods employed to assess and measure the project outcomes and impact. These included survey methodology (pre and post-tests with the women participants and a post-program questionnaire with leisure providers) and focus group interviewing with the program groups, staff and Steering Committee (Polgar & Thomas 1991, Stewart 1990). Survey instruments and focus group probes can be seen in **Appendix 6**. A subscale of the Silencing the Self (STS) questionnaire (Jack & Dill 1992) was also used as a measure of change in emotional wellbeing as a result of the program. This subscale measures the extent to

which women validate their sense of self according to how they see themselves as valued by others. The scale is both reliable and valid and has been normed in representative populations of women. Since it correlates highly with measures of depression it can also be seen as an indicator of mental health/ emotional wellbeing.

Evaluation of the program itself took place preceding the first session, at the end of the final session and at a 3 month follow up. Evaluation of outcomes within Centre staff and Steering Committee was undertaken through focus groups. The first (a joint group) took place early in the project. The second was held towards the end of the project with staff and Steering Committee separately. Leisure providers were surveyed towards the end of the project.

Table 2: Evaluation Methods and Timelines

Method	Women	Staff	Steering Com	Leisure Providers
Active leisure survey	pre & post program			post-program
STS scale	pre, post & follow up			
Reflective journals	during program			
Focus groups	follow up	early/end of prog.	early/end of prog.	
Resource folder audit		end	end	
Capacity building C'list		end	end	

The women in the group program were invited to record their thoughts and feelings in a journal which was supplied to them. The journal contained a number of exercises aimed at encouraging reflection on their participation (see **Appendix 8**). These reflections provided rich qualitative material that revealed the unique experiences of each woman and the common themes (such as barriers). The journals provided a bridge between the evaluation and the program itself as they provided a space for women to record their own perceptions of change in themselves, their knowledge of leisure and experience of wellbeing. Most of the women stated that the journals were useful, and many wrote things in them that they did not feel comfortable speaking about in the focus groups. Some women stated that they did not enjoy writing or struggled with literacy issues. Not all participants wanted to share their journals with us and this was important because it is also an indicator that these women felt confident to express their own position. The following comments indicate the importance of this qualitative process.



*Being able to write down your feelings about barriers to doing activities was helpful.. Like I wrote about when I was pregnant with my third child and I was stuck at home with little support from family. It was a really hard time and I felt bad because I realised my effect on other people too. Writing it down was a good way to get it out and feel like I have moved on a bit. Reflecting on the difficulties I faced helped me not feel so resentful.*

*I found myself crying as I wrote about some painful experiences from the past. At school I was ridiculed by my physical education teacher and told I was no good at competitive sports and I lost confidence.*

Comments were made about how writing was important for women as often their lives were invisible or seen as unimportant within everyday life and history itself. Following our request 23 journals were made available to us and we include some of the key statements from these journals in our evaluation. In what follows we separate out the evaluation of capacity building in relation to (a) the group program, (b) Centre staff and the Steering Committee and (c) leisure providers.

## 5. EVALUATION: GROUP PROGRAM

The group program was a central part of the WEL project. In evaluating the program we followed a health promotion evaluation approach as outlined in the following table, bringing to this approach a gendered analysis framework.

1. Process Evaluation	Measures the activities and quality of the program and the target group it aims to reach
2. Impact Evaluation	Measures the immediate effect of the program (does it meet its objectives?)
3. Outcome Evaluation	Measures the long term effect of the program
	Hawe et al (1998) <i>Evaluating Health Promotion</i>

### 5.1 Process

#### 5.1.1 Program reach

At the commencement of the project, a media launch was held during winter in the grounds of CSU and coverage appeared in the midweek education section of the Border Mail newspaper. A short article and photo also appeared in the online CSU Bulletin. Several months later in summer a small article promoting the program for women 45-65 appeared in the Saturday Border Mail (see **Note 5**). This latter article generated a large number of inquiries from women 45-65 and indicates the importance of targeted marketing within the local media.

Women with young children living in the Albury-Wodonga region were targeted through fliers and posters distributed amongst service providers. A letter was sent to service providers explaining the project objectives. There was limited personal promotion of the project (eg, through play groups) because of the restricted funded hours for the project worker. Attempts were made to contact a local weight loss club to organise a talk about the project, but this offer was not taken up.

The localities of those who accessed the program from within the target groups was related to a number of factors such as access to transport. The limited availability and accessibility of public transport in Albury-Wodonga was identified as an issue by several women. The central location of the Centre was positively regarded. Women who enrolled came predominantly from Albury and Wodonga. A minority came from other localities up to 90 minutes away, ie. Bonegilla (1), Beechworth (1), and Howlong (3). The mean age of women in the mothers group was 31.3 years (range 29-33) and in the older women's group it was 51.0 years (range 45-65).

Number of Participants	Women with young children	Women 45-65
Total enquiries	15	50
Enrolled in Program	7	27
Completed Program	4	20
Participated in Evaluation		
Pre test	7	25
Post test	4	15
3 month follow up	5	6

A completed program allows for two sessions only to be missed. Women over 45 were divided into a day group and an evening group, according to their preferences. The data above indicates a general trend with decreasing participation in the group from beginning to end. Data for those who left the program were difficult to collect. However, verbal feedback to the evaluators and project worker indicates that reasons were related to changed circumstances of women's lives (work, health or other commitments), expectations that differed from program goals, or not feeling connected enough to the group. Some women did not identify with the feminist focus on barriers to leisure ('flying the flag for women' as one woman saw it) and others said that they were unsure if the program was for them because they thought the Women's Centre only ran programs for 'abused women or lesbians' (Journal comment).

Source of information about the project and participants' current involvement in active leisure were ascertained. These data suggest that referral pathways to the program were primarily through the newspaper, the Centre itself and word of mouth. Despite the effort to promote the program through local services, recruitment of participants through this method was low, suggesting that information sharing between services could be further developed.

Target Group Information	Women with young children (N =7)	Women 45-65 (N = 25)
Source of Information		
- Local media	0	13
- Women's Centre	1	6
- Community Health	1	0
- Friend/relative	3	6
- Neighbourhood house	1	0
- Women's Refuge	1	0

Currently active		
- Yes	6	23
- No	1	2
Level of activity		
- Sometimes	1	3
- once a month	1	1
- once a week	0	7
- more than once a week	5	14
Activities pursued		
- walking	6	16
- gym	2	1
- cycling	2	0
- swimming	1	3
- lawn bowls	0	1
- kayaking	0	1
- parachuting	0	1
- squash	0	1
- tennis	0	1
- gardening	0	12
(can indicate more than one activity)		

Although the level of activity indicated was high it was largely limited to sporadic activities such as walking (eg. going to the op shops) or gardening. Generally these women participants were low to moderately active which suggests that they were also self-motivated to pursue active leisure.

Women with young children all identified the cost of childcare, transport and cost of activities as barriers to leisure. This suggests that they had limited independent discretionary income. Child care was provided free of charge to the women participants with the costs covered by the Centre. The five women who used the subsidised child care greatly valued not only the fact of childcare being available but also its quality.

*The child care was essential – but it also needs to be childcare we are comfortable with, where kids get something out of it too. Mobile Childcare was great. We feel better about coming if kids get something too, like making friends*

The women 45-65 were largely working or retired from paid work and probably had access to higher levels of income as only three mentioned finance as a barrier. However, detailed information on socio-economic status was not systematically collected.

Reasons for enrolling revolved around social and personal needs as well as leisure interests. Interestingly, 'health benefits' was not high on the list of reasons or motivations for engaging in active leisure and may point towards women's alternative conception of health as more akin to wellbeing than physical functioning.

Reasons for joining program	Women with young children	Women 45-65
Social, meeting others	5	11
Leisure activities	4	16
Pleasure or fun	1	7
Personal growth	1	10
Health benefits (more than one reason could be given)	0	1

Examples of the reasons women gave included:

- *I like to learn new things that I can do alone without the children*
- *I want to meet people and get a better idea of what leisure activities are available*
- *I am looking for good ideas and to make time for myself*
- *I want to meet people and find a leisure activity I can participate in*
- *To get through the week without feeling at a loss and meeting other people*
- *To belong as a woman in an exercising activity with other women*
- *I need something for me*
- *To get motivation to do something physical that I like and to enjoy and keep on doing for my health*
- *To gain direction*
- *Want something for me. Haven't had time for me for years. Too much stress, not enough dollars and no transport*

### 5.1.2 Participant Satisfaction

The program utilised a small group format with discussion and different leisure facilitators invited to lead activities for between 6 and 8 weeks. The project worker participated in all group sessions and facilitated the discussion topics, journal use and encouraged engagement in activities. In relation to the group experience the women with young children enjoyed the small number of participants which enabled them to get to know others. Group cohesion in the evening group for women 45-65 was noticeably less with some finding it too large and others having different expectations of the program. In contrast the morning group participants found more common ground. Many women enjoyed being with like minded women of similar age, as the following comments suggest.

*Being with a small group of women who all experience the same difficulties as I do when trying to find time for leisure was good.*

*The sharing has been great. It is wonderful being with a group of women just as me, not somebody's wife or mother*

*Being in a group where everyone was over 45 I felt at home. I was so pleased we didn't have to bare our bellies!*

Most women valued both the information on leisure activities provided and the discussions about issues that prevented their access to active leisure.

*The discussion of different leisure services and sharing information informally was good.*

*Talking about our feelings together really helps you not feel like you are the only one. It helps you see the barriers women face.*

Group cohesion enabled the sharing of narratives that touched on reasons for not being involved in active leisure. The first of these statements comes from a woman with young children, the second from one of the older women.

*It has been really good to have a break and to think about the feelings that come up when you do activities. Sometimes they are embarrassing memories or feeling like you can't do something. Like when I went to the gym for the first time and everybody just stared and I never went back.*

*It was nice giving it a go in a non-threatening atmosphere – especially when you have been told throughout your life – ‘That isn't the way to do it’.*

Some women felt that the program structure was ‘too flexible’ while others valued the emphasis on flexibility in relation to attendance.

*The flexibility of the group was good because sometimes I just couldn't get there because of family issues, like when I missed aqua aerobics I really wanted to go, but it was good to not feel guilty about not being able to go.*

*It was a bit hard with people coming and going in the group. And sad that people left and didn't come back when we had shared a lot.*

Apart from information resources given out by the project worker the groups also shared information informally with each other. Women were themselves a source of knowledge about leisure options within the community and some found that information was not always accessible or appropriate.

*The handouts [information on activities in local area] were good and the information sharing by the group members. For example someone went and found out what the Council offered and shared it with the group which I found useful because I have just moved here from Hay, and Sydney before that. It helped me to get to know what is available in the Albury community.*

*I looked up the bushwalking website and it was fairly clumsy. The only newsletter available was a month old, full of (male) in-jokes and points out that ‘if you are too stingy to pay membership you don't deserve an up-to-date online newsletter’. So no current info on up coming events for prospective members. I'm no longer interested – their loss!!! AND I was going to book in before Xmas too.*

Group support was valued though some women did not want to engage in group discussion, rather they wanted to participate in more activities. Groups were encouraged to participate in the planning of the program by identifying different leisure experiences that they would like to try in the group. Some women enjoyed this process while others (especially those in the evening group for women 45-65 who were mostly in paid work) expressed their desire for a more clearly structured program in which facilitators were organised in advance.

The group of older women that developed the most cohesion self-identified as having a medium level of experience, met during the day (and were retired, not in paid work or in part time employment) and had some concerns about self confidence when trying new activities. The lack of cohesion in the evening group for women 45-65 can be partly attributed to a divergence between the program aims and the desires of some women for more leisure activities and less discussion or reflection on issues relating to self esteem, gender barriers etc. The context of the evening group may also have impacted upon participant satisfaction, being held midweek after work in hot summer conditions, approaching the busy time of pre-Christmas preparations, which some women felt added to their existing sense of exhaustion. Some comments suggested the need for a clearer communication to prospective participants of what to expect in terms of program structure and content. Participants' comments suggest that the program could be further refined in terms of objectives relating to the target group's active leisure motivation, application of leisure program planning principles and more time allocated for the project worker to address these group participation issues and receive supervision in relation to them.

*Some of the early discussion went on too long and could have been limited so there was more time to do the activities but the second half of the group time was spent mainly on activities and it would have been good to have had time to talk about those experiences too.*

*Many things discussed in group were irrelevant to leisure and were more on a personal level of relationship issues which these people should have been advised and directed to a group that better covers these issues.*

### 5.1.3 Program activities

Overall the women were satisfied with the diversity of activities provided, though preferences varied of course. Some of the women 45-65 wished for more variety especially the inclusion of adventurous activities like rock climbing or abseiling. Most women stressed the importance of being comfortable and being able to talk about their feelings when trying new leisure activities. Group support and a non-judgmental atmosphere promoted comfort in trying new things.

*It was great. We tried a lot of activities that I didn't realise were available. The costs and times varied. With a lot being in the evenings, with no child care it restricts me, but at least I know what is available. My first love became tai chi as it felt so calming and relaxing.*

*I liked the way we did activities and then spent some time reflecting on them and talking about our experiences.*

*It was loads of fun, trying new things.*

*It was a good balance between talking about our feelings so we didn't feel embarrassed trying different kinds of activities.*

*I loved the way that if I lost the flow it was easy to pick up again – which to me meant it wasn't frustrating. Once again it was good fun.*

The emphasis on the pleasure of being active and the possibilities for different kinds of active leisure were significant to the women's positive involvement in the activities.

*The funny thing is just yesterday I was thinking how I needed to start doing things I love but haven't done in a long while and dancing came to mind. I thought to do lessons I needed a partner and then wham today I find I don't [speaking about belly dancing].*

*Water aerobics was good – I saw women of all shapes, sizes and ages participating and having fun.*

*I enjoyed the dance having been involved with dance as a child and would definitely consider doing this activity again.*

*I can see the benefit [of tai chi] for my arthritis and I can do it at home any time of the day or night.*

*We had an interesting talk on tai chi and then a chance to do some. We learnt the shibashi and lotus. It was free flowing and felt natural. I love it!!! We finished off with the self defence stuff. She was good but it felt alien after the gracefulness of tai chi. It wasn't me.*

*Wow what a dynamic little woman [the aqua aerobics facilitator]. She was interesting and had a good outlook on life. We learnt her version of the Lotus, did some exercises and some stretches. We then got into the water and really worked hard. She showed us how simple the workout could be and how effective it is with little equipment.*

The importance of introducing a range of non-competitive active leisure pursuits that were also relaxing and calming can be seen in women's responses about yoga and tai chi.

*Really enjoyed the peaceful feeling with yoga. It's important to do something that is not to do with house duties, something for me.*

*I really love the meditative awayness of yoga as it helps me to push away all those everyday things and pressures. It is pretty relaxing and that is important leisure to me.*

*Yoga didn't work for me, Just couldn't get the totally relaxed feeling everyone else seemed to have. But tai chi hit the spot.*

For many women joining in activities at one of the local gyms was a new experience or one which, with the support of the group, led to a more positive engagement with exercise.

*After all these years I have finally been to a gym – one of my goals when I began this program. Once again it was a very positive experience.*

*It was good to see an age range at the gym – some of them looked to be in their 70s.*

*The gym was great fun, I was surprised how enjoyable it was.*

*Visiting the leisure centre I felt inspired to do more exercise.*

There were some criticisms of the program of activities provided.



*I am disappointed with this course only in that I thought it involved leisure activities that were inexpensive and not confined to a small room. I hoped it would be like a go out and try it type, eg, bike riding on tracks in the local area, group walk, info on where to hire equipment/ tools, buy licenses for fishing, river entertainment.*

*As most of us have small children I thought this would have included activities not just for ourselves but them too, as most facilities do not, as we already know, have a crèche so that we can have a life outside of raising children and being house bound.*

*I thought the group was going to include activities with our kids too. It would be good to have say half the time with the kids and half without so we could learn things that we could keep doing at home.*

*It was too hot in summer to do some of the activities!*

*No transport arrangements were discussed so there was no car pooling to get to the group.*

*Too many handouts in tiny print. There seems to be little thought for women already so busy we can't fit anything else into our lives. Not enough about managing stress and preventative health so we can fit leisure in and maintain good health.*

Suggested improvements included that there needed to be a more structured approach to programming which was sometimes seen as too ad hoc. Participants also mentioned a need for wider marketing of the program (eg, to mothers groups), the use of other venues such as neighbourhood houses to widen access by women from different localities, and integration of planning and delivery with other services (eg. Council recreation services) that might also be available on weekends.

Women with young children valued their ongoing social engagement with each other beyond the group and advocated that the program might plan more purposefully for such contact. Women 45-65 suggested that there needed to be more information on the ageing process, balancing work demands and health and wellbeing, balancing carer roles (ageing parents, grandchildren, depressed/ retired husbands) and on retirement planning issues.

## **5.2 Impact**

An important effect of the program was its impact in terms of women (a) understanding the importance of physical activity to both physical and emotional health and wellbeing and (b) trying a range of physical activities in a supportive environment. The program also aimed to encourage participants to set goals for healthier lifestyles and improved fitness levels.

During the course of the groups the women with young children became more involved in active leisure (for example, swimming, tai chi) whereas the women 45-65 did not. For the women 45-65, many of whom were working, time was a limited resource and the commitment to the group absorbed much of their discretionary time. Also the fact that the older women's group took place in the weeks leading up to Christmas holidays meant that leisure programs were not taking new enrolments during the period.

However, all but one of the women surveyed at the end of the program planned greater involvement in active leisure supported by having more knowledge about specific leisure opportunities in the region.

Active Leisure Participation	Women with young children (N = 4)	Women 45-65 (N = 15)
1. Now more involved in active leisure		
- yes	3	1
- no	1	11
- unsure	0	3
2. Plan to be more involved in active leisure		
- Yes	3	15
- No	1	0
- Unsure	0	0
3. Know more about leisure programs		
- Yes	4	15
- No	0	0
- Unsure	0	0

Some of the women's comments about their active leisure goals are included here.

*My original goal was to lose weight – now I'm happy with my body shape, happy the way I am. When I want to lose weight I will, in my own time. Now I want to try soccer, my husband's involved and I spend all my time there watching with the kids anyway.*

*Yeah, I have started walking in the mornings before the kids are up, which means getting up really early. As my goal I wanted to try it twice during our eight weeks but I have managed to do it twice a week now for a while. The first day I was surprised at how tired I felt – falling asleep while Playschool was on!*

*I set a goal to participate in something once a week – took up Yoga. It is important to me for inner health and outward happiness of achieving something done by self, for self and with self.*

*I have also changed goals and want to relax more, that's leisure too. I want to keep going to the gym. At first everyone stared at me but now they know me.*

*I've put my name down for next year's sessions of Yoga and with my return to work those will be great unwinders at the end of the day. Look out world here I come.*

*I guess we need to realise we can do anything we want if only we'll let go and have a go.*

The program aimed to heighten awareness of barriers to active participation and support women in addressing those barriers. Objectives were (a) to explore some of the barriers to physical activities that the women face such as sex role stereotyping and (b) to encourage women to challenge these.

Women saw the issues that affected their participation in active leisure as follows.

Barriers to participation	Women with young children	Women 45-65
Financial	3	3
Childcare/ grandparenting	4	1
Domestic/ family responsibilities	1	2
Motivation/ confidence	1	5
No time for self	1	7
Health	1	0
Poor body image/ weight	0	4
Work commitments	0	1
Lack of leisure information	0	3
Going on my own	0	1
Lack of transport	0	1
Age/age stereotyping (women could state more than one barrier)	0	1

Cost, time and responsibility for childcare are barriers experienced by women with young children. For women 45-65 time for self is a limited resource with the gendered demands of a double shift with work (paid and unpaid) and caring roles as the following comment indicates. This older woman felt guilty about being unable to attend one of the sessions.

*If leisure is about a change of pace (as work is about responsibility) then why must I put others first all the time?*

Significant too is the citing of feelings of low motivation, lack of confidence, poor body image (in some cases associated with being overweight) and some concerns about age. These point to midlife concerns with perceptions of becoming less attractive and more body conscious with age.

A key theme in the women's comments within the focus groups and in their journals related to feeling discomfort in leisure spaces, which was related to the construction of the feminine body in such spaces and in society generally. Competitive leisure cultures were seen to promote limited images and unrealistic expectations, eg, the way certain gyms emphasise attaining bodily perfection. Women who were overweight talked about being subject to sexist harassment in public places.

*I also feel pressured to be thin – which I'm not at present. I also tend to feel if I don't work extra hard then what is the point? Society plays a huge role in our wellbeing and activity – pictures of thin women advertising things, no fat ladies. Society emphasises your dress size. Slimmer people get the promotion not obese people.*

*I used to be into sport in a big way when I was a teenager. Hockey, cricket, playing sport games with my brothers and dad, but as I grew older and had children I let myself become lazy. Then I tried to lose weight and found I couldn't. But now, now I have lost a little weight and feel happy with the way I am.*

*TV, magazines, papers, they give impressions of young skinny models doing all these activities and there are a lot who look like they are not having fun. Ads should be about real women with real bodily shapes. Which means small, medium and large. It shouldn't mean anything but it does today, that's the way it is.*

*I'm quite happy to take part in active leisure as long as my body is covered up. Hopefully I'll hit the water and get into shape. I think what matters most is that I swallow my pride and get out there and enjoy myself.*

*I think about myself differently now. I've got a life – not obsessed about being thin but want to feel comfortable about my body. You can be fit and fat.*

*You don't have to conform to other people's views. I feel more accepted for my size in the gym because I am doing something active. I have copped abuse just walking down the street, you know guys yelling out of cars at me 'pick up the pace you fat bitch'.*

One woman told a story about being in her car at the lights next to a group of young men jeering at a larger woman crossing the road. Identifying with the woman, she reacted.

*It infuriated me and I just lifted my shirt and flashed my body at them. I am built like a brick shithouse and my weight hasn't changed much, this is me and I am going to be as healthy as I can be.*

Another key issue was a lack of family and community support to help create time and space to engage in leisure. The issue of women having a right to leisure and being entitled to time for themselves emerged. Financial constraints in relation to cost of activities, clothing/accessories, transport and childcare were also a major barrier to participation.

*When I was pregnant with my youngest son I had no family support. I also had high blood pressure and was taking medication which made me very tired.*

*Women can do anything. However, once they have a family they are restricted by other family members' health, age, schedules and the family finances. We tend not to do whatever we want when we want. Everyone else comes first.*

*Unless it's free it's just damned all round inconvenient. A recent visit to a leisure centre with heated pool, for kids and self (pensioner, 5 & 3yr old) cost \$11. Rules, money, lack of adult help as a single mum mean I can only participate in activities revolving around kids ages/ abilities.*

*Exploring the barriers that stop you being more active was useful. For me it is about how to balance my decision to look after my children at home and not use childcare all the time with how to have space for myself.*

*I already get up at 5.30am and go to bed at 10.30pm (at the earliest). When am I expected to fit it in? Then if I put the time aside my paid work gets hectic, then the housework/ gardening have to get put off and the cycle continues. Sometimes all I want to do is sleep.*

Finally, we were interested in examining the effect of the program on feelings of wellbeing. At the end of the program a majority of the women felt better than they had at the beginning.

I felt better as a result of the program	Women with young children (N = 4)	Women 45-65 (N = 15)
- Yes	4	10
- No	0	2
- Unsure	0	3

The following is a summary of some of the key comments made about why they were feeling better.

Women with young children	Women 45-65
<p>I feel more confident to try new activities as I managed these better than I thought I could.</p> <p>I don't have to lose weight to feel good.</p> <p>I am better able to fit an activity into the family schedule.</p> <p>I feel good that I have done something active (walking).</p>	<p>It felt good trying something new.</p> <p>I am more confident armed with more information.</p> <p>It was good being able to speak about feelings in group.</p> <p>I kept my commitment to attend.</p> <p>After belly dancing I decided I'd go and buy those swimming costumes and go swimming. I still feel a little uncomfortable but am willing to let go of negative thoughts.</p>

Another way of measuring differences in the ways women were feeling before and after the group is to examine the STS data. At the beginning of the program 3 (out of 7) women with young children and 12 (out of 25) women 45-65 endorsed items indicating problems with emotional wellbeing associated with concerns with how they were evaluated by others. For example, they tended to judge themselves by how other people saw them and felt that they never seemed to measure up to standards they set for themselves. Thus, while the program did not specifically target women with mental health issues it did attract women with some level of concern about their self-esteem. Comments about low self esteem, lack of confidence in the self and physical abilities, anxiety and low morale were frequently mentioned as reasons for not participating in active leisure. These feelings combined with women's lack of a sense of entitlement to their own leisure time meant that active leisure had received a lower priority in women's lives. This is also a cultural issue that reflects how women have historically been valued, and value themselves, in relation to caring and support roles.

The final question on the STS scale refers to women's perceptions of not measuring up to self-imposed standards. If this item is strongly endorsed, women are asked to list up to three standards that they feel they do not measure up to. The following are some of those mentioned.

Women with young children	Women 45-65
Being overweight, my financial position, not being a better wife and mother, housework, self esteem, parenting	Need to build more self esteem, my expectations sometimes way off target, need to believe in myself, be more confident with just being me; I'm not smart, I say stupid things, I'm unattractive; need to be fitter, my body shape, no willpower; too hard on myself; I lack confidence; I need to put my ambitions first, I need to set a goal and stick to it; don't live up to expectations, lack motivation, problems completing tasks; strength – I'm not very strong, I tire easily; no coordination, feel clumsy, awkward, can't deal with technology, I feel I don't know how to manage independently things like operating equipment, I don't feel I connect on a deep level with people, I don't keep in touch as frequently as I should

The significant levels of anxiety about meeting standards indicate the importance of sensitivity to pressures on women to meet new standards about health or fitness within health promotion projects. Health promotion messages about taking individual responsibility for wellbeing need to be constantly linked to a broader gender analysis that does not individualise blame, and that challenges disempowering messages about the 'failure to measure up'. A gendered approach to the promotion of physical activity calls for a critical analysis of cultural pressures and standards that are embedded in gendered norms about what it means to be a woman today.

Mean STS scores pre-program were 18.0 (mothers group) and 17.4 (women 45-65). Post-program means were 16.0 and 17.8 respectively. The lower the score the higher the wellbeing. At the 3 month follow up the mean for the mothers group was 9.6 and that for women 45-65 was 14.3. Because of the small number involved in the analyses a non-parametric test of significance (Wilcoxon signed ranks test) was used to determine whether the women's self-regard had improved over time. This statistical comparison of pre/post and pre/follow up difference scores indicated that the women with young children had not changed post program but had significantly improved at the follow up ( $z = 1.83, p < .05$ ). These comparisons for women 45-65 again showed no change at post-test and a significant improvement at follow up ( $z = 1.58, p < .05$ ). Thus women at the end of the 3 months in which they had continued to be actively involved in leisure expressed significantly greater self-regard (and consequently we assume a greater sense of well-being) than they had at the beginning of the program. However, because of the low numbers on which these analyses are based and missing data (not all participants elected to participate in the evaluation) the results are not robust. The trend however is clear.

### 5.3 Outcomes

Outcomes measure long term effects of programs. A 3 month follow up was conducted with both groups. Overall, as pointed out above, those who attended had maintained their commitment to active leisure and had continued with their chosen activities during the 3 month follow up, They clearly experienced an enhanced sense of physical and emotional wellbeing. However, we are unable to ascertain the effect of the program on those women who did not participate in the evaluation follow up.

The women with young children maintained social contact with each other over the 3 months. They all continued their commitment to active leisure and benefited in different ways.

*I have been going to the local gym five mornings a week and have lost 2 kilos and dropped a dress size. I love it because there is a whole little community at the gym with a relaxed atmosphere. I mainly do weights, cardio machines and 50 sit ups. I like that fact that I have toned up my wobbly bits. I like being honest about my body with the gym staff.*

*I bought an annual swim pass for the family at the local outdoor pool which cost a bit up front but I save more in the long run. It is a good way to get some exercise with the kids as they enjoy it and as they get older and more independent I will be able to swim more laps. The kids and I have also been out to the Hume Weir to swim twice.*

*I have kept up my goal of walking in the morning while the kids are asleep at least once a week. I can now manage to walk up hills without feeling too puffed.*

*I have been walking about four days a week except when the kids were sick. I walk everywhere, to the shops, friend's places, the park etc. I have been swimming at the Hume Weir and camping. I still want to play soccer next year but it does create childcare issues for us as we don't have much support.*

They spoke about the importance of these activities to their health particularly in relation to having 'time out' to maintain their emotional wellbeing. There was also a shift for some in how they thought and felt about their body shape and weight.

*Having time out from the demands of the children is really important to me. Being able to zone out and not worry about the lives of others around me. It really helps my self because I can then be more patient with the kids and not be so stressed about everything.*

*I need that break [with leisure] because I feel so exhausted with sick kids. I feel like I just want to go on a holiday by myself! You need a break or you just get frazzled. With the kids own activities finishing because of holidays I find it harder because they want me to do more with them and it is really hard at home with three of them.*

*As a single mum I have organised one day a week day care for my youngest child so I can do what I want, like going swimming and doing laps. It is very important time for myself and I really look forward to it. It is hard to do things after the kids are in bed because I am so tired. Once I had a lovely aromatherapy bath.*

*Walking really clears my head and I feel pretty relaxed afterward.*

*I am not so hard on myself now and I don't worry so much about what other people think about my body. I'm not beating myself up any more. I will exercise when I want to or not depending on what is going on.*

*I am still getting used to being a heavier weight after having kids. I used to be underweight so it is a big change and I am feeling ok about it now. I don't feel like I have to cover myself up.*

The women with young children had continued to face barriers to active leisure including lack of money and limited childcare. For example, leisure programs were often only available at night and night childcare was very costly. There were few activities where kids were welcome or where they could also participate. Living in rural areas put them at a disadvantage since there were fewer choices than in the city and less public transport. In fact one woman mentioned how a local bus driver refused to stop and pick her up with a pram. Women's plans for continued active leisure in the future were identified.

*We are getting bikes so we can use the bike paths in the area. I plan to continue swimming with the kids and if childcare could be organised I would love to play soccer. Daytime activities are best for me with the kids.*

*I will be studying but will keep swimming and going to the gym by organising childcare so I have one day to myself a week. I will schedule my time into the kids activities for the week too.*

*I will keep going to the gym and plan to bike ride twice a week too as I have a friend who can mind the kids.*

*I will walk the dogs regularly and I am joining the gym tomorrow with someone from the group. I do prefer to go with someone as the time flies by with company. It is also great to have a friend to ask about the gym equipment when I don't feel confident to ask the staff because they are busy.*

In the older women's group at follow up all, except one woman who had been ill, continued their commitment to being active despite having no ongoing group connection with each other.

*I have been going to a tai chi class and School for Seniors twice a week. The WEL group got me motivated. I can manage my husband's depression much better now because I am more relaxed. I was going down the same path as him but now I am doing something for myself.*

*I am doing a tai chi class, walking for 30 minutes everyday in the local park, often with my daughter so we can walk and talk. I also garden and have tried to follow an exercise video at home with the remote control to fast forward the really hard bits!*

*I go walking by myself during the day. I try to use an exercise video too but sometimes it is so hard to keep up with Jane (Fonda)! I just do what I can, particularly with all the visitors lately and a few health problems.*

*I am doing yoga once a week and it really helps me walk my dog regularly in the bush tracks near my house. I felt the benefits after 4 weeks.*

*Despite having been sick I am planning to do yoga or tai chi once I return from overseas. I am still very motivated and will go along with another group member.*



*I am going to a yoga class each week and practising myself at 7am every morning. I am calmer and the instructor is very affirming which is important. I am still planning to buy a bike too. I am really glad I did the WEL program because I have had a positive experience with being active for the first time in my life!*

The barriers that these women had experienced were very much related to the demands of caring roles, volunteering, family responsibilities and health problems. At the follow up focus group they also talked about trying to balance their needs with the needs of others and the varying reactions of their husbands (all were married) in relation to their new leisure choices. These included, 'he doesn't like me going out by myself', 'he doesn't know what to make of my yoga interest', 'we go walking together', 'he encourages me to try new things with him' and 'he would rather watch TV'. Overall these women felt they had lots of choices and felt women their age just needed to 'get out and try it'. Some women felt discouraged by the fast pace of exercise videos and the way they promoted exercises as easy when they weren't, the difficulty of contacting leisure facilitators who rely on mobile phones and having no-one to go to a group with/ feeling uncomfortable with new groups.

Women 45-65 planned to continue with their current activities and try new things like bike riding. They identified the following health benefits gained through their active leisure participation.

- *I feel more physically capable after doing yoga and can stride up hills. I feel better having said no to volunteering and made more time for me.*
- *Your mind becomes more active also and I have more energy to get things done. I feel healthier and losing weight is just a bonus.*
- *Fitness is for somebody else! (gestures to own body size) but I feel pleased that I have achieved something.*
- *My metabolism has increased, my eating habits have changed with yoga and I don't have sugar cravings anymore. I feel more positive about what I can do. The negative voice in my head saying 'no you can't do that' for all these years is not as loud as it used to be! I would tell that PE teacher who put me down at school that I DON'T CARE anymore.*
- *I'm striving for pleasure, health not fitness. It is up to me to stay healthy as I get older as I worry about getting sick like my parents did.*
- *It is nice to be doing things physically and be enjoying it! I am happier with my body shape and want to keep healthy.*
- *It is important to take time for ourselves as women and acknowledge our achievements, so I am pleased to be doing that with tai chi.*

Both target groups were asked about the kinds of changes that they would like to see happen in the community and society generally to support women's active leisure. The women with young children identified many issues whereas the women 45-65 felt that generally there were many more opportunities for women today in comparison to when they were younger.

Women with young children:

- Leisure gear and clothes that fit women of all sizes and look good without being too expensive.
- Better media portrayals of women's body image – greater diversity of advertisements with women being active in them.
- Better attitudes towards different kinds of families (eg single parents) and catering for their needs.
- Better childcare and activities that you can do with your kids, family-friendly leisure (eg, restaurants), valuing children and mothers more.
- Council support for family friendly activities, eg the Picnic in the Park is cheap, easy to get to and kids can play while parents socialise. Could have more activities for parents and kids to try together, eg tai chi.
- Education about leisure and wellbeing before and after childbirth, in hospitals and prenatal classes etc to start ideas like going walking with the pram.
- Playgroup – have activities for mothers to do as well as talking.
- Walking groups for mothers at night and in the day so you feel safe and can socialise, eg mobile mums.
- Safety – better lighting, street patrols at night so you can walk and get to things by yourself or with kids.
- Leisure facilities and activity classes or groups that welcome kids involvement, eg dancing, tai chi and tai kwon do. Relaxing insurance requirements
- Child care arrangements at sports clubs, eg soccer, where the club provides care or helps women in teams organise voluntary care at the game.
- Bring back parent sessions at the cinema.

Women 45-65:

- Address attitudes of PE teachers towards non-sporty girls/children.
- Get the message out there to older women – doesn't matter what it is just give it a go.
- Leisure programs for older men (particularly those who are depressed).

## **6. EVALUATION: CAPACITY BUILDING STRATEGIES**

The approach in the program focused on building women's capacities to engage in more active lifestyles. This was achieved for example by encouraging a commitment to active leisure through fostering enjoyment of activities engaged in, rather than the adherence to 'prescriptive' approaches about what one 'should do' to maintain health. The approach with the three other targeted sectors was different. Capacity building strategies included organisational and workforce development and partnership building. They focused on (a) increasing awareness of and commitment to incorporating active leisure in program planning for the Centre, (b) increasing knowledge of evaluation strategies within Centre staff and Steering Committee members through collaboration on evaluating WEL, and (c) developing relationships with relevant stakeholders in order to enhance further the promotion of active leisure within a gendered perspective on health policy and planning.

Another important capacity-building strategy was building awareness among leisure providers concerning the barriers women in the target groups (and more generally) faced when aspiring to become engaged in active leisure. This awareness would be a first step in encouraging more inclusive program planning within the leisure industry in the

Albury/Wodonga region. This last aspect of the project - building awareness within leisure providers - will be discussed further below but first we outline the approach to capacity building in Centre staff and Steering Committee partners and the outcomes.

## 6.1 Centre and Steering Committee

Informal regular discussions about the project took place between the CSU members of the evaluation team, the Centre manager, Liz Olle, and the project worker, Kathy Kerin. CSU members also regularly attended Steering Committee meetings and provided preliminary results that could inform further program planning. However, three specific focus groups were held in order to implement an integrated and participatory approach to the evaluation. The first took place early in the project's development and included staff and the members of the Steering Committee. The second two took place toward the end of the project with separate focus groups for Centre staff and Steering Committee members. The WEL project and the evaluation projects were undertaken separately but fed back into each other through ongoing discussions with the Steering Committee members about capacity building and sustainability issues.

The initial focus group developed a feminist focus on the evaluation of projects, and on increasing awareness of active leisure as part of women's health promotion in relation to its value for issues such as obesity and mental health issues such as depression. This was important because the Centre had not previously promoted women's active leisure in a major way. The Centre has a strong focus on key issues such as violence against women, the provision of individual and group support around issues such as self-esteem, anger, abuse etc, along with a feminist advocacy role in the community. Some of the comments from members of the focus groups are listed below, as a way of communicating the scope of the discussion.

Some of the points made in relation to feminist methodologies in evaluation were:

*It is important for evaluation to be client centred, for the participant's voice to be heard.*

*Evaluation can make everyday practices visible and hence the value of programs and services can be made more evident.*

*Evaluation can identify attitudinal issues that may need to be addressed in relation to gender and assumptions made about women.*

*Feminist evaluation acknowledges the strengths and knowledge of women.*

*We each bring different skills, abilities and feminist perspectives to the project and this can enhance the building of problem solving capacities both within the Centre and between the Centre and other organisations.*

On the importance of exploring the barriers to active leisure in women's health planning the following points were made after an exercise in self reflection (as health workers are also women in the community);

*There is a lack of confidence and self esteem for many women relating to their embodied abilities linked to stereotypes around gender.*

*Pleasure and leisure are valued less than paid work and come way down the list for women. Self care comes last.*

*Perceptions affect what counts as leisure and what doesn't eg. fitness is often linked to working out in a gym, not bushwalking.*

*Some leisure experiences raise questions about how women are perceived in society as feminine or unfeminine.*

In planning the project the Centre developed a uniquely gendered approach to physical activity by incorporating aims and objectives related to promoting active leisure into each area of their strategic plan. In this way health outcomes from increased physical activity were mapped across the different domains of the Centre's work, rather than existing as a separate priority area. The dilemma for the Centre with a small staff team is that the project worker's position has only short term funding and when she leaves all her skills go too. The Manager's position also changed during the project, which also brought different expectations and knowledge. The challenge for the Centre was to make the project outcomes sustainable in a way that does not create additional workload for staff with little extra time and multiple responsibilities.

At the final focus group meetings the extent to which the capacity-building aims of the project were met was assessed in relation to future plans and via a capacity building checklist. The staff focus group initially explored the benefits and negative aspects of the project for the Centre.

<b>Benefits</b>	<b>Negatives</b>
Different kind of group run	Isolation for project worker
Increased understanding of issues around women's active leisure and health promotion for some staff	Disruption with change of management
Publicity within the community and increased word of mouth which encourages new women to access the Centre	Lack of integration of project into Centre
Having a younger staff member	Pressure on staff resources
Raised questions about program development & evaluation that will assist with future planning	Unmet demand – waiting list compiled
Costing of funding submissions refined	No co-facilitation or groupwork supervision occurred
Personal changes in staff members experiences of active leisure	Confusion over funding arrangements
	Resources strained with late funding
	Some staff did not know about how the project would run

In the Steering Committee focus group the participants identified key aspects that contributed to the success of their partnership as well as the barriers that impacted upon their efforts to build capacity. A history of strong partnerships between the women, representing different government and non-government organisations, and a shared commitment to the project's feminist vision were significant. The shared trust and ability to explore ideas and develop a feminist approach to promoting women's active leisure were understood to be central to what one woman referred to as 'truthful capacity building'. The Steering Committee understood its role to be primarily one of supporting the project worker, sharing ideas and establishing the parameters of the project. While Committee members did not consciously identify their own role in terms of building community awareness about the project aims they all did in fact work to promote the

project's philosophy in a range of arenas. These included at the NSW State level for the coordination of women's health, informally at the local level in health promotion; within the context of reflecting upon professional practices (eg, a women's health nurse had changed to asking clients about 'taking time for yourself through leisure, rather than just how much you exercise'); and talking creatively about women's active leisure in other 'serious settings' like domestic violence committees (eg, 'a women who has experienced domestic violence might not want to talk about it directly but may rather be involved in time out for leisure. Physical activity is marginalised in our society and within services for women. There needs to be a feminist understanding of its importance').

It was acknowledged that some of the original partners listed in the submission (Sport and Recreation and the GMAHS Health Promotion Unit) were not actually invited onto the Committee because of a perceived difference in philosophies relating to women and active leisure/physical activity. Sport and Recreation were seen as valuing more traditional activities like sport, and Health Promotion was seen to have traditionally had a more narrow focus on gender. There was also confusion about whose role it was to engage these 'non-traditional partners' in terms of the Committee or the Centre Manager overseeing the project. Time constraints, changes in Centre management and funding dilemmas proved to be major barriers to developing more effective relationships between the organisations. One Committee member said, 'There were tensions in the change of management. It is critical that the person with the vision about the project carries it through. These kinds of projects can't be just handed to someone new to run'. There was some level of frustration expressed in relation to the perception that the Centre was not fully supporting the project and the worker, along with disquiet about a lack of integration of the project into core business activities. While the Committee acknowledged the difficulties that arose from the project being insufficiently funded there was a sense that discussions in committee around funding had taken up time and energy that could have otherwise been focused on the project itself.

The Steering Committee members and Centre staff identified issues that were barriers to making the project sustainable. These included the need for essential funding if a small organisation was to undertake capacity building in promoting women's health and questions about an ongoing commitment by the Centre to seeing active leisure as core business. Five staff and three members of the steering committee completed anonymously a sustainability checklist originally developed by Hawe, King, Noort, Jordens and Lloyd (1999) for NSW Health (see **Appendix 5**). This checklist gives some indication of the likelihood of the project being sustained. The maximum score on the checklist is 20, the minimum 0. There was no difference overall between how the staff and the committee saw issues relating to sustainability (means of 13.2 and 12.6 respectively, the lower the score the more pessimistic respondents are about sustainability).

However, these scores suggest some ambivalence about the possibility of capacities developed during the project being sustained. Since we do not yet have data on the final outcome of the sustainability issue we are unsure of the predictive validity of this measure. However, a closer study of those items that indicated problem areas for sustainability would suggest avenues for further action should there be a decision to try to continue the program. Of most concern are low scores on items 1, 2 and 6. Item 6 points to a perception of a lack of advocacy for the program at a senior level. Item 1 relates to prospects for additional funds for the program and item 2 relates to a

perception that the program had involved training in skills and interests that would be retained in the Centre. Items 5, 7 and 10 were also indicators of potential problems affecting sustainability. Item 5 refers to the integration of the program within the Centre, item 7 to the level of support for the program in the Centre, and item 10 to uncertainty about the level of community support. It must be stressed that these are perceptions rather than objective analyses of factors affecting sustainability.

The following ideas relating to how the project might be sustained were suggested by staff and Committee members.

<b>Centre Staff</b>	<b>Steering Committee</b>
<p>Work with leisure providers to make their programs more accessible for women</p> <p>Employ paid leisure facilitators in groups</p> <p>Explore partnerships with neighbourhood centres or playgroups to run women’s groups</p> <p>Provide information about active leisure to women in community, ie website</p> <p>Build on Expo survey in which physical activity was highly rated as an issue</p> <p>Promote &amp; support no cost activities</p> <p>Reconfigure Centre resources through strategic plan revision</p> <p>Eg, a supporting a women’s active leisure group to run itself</p> <p>Eg, walk the talk sessions &amp; groups that could deal with depression and address counselling demands</p> <p>Eg, single mothers group is yet to run</p> <p>Develop skills of staff in active leisure facilitation, eg tai chi training</p> <p>Networking with leisure providers more intensively, eg via Expo</p> <p>Disseminate final report to other agencies &amp; presentations</p>	<p>Using WEL findings to join up with other projects like ENCORE (gentle exercise for women with breast cancer)</p> <p>Continuing the Committee partnerships</p> <p>Run the program again to embed it in the Centre’s programs</p> <p>Link with other funding sources and issues, eg, falls prevention, mental health</p> <p>Mainstream project ideas in other health &amp; leisure agencies</p> <p>Run it again with new partners involved</p> <p>Present &amp; share findings at conferences</p> <p>Share findings with health workers</p> <p>Link project outcomes with GMAH - GRACE (women’s health and gender)</p>

We now turn to a description of the leisure provider component of the project and our evaluation of the outcomes with regard to that part of the project.

## 6.2 Leisure providers

As a capacity-building strategy the project worker engaged a number of women leisure facilitators to volunteer within the program itself. In addition five local fitness centres within Albury/Wodonga were visited by the project worker who undertook an audit about gender awareness, distributed current policy documents on gender participation in active leisure and introduced two groups of women to existing programs. Fitness centres were selected by the women with young children and women 45-65 as leisure services that they would like to engage further with in order to become more active but felt

unable to for a range of reasons. In this sense the project's attempt to raise awareness with fitness centres emerged out of a feminist approach that valued women's participation.

The project worker briefed women facilitators about the aims of the project including the promotion of a gendered perspective on barriers to women's participation in active leisure and issues such as self esteem. Almost universally the facilitators provided powerful and positive role models for women participants in the program. Typical comments follow:

*The leaders were good, it was not competitive and you felt comfortable trying new things.*

*I liked the non-threatening atmosphere of the group with the emphasis on setting your own limits and trying new things. Nobody said "that is the wrong way to do things" and so I felt comfortable. We were then able to laugh at ourselves!*

*I really liked the passion for leisure that the instructors each had. This inspired me and made me think about leisure in a holistic way in my life – the meaning of what I am doing and why it is important. It is kind of like a spiritual thing.*

Women participating in the program clearly identified with the women facilitators who encouraged non-competitive participation, affirmed their efforts and emphasised the importance of enjoying activity in new ways. In the three months following the group program many participants enrolled in activities that had been facilitated by the women they had met. The sixteen leisure facilitators and fitness centres were surveyed by the evaluators about their estimates of the number of women participating in their programs, gender barriers and policies, as well as their own role in creating more equitable opportunities for women with young children and women 45-65 (see **Appendix 8** for the survey document). The results of this survey, based on the thirteen who responded, were as follows:

<i>Organisation</i>	<i>% women attending</i>	<i>% mothers of young children</i>	<i>% women 45-65</i>	<i>links with local women's services</i>	<i>policy on women's access</i>
Fitness centre 1	60	20	80	no	no *
Fitness centre 2	75	20	20	no	no
Fitness centre 3	75	<25	90	yes	yes
Fitness centre 4	75	20	0	no	yes *
Fitness centre 5	75	65	45	yes	yes *
Self defence	0	0	0	yes	no
Dance 1	100	<10	0	yes	no *
Dance 2	100	80	25	yes	no *
Dance 3	100	15	50	yes	no
Yoga 1	75	60	10	yes	no*
Tai chi 1	75	10	70	no	no
Croquet	90	0	75	no	no*
Aqua aerobics	50	5	90	yes	yes*

Entries marked \* indicate awareness of national policy on access to sport and recreation by women and girls. Apart from the fitness centres all other respondents were invited facilitators in the WEL program itself. While four providers indicated that they had policies related to women's participation, no copies of written policies were provided, though they were requested.

Perceptions of the issues facing women in these groups were as follows

<i>Issue</i>	<i>Women With young children</i>	<i>Women 45-65</i>
Time for self	4	0
Cost of activity	5	3
Childcare	12	0
Transport problems	1	4
Health/fitness	0	6
Confidence lacking	0	3
Stereotyping (sex, age)	1	3
Awareness of opportunities limited	0	2
Misconceptions about activities	0	1
Guilt about time for self	1	0
Disability	0	1
Motivation lacking	0	1
Better physical access	1	1
Fear about going out at night	0	1
Rural location (conservative)	0	1
Worry about feeling foolish	0	1
Image of gyms (for young and thin women)	0	1
Boredom with gym routines	0	1
Lack of support with equipment	0	1
Timing of activity (school hols)	1	0
Obesity	1	0
Nobody to go with	0	1
Lack of interest in sport (could suggest more than one)	1	0

Leisure providers made the following suggestions about how their program or service could address these barriers to participation:

- Develop better physical access
- Apply for seed government funding to subsidise programs
- Hold expos for women
- Work with local providers of transport to facilitate better bus routes
- Offer child care and courtesy buses
- Offer approaches to fitness training that do not intimidate
- Raise self esteem



- Improve body image
- Make sure exercise is fun
- Create opportunities to meet other like minded women
- Improve health and posture
- Enhance tolerance for other cultures
- Special programs for first time participants
- Group fitness programs with a range of activities
- Encourage women to try new things
- Use non-trendy images in ads, older women
- Women have their own space

Interpreting these results, we conclude that while leisure providers perceive that women are often in the majority of people who access leisure programs surveyed, structural problems such as lack of transport and childcare and attitudinal barriers (such as low self esteem) related to sexism and ageism are barriers to active leisure requiring further action. There is some level of a willingness to identify changes that need to occur in relation to program design and provision. However, broader issues of gender equity were less likely to be mentioned. Continued building of capacity is thus warranted.

## **7. EVALUATING THE EVALUATION**

The evaluation project was designed to build the knowledge and capacity of Centre staff and Steering Committee in relation to developing a gendered approach to physical activity and health promotion evaluation. It aimed to create participatory processes through a partnership with the Centre and Steering Committee and utilised a range of feminist methodologies to evaluate the processes, impacts and outcomes of the project. The close relation between the two projects often led to confusion for all parties about the boundaries of each. Staff and Committee members were invited to participate in the review of an Ethics submission that included the survey, focus group and journal methodologies, with the Centre Manager and Project Worker being more centrally involved in the design and facilitation of focus group discussion.

Centre staff spoke about feeling disengaged from the evaluation with little ongoing discussion occurring within staff meetings. They did however identify evaluation processes within the Centre that could be revised and made more effective. The commitment and time required for evaluation was identified as a key issue. Staff did find it useful to see how an evaluation can be undertaken within a policy framework using key questions to reflect critically on what is being done and why. Staff also suggested different methodologies such as in-depth interviews.

It was agreed that ideally the project and evaluation should be designed and run together – something that needs to be incorporated into all future funding submissions. The issue of a funding delay was raised in relation to the inability to purchase a digital camera for use in the group and to develop the website as part of building workforce capacity. Website training was still being investigated but was difficult to source within the regional area.

As part of the capacity building strategies for the project the evaluators made available to Centre staff and the Steering Committee a compendium of selected articles on topics relevant to the project. These included gender analyses, health promotion, evaluation methodologies, community capacity building, as well as information on current health policy relevant to the project. Two staff members and three Steering Committee members read a number of articles provided in the compendium. A total of 17 articles were accessed, covering a variety of the topics covered. The compendium remained in the Centre as a resource file. Several staff members said that they had found the resource folder on women's active leisure and evaluation methods useful, while others felt it was 'nothing new', 'difficult', or that they did not have time to access it. There was no deliberate integration of the resource folder material into Centre discussion about evaluation or planning.

In contrast Steering Committee members felt that they had participated in the evaluation process and had learnt from the process. The Committee members had accessed the resource folder and found that their own understanding of active leisure had developed further. However, they felt that there was a lack of integration and coordination of the different elements of the project within the Centre. Committee members have taken up the task of searching for a suitable conference or forum to present the findings. While a conference paper abstract was submitted by the researchers and project worker to the National Rural Health conference it was not accepted.

In relation to our role as researchers in the evaluation process we feel that there were particular limitations in achieving the desired outcome of increasing skills and knowledge through our partnerships. The change of Centre management and priorities, the limited project hours and multiple demands on the project worker as well as the boundary issues between the project and evaluation hampered efforts to collaborate more fully. One of the major limitations rests with the design of the evaluation after the project brief had been submitted combined with limited integration of the evaluation into the Centre's everyday operations. Employing outside researchers to undertake an evaluation in partnership with the Centre is useful for demonstrating how research methods and evaluation techniques might be utilised within a Health Outcomes approach. However, it is profoundly limiting in a number of ways. The absence of an original evaluation and project design prevents a feminist action research approach being developed which would involve key stakeholders all the way through. This can generate a lack of ownership about evaluation and even a sense that evaluation is something done by 'experts' rather than practitioners. Our experience leads us to believe that future projects need to include evaluation techniques that are developed by the Centre in line with a commitment to developing feminist 'practice based evidence'. Such an approach values the contribution to health promotion knowledge that health professionals can make and the opportunities for learning that can arise through a mentoring type relation or partnership with researchers (see Fox 2003 on the difference between evidence based practice and practice based evidence within applied research).

## 7.1 Partnership Reports

### Steering Committee Report

#### *Background to the Project*

The WEL project developed from a number of sources. Historically the Centre had focused on challenging stereotyped portrayals of women's roles in the local media and we were looking for other ways of promoting positive images of women. My own personal experience eighteen years ago of looking for appropriate kinds of physical activity after having children also played a role. I felt great after exercising but it was hard to feel comfortable in the gym with the narrow emphasis on body image. I started walking in mornings and swimming regularly. It became really important to me and I still enjoy these activities today.

WEL also grew out of the new policy directions with the Active Australia campaign and NSW health emphasising "30mins a day" of physical activity. I thought about the implications for women who are often actively involved with their children all day and don't have a lot of time for themselves. With the Women's Health Outcomes approach I felt that physical activity provided a more holistic way of approaching women's health. Previously the Centre had been involved in running the "Wisemoves" program with older women in the Albury-Wodonga area. This program developed from regular meetings with the women's health nurses in the region and it brought a new group of older women into contact with the Centre where some of the activities were run. It enabled these women to access the Centre without being identified primarily as victims of violence. Wisemoves enabled us to think about how to promote physical activity differently by combining talking and exercise, with a feminist focus.

In 2000 the Centre staff travelled to the 4<sup>th</sup> National Women's Health conference and I chose to go to a paper on a fitness program that focused on exercise and self esteem for larger women that had been run in Canberra. This was so many women's story! It also felt like a specific and tangible way of responding to sex role stereotyping that challenged the focus on diet and weight loss. The Centre had some previous contact with one of the local gyms that had letterbox dropped some rather sexist marketing material about how women should feel. One of our younger staff members was so incensed she organised with the YWCA to write a letter to the gym about marketing stereotyped images of women. We didn't get much of a response but it was the beginning of our growing awareness about how often stereotyped sex roles are used to promote physical activity.

#### *Benefits and Challenges of WEL*

One of the major benefits has been to realign the Centre's approach to women's health by emphasising the importance of a holistic approach to a range of issues. It is about reframing what an 'intervention' can be to bring about long term change for individual women and through a ripple effect, their friends and families, and particularly their own daughters. Staff have a broader view of what constitutes women's health in the community. We have seen physical activity incorporated into the recent Women's Health Expo and there is room to do more through our newsletter Broadsheet. With limited funding for services it is all too easy to become caught up in the 'hierarchy of needs' that has historically pervaded women's health. We have been

very used to concentrating on violence related issues that victimise women and through WEL we have seen how we can promote women's health in different ways. The greatest challenge is always connected to how do we spend the money we have on the greater need. We have to keep asking ourselves the critical questions. If other services provide leisure why are we doing what we are doing and how is it different? In bringing about changes outside the Centre in the community amongst leisure services like gyms etc we need to consider how to connect with potential partners (like Sport and Recreation) to do that. It is a real balancing act that is about maintaining our philosophical focus and feminist commitment while also finding a way to engage with services that are often working from very different positions. This is about developing a feminist approach to capacity building through the creation of dialogue and positive relations between services to bring about change for women.

One of the challenges with the evaluation was the blurring of the boundaries between the project activities and the evaluation strategies. I have learnt more about evaluation and how it enables us to ask those critical questions about why we do what we do. There has always been a real tension about how to our spend money on improving women's health, so evaluation has historically had a lower priority because of this pressure to provide direct services. Having specific funding to do evaluation took away that dilemma and created a space for us to learn more. The evaluation report will provide an example that we can use to take 'snap shots' to evaluate other things we do now and to think about how different things can be done. Embedding the evaluation within the current NSW Women's Health policy framework also helps all of us have a better understanding of the connections between our jobs, the Centre's strategic directions and broader priority areas.

### *Sustainability*

The Centre is now in a good position to develop similar programs such as 'strolling your way to health' which links physical activity, mental/emotional health and women with young children. The partnerships that we have developed through the Steering Committee could now be expanded. We have developed more confidence and knowledge to explore new directions. For example we could now invite potential partners like Sport and Recreation to be involved in developing projects because we have established a track record with our own feminist approach. We can look at what we can achieve with a range of other partners in the Greater Murray region. Looking more broadly there is a also great opportunity to influence change relating to women's physical activity through the 'Grace project' that aims to develop a gendered approach across the entire health system.

## Project Worker's Report

As project officer for the WEL project I was appointed to a short term contract with the Centre as a Women's Health Project Worker. I undertook planning, organising and facilitation of three groups. This involved recruitment of women participants in the group and activity facilitators (e.g. a tai chi group leader). This required coordinating twelve activity group leaders as well as organising and coordinating visits to local fitness centres. Supervision and support was provided by the Steering Committee appointed for the project. I utilised my background in Social Work to plan and facilitate the groups.

Women Exploring Leisure is a discussion and activity program for women which focuses on physical activity, active leisure and self-esteem rather than on dieting and weight loss. The program was devised and coordinated by the women's health project officer at the Albury Wodonga Women's Centre. This program was successfully run in Albury Wodonga 2002. It was designed for women who are currently not active and do not receive the physical, social and psychological benefits of active leisure. The Project was launched 27<sup>th</sup> June 2002 in the Charles Sturt University grounds by the Albury Mayor Patricia Gould. Mayor Gould discussed the importance of active leisure and how she incorporates active leisure into her busy schedule. Colleen Wilson-Lord, a recipient of the 2001 Lifetime Achievement in Fitness Award, was the guest speaker at the launch.

The women in the groups presented with a number of health issues, including high blood pressure, postnatal depression, depression, hepatitis C, chronic fatigue, osteoarthritis, asthma, diabetes, obesity, and lymphoedema. Isolation was a common factor affecting mental wellbeing.

#### *Recruitment*

I publicised the group in a number of ways:

- ❖ Media Release sent to WIN TV, Prime TV, Border Mail, Twin Cities Post, and Local Radio Stations.
- ❖ Fliers and emails distributed to government and non-government agencies (e.g. Department of Human Services, Mungabereena Aboriginal Corporation)
- ❖ Internal promotions within the Women's Centre to existing networks and through the 'Broadsheet' Women's Centre newsletter.
- ❖ Local community notice boards at shopping centres.
- ❖ Efforts were made to address relevant women's groups such as a local weight loss club but offers to speak at group meetings were not taken up. Broader advertising strategies for the first target group, women with young children, need to be explored.

#### *Program Details*

The program structure allowed for flexibility reflecting a response to the participants' expressed interests. Following participation in scheduled activities women discussed how they felt about the activity, whether or not they would like to continue that as part of their leisure plan, and any other issues that the activity had raised for them. However there was a general format as follows.

#### *8 week group (women with children)*

Week 1-Introduction, getting to know each other, group contract.

Week 2-Barriers that women face when accessing leisure. Write a story about a time when you felt unable to participate in active leisure (why, what happened and how did it feel). Self defence talk.

Week 3-Women's experiences of leisure, media and women involved in leisure. Goal setting. Relaxation exercise.

Week 4-Discuss article on yoga as a way of improving fitness and wellbeing. Polynesian dancing.

Week 5-Tai chi, Self defence.

Week 6-Yoga.

Week 7-Tai chi and Water aerobics.

Week 8-Closure and evaluation session

*6 week group (women 45-65)*

Week 1-Introduction, getting to know each other and group contract. Barriers that women face when accessing leisure. Belly dancing.

Week 2-Write a story about a time when you felt unable to participate in active leisure (why, what happened and how did it feel). Yoga and menopause talk.

Week 3-Viewing and discussion of video showing older women engaged in netball at Masters games..

Week 4-Tai chi, Polynesian dancing.

Week 5-Gym session and croquet.

Week 6-Closure and evaluation session.

This latter group was shortened because of its scheduling close to the Christmas Holiday season.

*Resources*

Prime considerations included:

VENUE: A convenient, accessible, low cost or free location was chosen depending on the group activities.

TRANSPORT: Most participants had access to a vehicle or car pooled with a friend or other women in the group. Some participants were within walking distance from venues.

COSTS: As there was minimal funding allocation, active leisure professionals were given a nominated donation for their time at the Women’s Centre. There was no cost for the participants. The group was free as was the childcare provided.

PRESENTERS: Women were recruited dependant upon their availability and accessibility.

REFRESHMENTS: Tea and coffee were supplied free of charge as well as some occasional light refreshments

CHILD CARE: Mobile Children’s Services provided childcare for the group and the Women’s Centre made a donation to their service.

*Timeframe*

The project officially commenced on April 30<sup>th</sup> 2002, when the project officer commenced employment and finished May 13<sup>th</sup> 2003

<u>April</u> 30 <sup>th</sup> Project Officer starts	<u>May</u> Project planning	<u>June</u> Networking Publicity Planning	<u>July</u> Begin 1 <sup>st</sup> Group
<u>August</u> Continue group	<u>September</u> Continue group Evaluation	<u>October</u> 2 <sup>nd</sup> group	<u>November</u> Continue group Evaluation
<u>December</u> Evaluation	<u>January</u> Report data compilation	<u>February</u> Report data compilation	<u>March</u> Evaluation
<u>April</u> Report writeup	<u>May</u> Final Report Due.		

### *Limitations and Benefits*

As facilitator I noted both some limitations in the group program as well as benefits. One limitation was the inability to cater for all women who applied to enrol. The program for the women aged 45-65 attracted some 50 enrolments in one week. An information session was held to determine the best possible outcomes so that as many women as possible would be able to participate, while allowing for the limited resources available to run the project (e.g. only one facilitator). At short notice the particulars set in place included a change of venue to accommodate larger group sizes. A larger group size seemed to affect group cohesion especially in the evening session.

Careful selection of presenters is important. While the majority of presenters were excellent and related well to the women, some women in the older women's group reacted unfavourably to a young inexperienced presenter. There was also some resistance by some of the women in the older group in relation to the WEL philosophy (e.g. the emphasis on gender as a factor in active leisure). It was unusual in relation to Centre practice for the groups to have only a single facilitator and there would have been benefits from co-facilitation. There were also uncertainties induced when the funding for the project took a long time to arrive.

The location of participants was largely limited to women resident in Albury or Wodonga. Programs need to be 'out-reached' to other agencies and organisations such as neighbourhood houses, and in rural and remote localities.

As demonstrated in the larger report by the CSU evaluation team the women benefited from their participation in the project. I followed up women who left the project before completing the program and was able to ascertain that for the majority of these women the reasons for leaving the group related to circumstances such as their state of health rather than negative reactions to the group itself. The women showed an increased understanding of the importance of physical activity to health and wellbeing. At the end of the program the majority of the women felt better than they had at the beginning. One woman said, "*I am more confident armed with more information*" while another reflected "*I feel good that I have done something active (walking)*"

They showed an increased understanding of the effects of sex role stereotyping on health and wellbeing. A heightened awareness of sex role stereotyping was evident within the groups. "*I make a point of taking time out for myself now. I don't feel guilty and have to justify it to anyone*" and "*If leisure is about a change of pace (as work is about responsibility) then why must I put others first all the time*".

There was an increased understanding of the barriers to women engaging in sustainable physical activity. Barriers I noted included financial, childcare, grandparenting, domestic & family responsibilities, motivation, confidence, no time for self, health concerns, poor body image, weight, work commitments, lack of leisure information, lack of transport, age, age stereotyping. All but one of the women involved in the groups indicated that they were planning to be more involved in active leisure in the future. All of these women indicated during the evaluation that they had either pursued some of the contacts that had been gained from the WEL groups or were intending to. Tai chi and yoga were particularly popular.

All women were able to identify barriers that they had experienced in their lives and through participation in the program and focus group discussions it was evident that there had been a shift from finding these things as barriers as things that they had now overcome. Some of these comments included, “ *I am more assertive about what I want*”, “*Excellent program it gave me insight as to directions in future*”, “*I know more about different leisure activities in the area and which ones that I want to pursue*”.

In conclusion, the program in general indicated that the participants

- ❖ Have experienced the benefits of participation
- ❖ Achieved an improvement in self-esteem, confidence and well-being.
- ❖ Have changed perceptions relating to barriers to participation in active leisure.

Ongoing expression of interest in the program and the philosophy of Women Exploring Leisure has been directed to the Steering Committee and the staff at the Women’s Centre and a waiting list has been drawn up in the event another program is conducted in the future.

#### *Personal Reflections*

Throughout the 12 months in which I worked on the project it has been very interesting and challenging both professionally and personally. The two target groups attracted many different women in different situations. Women with young children were primarily attracted to the group because childcare was provided and the women were in need for some time for themselves. This I could relate to personally having a child under two myself. I realised after having a child that the world didn't provide many child "friendly" and inclusive places. To do anything you needed to first look at the logistics of what and where you were about to go. The barriers to doing anything seemed too big. Sometimes it is just easier not to bother! A comment from one of the women in the group was

*"There is no such thing as time to myself, if I get behind with the kids I spend the rest of the day trying to catch up!"*

This program didn't provide all the answers but instead looked at some different ways of approaching things. The women in the group straight away had some form of social contact. This can be a rare occurrence in motherhood especially with young children. The group gave them a chance to have some time out from their everyday pressures and routines, some time to be free to discuss and socialise with other women knowing that they had the reassurance of their children being in the next room. Listening to the other women talk and discuss their lives and situations you realise that the things you are feeling are quite normal and experienced by many women. This gave the women a chance to feel validated and to collectively challenge the expectations and limitations that society puts on women with young children.

Listening to some of the women battling with the concept that they should be a certain shape and size. Even though they had been through pregnancy and childbirth, in which their body shape was out of their control, and that it was an unrealistic expectation to have a body "like a supermodel". Many of the women became more accepting of their shapes and sizes throughout the program, when initially their goals



were around changing their body shape. Most of the women came to the realisation that they were happy and healthy and to experience wellbeing wasn't dependent on what the shape of their body was. Other issues came up such as the cost of participating in anything in the community. There is the cost of the activity then childcare on top of it that makes it non-accessible.

WEL provided a valuable lesson for me in realising that I wasn't taking any time out for ME. I realised the importance of your health, in a holistic sense, and that your personal well being was essential in life. I came to a realisation that it isn't my responsibility to do a hundred things at once! I was trying to portray something in leading the group that I wasn't doing myself. I have now become more involved in active leisure.

The second group run was for women aged 45 to 65. Because of the large number of enrolments there was a need to run two groups, one in the morning and one in the evening. There were two very distinct needs among these older women that seemed to divide them up. There were women who had left the work force but still wished to remain active physically and socially and there were women who worked full time and wanted to remain active in a physical sense, but didn't need the social contact provided in a group setting. This resulted in some very interesting group dynamics which didn't exactly promote group cohesion. Instead, sub groups formed within one of the groups. These two different agendas made group functioning and program planning quite difficult.

*“I would have liked to have met more women socially and to keep meeting in some form after the group, but the group didn't cohere, I only really met two other women to talk to”.*

To change this group dynamic could be quite difficult as different people are coming with their own agendas and ideas about what they would like to get out of the program. Generally speaking, most of the women enjoyed the mix of discussion time and trying activities. For some women discussion was vital for progression. One particular woman discussed a feeling of low self-esteem and lack of confidence that stemmed back to her PE teacher at high school. Through exploring this in the group and feeling safe to try different activities her confidence and self-esteem grew. In the evaluation focus group she was asked what she would say if she saw her PE teacher now? She calmly replied: *“Oh! I wouldn't even care about what they thought any more!”*.

There were some very powerful personal progressions that were amazing experiences to be a part of. For some women their enjoyment was purely getting out and meeting other women and sharing conversations and ideas. For others it was a chance to be a little more active and to find out what else was out there that otherwise they may not have experienced. For some again it was about bringing about awareness that they deserve time to themselves and do not have to be all things to all people!

## Centre Manager's Report

### *Strategic Outcomes*

The WEL Project primarily addresses three of six issues identified in the Women's Centre Strategic Plan, the Health Effects of Sex Role Stereotyping, Women's Mental and Emotional Health, and Access and Equity (see **Appendix 3**). However, all areas are in some way incorporated into the WEL Project in its planning, execution and evaluation. An understanding of the mental health effects of violence against women means that an action taken to address mental health will necessarily have an impact in the lives of women who have experienced or do experience violence. The WEL Project evaluation of Women's Centre staff responses to the material and practices introduced via the Project will expand staff understandings of the range of issues impacting in the health of women and continue to ensure the provision of quality services to women in the community.

- ❖ A large number of women who would not have accessed the Women's Centre without the WEL Project now have a working knowledge of the Centre's philosophy, activities, and utility for women in the community. At least one woman from the groups now regularly volunteers her time at the Centre. Many of the participants subscribed to regular annual membership of the Centre which entitles them to access the Centre's library, and they will receive quarterly newsletters from the Centre keeping them apprised of our activities and programs. Women from the WEL groups have listed themselves as interested in undertaking further group work programs at the Centre including the self-esteem program.
- ❖ For women accessing the Centre, we also have a sense now about how active leisure programming can be part of a response to the needs of women by offering a 'softer' approach to core issues. Thus women who may feel initially uncomfortable addressing issues such as their self esteem or experience of violence 'up front' could access the Centre through participating in active leisure programming. Women can then be supported to enter other Centre programs to begin to explore further more confronting issues like self esteem or violence in their lives that surface in the supportive atmosphere of the group.
- ❖ Many participants in both groups report having continued contact with other group members. Social networks and social support have been found to be beneficial to the health of individuals in a variety of ways, as Hurdle suggests, 'social relationships appear to be particularly important to women' (2001:72). In terms of mental and emotional health '... studies document ... the influence of social support on preventing stress-induced illness (that is, social support provides a buffering effect against stress and traumatic experience)' (Hurdle, 2001: 72).
- ❖ The linkages through the WEL Steering Committee with both traditional and non-traditional partners of the Women's Centre will provide ongoing benefits to the Centre. In particular the experience of working alongside professional researchers at CSU, and the experience of participating with the GMAHS Women's Health Project Worker have opened new channels of possibility for the centre, whilst also familiarising those agencies with the work and practices of the Centre.

- ❖ In providing a free program, and in the instance of the first group – free childcare, the WEL Project directly targeted, and accessed women from low socio-economic backgrounds. Many women reported being able to take part only because there was no charge. As one woman noted *'Unless it's free it's just damned all round inconvenient'*.

#### *Management and Administration of Project*

The manager and main architect of the Women Exploring Leisure Project in the initial stages of development took extended leave prior to the Project worker's commencement, and prior to the Project proper getting under way. The Project worker thus commenced without direct supervision. Despite this, a comprehensive update from existing members of the WEL Steering Committee meant that the project could continue the developmental stage in preparation for running the eight week group programs. This also meant that the conditions under which I as locum manager took up my post some five weeks later were less than ideal, and the Steering Committee, and in particular the CSU researchers, provided comprehensive briefing and support in bringing me up to speed.

- ❖ A compounding issue quickly became the overlap or lack of clarity around the boundaries of the parallel projects, WEL and the WEL Evaluation Project. This, in combination with the discontinuity of significant personnel, meant that to a certain extent the WEL Project laboured under the impression of being somewhat off balance. It is a credit to those involved, particularly in the early development stages, that the Project maintained a focused and forward-looking perspective to arrive at positive and fruitful outcomes.
- ❖ This Project has achieved a high level of objective outcome measured against the Funding and Performance Agreement with an impossibly tight budget. The original Project included a proposal that the Women's Centre fund half of the Project position hours with a view to that worker then being engaged in the group facilitation of other Women's Centre programs. Unfortunately, this was apparently not clarified before the funding proposal was lodged and the Women's Centre's financial contribution was not acknowledged in the formal funding agreement. The Women's Centre has provided funding from recurrent funds to support half of the Project worker position.
- ❖ The lack of clear processes between the government funding body and the Women's Centre gave cause for concern throughout the funding and performance agreement phases of both Projects, WEL and WEL Evaluation. It is still not apparent that a satisfactory template for progressing a Project is understood at all levels of the application process. In the instance of the WEL Evaluation Project, funding was internally approved as early as August 2002 and a hard copy of the Agreement was not lodged at the Centre until March 2003. The actual funds were released into the Centre account in early April, 2003; eight months after first notification of approval. The WEL Project was likewise subject to an eight month delay in having funds disbursed to the Women's Centre.
- ❖ Whilst most of both Projects have been maintained through recurrent funding the funding delay had negative implications. One example was the inability to purchase a digital camera for the purposes of recording the group's activities.

Centre funds did not extend to this level of extra expenditure. This could have created a circumstance whereby the Women's Centre was unable to fulfil the terms of the Funding Agreement because the visual record is part of the agreed outcomes. Now with funds finally available to the Centre a digital camera will be purchased in the coming weeks.

- ❖ Another unanticipated disjuncture with project timing has been the unavailability of suitable website design and construction courses. However, an unexpected benefit from this will be that the Centre's Health Promotion Worker will now undertake the necessary training to establish the Centre's website, thus retaining the skills acquired in-house and adding to the capacity of the Centre to outreach through the internet on an ongoing basis. We anticipate being able to publish this report on our website at launch.
- ❖ Specific capacity building outcomes of the WEL Project include the sensitisation of staff to the importance of active leisure as part of self-care for women, which has extended to personal realisations about taking time for their own active leisure. The project also enabled staff to see how evaluation could be a tool in understanding an issue in more depth and breadth, encouraging a fine tuning of strategies within the Centre and placing appropriate emphasis on evaluation.
- ❖ Capacity Building is also inextricably bound up in the following points for consideration in future planning:
  - ♀ A clear process for developing a Funding and Performance Agreement is required from GMAHS that locks in timely disbursement of funds.
  - ♀ The start of a project should occur upon receipt of funding. Timelines for projects funded through the PHOFA grants necessarily require time and resources spent on administering the funding agreement process and this needs to be accounted for in costs and resources projections. Timelines also need to account for expenditure on equipment and specific expenditure.
  - ♀ Where the Centre is co-funding a position or project, this should be made clear in the application for funding. A project fully funded by the Department of Health is subject to restrictions in terms of copyright ownership, intellectual property and acknowledgment entitlements.

## 8. CONCLUSION

The Women Exploring Leisure project successfully developed a gendered approach to physical activity through a range of capacity building strategies that valued women's participation and partnerships. By emphasising the pleasurable and social aspects of active leisure experiences WEL connected with the desire of many women to try new activities and challenge stereotyped gender roles that limit their participation. The group context enabled a collective space through which to explore the social barriers to leisure (body image, competitive leisure cultures, lack of childcare, cost, lack of time for self etc) in relation to a range of leisure practices (yoga, tai chi, tai kwon do, aquafitness, croquet). Hence the program worked to improve women's self confidence regardless of body shape or size and in doing so it validated women's sense of entitlement to leisure time for themselves. For some older women it was their first

positive experience of being actively embodied through leisure and for some women with young children it was the first time they were able to focus on their own wellbeing. The program also positively influenced women's desire to engage in physical activities beyond the group context. Importantly the emotional and mental health benefits that women derived from participating in the program are linked to their commitment to becoming more physically active. In this way the WEL project demonstrates the range of meanings (social, emotional, embodied) that women ascribe to 'physical activities' in their everyday lives - beyond the current policy emphasis on '30 minutes a day'.

The project worked to successfully raise the awareness of leisure service providers (eg, gyms, activity leaders, leisure centres) about gender inequity, current policy directions and their potential role in bringing about change within the community. However, with minimal funding the project could only engage with these services in a very limited capacity. It is also difficult to assess the depth of this gender awareness but there was certainly an openness to considering strategies for change. The project was thus limited in its efforts to build community capacity although the initial momentum could generate a number of unanticipated changes.

The capacity building strategies employed to develop the skills and knowledge of Centre staff were largely successful in generating increased awareness of active leisure in women's health promotion. However, with changes in staffing there was some disruption to the integration of the project into the core business activities of the Centre. The limitations of and delay in funding also created additional pressures for the organisation. With respect to the partnerships created through the Steering Committee there was generally a consistent commitment by the core organisations to support the project within the Centre. Beyond the Centre there was some promotion of the project's philosophy to other community organisations although this was limited to informal contexts. Some staff and Steering Committee members have developed their skills and knowledge relating to active leisure in health promotion and evaluation techniques. Although some of the original partner agencies did not end up being involved in the Steering Committee (eg, Sport and Recreation) the project has increased the confidence of these women's health professionals to promote their own philosophy to other organisations. There is an opportunity to contribute their knowledge and skills to the working party that is developing a strategic plan for the health of women in the Greater Murray Area Health Service. This planning forum provides a process through which the outcomes of the WEL project can be generalised and sustained within regional policy development.

While the WEL project did value women's participation in the design of the group program the parameters of the project were already established in relation to the Women's Health Outcomes Policy funding proposal submitted by the Steering Committee. The planning of health promotion projects by professionals and policy makers 'for' target populations of women raises a key question about the role of community capacity building strategies in the actual *intervention process* of improving health outcomes. Rather than design projects 'for' women (as consumers or clients of services) how might projects be designed in ways that actually build community capacity through women's participation in the process itself? In this way the implementation of women's health policy could utilise a gendered approach to capacity building that is consistent with the *process* of achieving health outcomes, ie,

changes in the structures and processes that impact on health and generate inequality. A gendered approach to capacity building would value women's participation in the identification of health problems and the design of solutions, alongside the insights of health professionals. Strengthening the participatory dimension of women's health promotion projects has been explored within Canadian research related to a range of women's health issues (see O'Connor et al 1999). Despite the dearth of literature on feminist approaches to community capacity building there is a body of relevant work informed by social justice principles that looks at mobilising community members to identify barriers and pathways to wellbeing (Beilharz 2002, Caskin 2001, Hemmingway 1999, Arai and Pedlar 1997, Cox 1997, Labonte 1997, Minkler 1997).

## Notes

1. 'Project' refers to all components of the initiative, that is the group program, the work with Centre staff and the Steering Committee, and the leisure providers. 'Program' refers to the women's groups.
2. The actual period of the WEL project encompassed the period April 2002 – April 2003.
3. Based on observation, half of the participants were overweight. Many of the women expressed concerns about body weight. This was notable even among women who were of normal weight.
4. Older was not defined in the submission for project funding. In consultation with the Steering Committee age parameters were set at between 45 and 65. This placed women as peri- or post-menopausal, an important period of change for women and a time when lifestyle habits critical to wellbeing in later life are being established or reinforced.
5. The group for mothers ran before two older women's groups, one held in the day and one in the evening,
6. The greater size of the older women's groups necessitated a move to other venues because of limited size of group rooms at the Centre. This created difficulties in attending all sessions for some women.

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## Appendices

- 1 Project objectives
- 2 Evaluation objectives
- 3 Centre Strategic Plan
- 4 Ethics forms
- 5 Sustainability checklist
- 6 Surveys and focus group probes
- 7 Journal exercises
- 8 Leisure provider survey
- 9 WEL program flier

## APPENDIX 1: PROJECT OBJECTIVES

To provide opportunities for larger women to explore some of the barriers to physical activities that they face, increase their understanding of the effects of sex role/gender stereotyping on their health and wellbeing, increase their understanding of the importance of physical activity to both physical and emotional health and wellbeing, and to try a range of physical activities in a supportive environment. The project would provide opportunities to improve their fitness levels and to set goals for their future lifestyles and fitness levels.

In addition to the outcomes that were expected to follow from these objectives it was intended that the project build on the capacity of the Centre to respond to the issues addressed by the project, specifically by further developing the knowledge and skills of Centre staff, developing resources for women, and providing exposure to Centre services and staff for women who had not previously accessed the centre. It was anticipated that there would be a strengthening of relationships between the Centre and other community, non-government and government organisations

It was also an objective that the capacity of the community to respond to the issues addressed by the project be enhanced. Specifically, this would be through raising awareness in key services of barriers to participation in active leisure, working collaboratively to challenge sex role stereotyping, and working with providers of exercise programs to make exercise and fitness programs more accessible to larger women. Services identified as stakeholders included the Department of Sport and Recreation and the GMAHS Health Promotion Business Unit.

## APPENDIX 2: EVALUATION OBJECTIVES

In clarifying the objectives of the project in cooperation with Centre staff and the Steering committee for the project the evaluation team identified the following objectives of the evaluation. The evaluation would:

1. develop a gendered analysis of the barriers to physical activity for women with young children and older women, and the ways the effects of gender on participation were understood by leisure service providers and health providers within the rural community of Albury Wodonga
2. by utilising qualitative and quantitative methods, research the effects of gender on the wellbeing of women participants before and after participation in the project
- 3, build the research and evaluation capacities of the Centre through a partnership relation
4. assess the effectiveness of capacity building relations established between the Centre and non-traditional partners specifically leisure providers
5. evaluate the pathways of referral through which the women accessed the project
6. analyse the effectiveness of awareness raising about gender with leisure service providers as a community capacity building strategy

APPENDIX 3: CENTRE STRATEGIC PLAN

**HEALTH EFFECTS OF SEX ROLE STEREOTYPING (Incorporate a gendered approach to health)**

OBJECTIVES: To provide services which aim to enhance the image of women in society and individual women's self image through:

- ◆ Providing information which aims to increase public awareness of the detrimental effects of sex role stereotyping
- ◆ Providing opportunities for individual women to increase their understanding of the negative effects of sex role stereotyping

ACTIVITIES	PERFORMANCE INDICATORS	EVALUATION	OUTCOMES
1. Provide a group program that addresses the effects of sex role stereotyping. These groups would include self esteem, body image and eating disorders, physical activity, healthy relationships and self defence.	<ul style="list-style-type: none"> <li>◆ Number of groups offered</li> <li>◆ Number of women attending groups.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Group evaluation</li> <li>◆ Participant evaluation</li> <li>◆ Facilitator feedback.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Women will have an increased awareness of the negative effects of sex role stereotyping on their lives.</li> </ul>
2. Provide access to information about women's rights, women's position in society and a feminist analysis of the effects of sex role stereotyping.	<ul style="list-style-type: none"> <li>◆ Number of women accessing the service for information.</li> <li>◆ Amount and range of information available</li> </ul>	<ul style="list-style-type: none"> <li>◆ Centre statistics on occasions of service and presenting issues.</li> <li>◆ Feedback on the type of information available, its usefulness and relevance.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Women will have increased access to current information on issues that effect their self esteem.</li> </ul>

## WOMEN'S MENTAL AND EMOTIONAL HEALTH

OBJECTIVES: To provide services which aim to improve women's mental and emotional health through:

- ◆ Providing women with access to information and support services
- ◆ Maintaining a woman centred group work program
- ◆ Maintaining a free counselling service for women
- ◆ Maintaining close links and partnerships with other agencies providing services for women

ACTIVITIES	PERFORMANCE INDICATORS	EVALUATION	OUTCOMES
1. Provide free access to current information in regard to women's mental and emotional health.	<ul style="list-style-type: none"> <li>◆ Number of women accessing Centre for information</li> <li>◆ Percentage of women from our target groups</li> <li>◆ Range of other agencies making referrals</li> </ul>	<ul style="list-style-type: none"> <li>◆ Annual review of service</li> <li>◆ Analysis of Centre statistics</li> </ul>	<ul style="list-style-type: none"> <li>◆ Women will experience a reduction in their experience of mental and emotional ill health through enhanced access to information and support.</li> </ul>
2. Provide a group work program with childcare. These groups would include self esteem, exploring mental health issues, women and anger and physical activity.	<ul style="list-style-type: none"> <li>◆ Number of groups offered and total number of group participants.</li> <li>◆ Percentage of women from our target groups</li> </ul>	<ul style="list-style-type: none"> <li>◆ Participant feedback</li> <li>◆ Group evaluation</li> <li>◆ Facilitator evaluation</li> </ul>	<ul style="list-style-type: none"> <li>◆ Women will have an increased awareness of issues around mental and emotional health.</li> </ul>

## ACCESS AND EQUITY

OBJECTIVE: To provide services which aim to increase access for women identified in the target groups:

- ◆ Women of low socio-economic status
- ◆ Young women
- ◆ Lesbians
- ◆ Women from culturally and linguistically diverse backgrounds (CALD)
- ◆ Aboriginal women
- ◆ Women with a disability
- ◆ Rural women

ACTIVITIES	PERFORMANCE INDICATORS	EVALUATION	OUTCOMES
4. Target service promotion to the identified target groups	◆ Number of women from the target groups accessing services	◆ As per performance indicator	◆ Increase of women from target groups accessing services
5. Provide services in a woman friendly space, in a central location, accessible by public transport.	◆ Number of women accessing the service from outlying areas or by public transport	◆ Centre statistics ◆ As per performance indicator	◆ Increased ability of women in the target groups to access Women's Centre services
6. Provide a free service	◆ Maintenance of free services	◆ As per performance indicator	◆ Continued accessibility of free quality services
7. Offer childcare for group participants, where appropriate	◆ Number of women using childcare to access group programs	◆ Client feedback ◆ Level of use of and demand for childcare	◆ Continued support for women with young children accessing groups

## APPENDIX 4: ETHICS FORMS

### **The Women Exploring Leisure Project (WEL) – an initiative of the Albury/Wodonga Women’s Centre, Albury**

#### *INFORMATION STATEMENT FOR RESEARCH PARTICIPANTS*

##### A. WOMENS CENTRE PARTICIPANTS (pre/post/follow up)

Thank you for taking the time to read this information sheet about the evaluation of the WEL project. We are two researchers from Charles Sturt University who will be evaluating the project. We are requesting your input in helping to evaluate the project by sharing with us your thoughts and feelings about whether the project is a success. This information is also a requirement of the funding for the project.

We are interested in what you think about some of the issues raised in the project, for example, what might be some of the barriers women experience in being active. You can refuse to participate in the evaluation at any stage if you feel uncomfortable. We do not expect that you will be distressed or embarrassed at any time during the project. However, should there be something you wish to discuss confidentially or should you need additional support, the Women’s Centre will provide back up counselling during the project or a referral.

If you agree to participate in the evaluation we will be asking you to complete a questionnaire on wellbeing and to share some basic information about who you are, how you heard about the project, and the ways you are currently physically active. We hope you will feel comfortable about sharing these reflections with us at that time. Three months after the program ends you will be invited back to the Centre to discuss with the staff and the evaluation team any lasting benefits of the project.

We also would like to take some photographs of women in the project enjoying some of the activities planned. You will be asked again at the time for your permission and will have the right to refuse.

Any information we learn about you including your name remains confidential. We will be writing a report for the NSW Health Department, which is funding this project. However identifying details such as your name will not be used. We also plan to write several publications for academic and professional journals in which your anonymity will be maintained.

If you have further questions or concerns please contact us or the ethics committee.

Simone Fullagar (60 516734) or Suzy Gattuso (60 516 831)

Charles Sturt University’s Ethics in Human Research Committee has approved this study.

I understand that if I have any complaints or concerns about this research I can contact:

Executive Officer  
Ethics in Human Research Committee



The Secretariat  
Charles Sturt University  
Bathurst NSW 2795

Phone: (02) 6338 4628  
Fax: (02) 6338 4194

Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.

**The Women Exploring Leisure Project (WEL) – an initiative of the  
Albury/Wodonga Women’s Centre, Albury**

*INFORMATION STATEMENT FOR RESEARCH PARTICIPANTS*

B. WOMENS CENTRE STAFF/STEERING COMMITTEE (focus groups)

Thank you for taking the time to read this information sheet about the evaluation of the WEL project. We are two researchers from Charles Sturt University who will be evaluating the project. We are requesting your input in helping to evaluate the project by sharing with us your thoughts and feelings about whether the project is a success. This information is also a requirement of the funding for the project.

We also would value your input in evaluating the benefits of the project for you as staff. One of our goals in being involved in the project is to increase your level of knowledge about and comfort with conducting program evaluations.

The way we are evaluating your impressions of the success of the program, and whether you have gained benefits from the education in evaluation methodology we will be sharing, is through the use of focus group discussion. You can withdraw your consent to participate at any time during the project. If you give your consent to participating in the evaluation we will arrange a time for the focus group discussion that is convenient for you.

If you have further questions or concerns please contact the ethics committee or us.

Simone Fullagar (60 516734) or Suzy Gattuso (60 516 831)

Charles Sturt University’s Ethics in Human Research Committee has approved this study.

I understand that if I have any complaints or concerns about this research I can contact:

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Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.

**The Women Exploring Leisure Project (WEL) – an initiative of the  
Albury/Wodonga Women’s Centre, Albury**

*INFORMATION STATEMENT FOR RESEARCH PARTICIPANTS*

C. LEISURE SERVICE PROVIDERS (questionnaire)

Thank you for taking the time to read this information sheet about the evaluation of the WEL project. The project is a program targeting two groups of women, (a) mothers with young children and (b) older women, who wish to become more active. The program will address the issues that may be barriers to the women becoming more active, encourage the women to take up activities, and facilitate the women’s contact with leisure providers in the Albury/Wodonga region. The project officer for the project will liaise with you about these objectives of the program. We are two researchers from Charles Sturt University who will be evaluating the project. We would value your input in helping to evaluate the project by answering questions that will be put to you by the researchers.

The confidentiality of your service and your anonymity will be maintained as real names will not be used in the research reports. You can refuse to answer any questions with which you are uncomfortable. We value your perspective on these issues.

If you have further questions or concerns please contact the ethics committee or us.

Simone Fullagar (60 516734) or Suzy Gattuso (60 516 831)

Charles Sturt University’s Ethics in Human Research Committee has approved this study.

I understand that if I have any complaints or concerns about this research I can contact:

Executive Officer  
Ethics in Human Research Committee  
The Secretariat  
Charles Sturt University  
Bathurst NSW 2795

Phone: (02) 6338 4628

Fax: (02) 6338 4194

Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.

**The Women Exploring Leisure Project (WEL) – an initiative of the Albury/Wodonga Women’s Centre, Albury**

*CONSENT FORM FOR RESEARCH PARTICIPANTS*

Project evaluation conducted by Dr Simone Fullagar & Suzy Gattuso  
Charles Sturt University

Tel 02 60 516734 (Simone)  
Tel 02 60 516820 (Suzy)

Simone and Suzy have explained how they will evaluate the project and why the project is being evaluated. I understand that I am free to withdraw my participation in the evaluation at any time. I understand that any information or personal details Simone and Suzy learn about me during the evaluation remains confidential and my name or other identifying information will not be used or published. I understand I may receive a copy of the final report if I wish.

Charles Sturt University’s Ethics in Human Research Committee has approved this study. I understand that if I have any complaints or concerns about the evaluation I can contact the Committee at:

Executive Officer  
Ethics in Human Research Committee  
The Secretariat  
Charles Sturt University  
Bathurst NSW 2795

Phone: (02) 6338 4628  
Fax: (02) 6338 4194

Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.

I understand that complaints or concerns about the project itself need to be taken up with the Project Officer at the Albury/Wodonga Women’s Centre (tel 6041 1977).

Signed by .....

Date .....

## APPENDIX 5: SUSTAINABILITY CHECKLIST (Staff/Steering Committee)

### WOMEN EXPLORING LEISURE: PROGRAM SUSTAINABILITY

The following factors are known to predict uptake and continuation of programs that have shown themselves to be effective and whose effects are visible and acknowledged. The survey assumes that the host organisation of the program would continue to be the Albury-Wodonga Women's Centre. Give your answers for each item according to the rating scale.

2 = yes, fully agree; 1 = yes, agree in part; 0 = do not agree; DK = don't know. Circle one for each statement

- 1      Prospects for the program to acquire additional funds or resources for the future are good  
2      2      1      0      DK
- 2      The program has involved formal and/or informal training of people whose skills and interests are retained in the program and/or the Centre  
2      2      1      0      DK
- 3      The Centre is likely to provide a strong organisational base for the program  
2      2      1      0      DK
- 4      The mission of the program is compatible with the mission and activities of the Centre  
2      2      1      0      DK
- 5      Part of the program's essential business is integrated into other aspects of the Centre's organisation eg in policies, practices, responsibilities etc. That is the program does not simply exist as an entirely separate entity  
2      2      1      0      DK
- 6      There is someone in authority or seniority, other than the director of the program itself, who is an advocate for the program at high levels in the organisation  
2      2      1      0      DK
- 7      The program is well supported in the Centre, It is not under threat and its closure would not benefit anyone in the Centre

- |  |   |   |   |    |
|--|---|---|---|----|
|  | 2 | 1 | 0 | DK |
|--|---|---|---|----|
- 8 The Centre has a history of innovation or developing new responses to situations in its environment
- |  |   |   |   |    |
|--|---|---|---|----|
|  | 2 | 1 | 0 | DK |
|--|---|---|---|----|
- 9 There is a favourable external environment for the program, that is the values and mission fit well within community opinion and the policy environment
- |  |   |   |   |    |
|--|---|---|---|----|
|  | 2 | 1 | 0 | DK |
|--|---|---|---|----|
- 10 People in the community, or other agencies and organisations will advocate for and maintain a demand for existence of the program should it be threatened
- |  |   |   |   |    |
|--|---|---|---|----|
|  | 2 | 1 | 0 | DK |
|--|---|---|---|----|

Source: adapted from Hawe, P., King, L., Noort M, Jordens, C & Lloyd B (1999). Indicators to help with capacity building in health promotion. NSW Department of Health

## APPENDIX 6: SURVEYS AND FOCUS GROUP PROBES

### Group Program

#### *Pre-program questionnaire*

How did you hear about the WEL project? (eg. neighbourhood house, media, leisure centre, doctor)

Do you enjoy any active leisure or physical activity at present? Examples include walking for pleasure, gardening, swimming, tai chi, yoga and exercise programs

Yes                      Tick one  
No

If you answer yes please tell us what you enjoy

Over the last 12 months how often did you participate in this activity?

More than once a week  
About once a week Tick one  
About once a month  
Sometimes

Why have you decided to join this group?

What do you hope to get out of participating in the group?

#### *Post-program questionnaire*

What part of the WEL program was the most meaningful for you?

As a result of the program

I am more aware of the importance of active leisure to health and wellbeing (tick one)

Yes   
No   
Unsure

I am more involved in active leisure (tick one)

Yes   
No   
Unsure

What are you more involved in

I plan to become more involved in active leisure (tick one)

Yes   
No   
Unsure

What do you plan to get involved in

I know about leisure activities I did not know about before (tick one)

Yes

No

Unsure

What new things do you know about

List three main issues for you as a woman that affects your active participation

I feel better about myself compared to how I felt at the beginning (tick one)

Yes

No

Unsure

If you do feel better, please tell us in what way or ways you feel better

What I enjoyed about the program

What I did not like about the program

Suggestions about future WEL groups – how could WEL be improved?

*Post focus group probes*

Explain why we are there and ethics (query use first name in report)

How did you find the balance between discussion and activities?

How did you find keeping a journal? Were the journal exercises useful for thinking about your own active leisure? Is there one exercise you found to be the most useful?

There have been a number of people coming and going from the group. How have you found this? Are there other ways the program could work?

Would you like to see the program continue? How might that happen?

Where to now for you?

*Follow-up focus group probes*

Since the program finished, how did you go with being active?

What did you enjoy about that experience?

What barriers did you meet and how did you deal with them?

How important was being active to your physical and emotional health and wellbeing?

What we see as being fit and active is personal. How would you know when you are at a level of fitness and wellbeing that is right for you?

Have your views about yourself (for example about your body) changed in any way as a result of being more active

Have your ideas about leisure changed at all?

What changes would you like to see happen in your community and in society generally to support women's leisure



How might these changes be brought about?  
What kinds of leisure activities are you planning to do in the next year?

## STAFF AND STEERING COMMITTEE

### Session 1: Staff and Committee combined

#### *Focus group probes*

What is evaluation?

What are your experiences of evaluation?

As a feminist what concerns might you have about evaluation techniques and processes?

What barriers to active leisure affect women – reflect on your own experiences?

Explanation and discussion of the WEL and Evaluation project objectives and approaches

### Session 2: Staff

#### *Focus group probes*

What has been learnt from the WEL project?

How can the projects outcomes be made sustainable within the Women's Centres activities?

What has been your involvement in the WEL project.

What benefits have there been from running the WEL project for the Centre? What about negatives?

How does the WEL project fit in relation to the Centres strategic plan?

How has your thinking about the value of active leisure/physical activity for women's wellbeing changed as a result of the WEL project?

Why is sustainability a key aspect of capacity building?

How do you think the outcomes of the project can be sustained through Centre activities in the next 12 months?

How might the WEL project open up a space to think critically and creatively about how you do what you do?

Exercise – think about one project or program idea that you could take up or contribute to developing in your current role. Think about the issues you deal with in your role and how they might be able to be addressed in a different way? Allow yourself to be creative and bounce ideas off each other. Return to whole group to share ideas and strategies.

How might your ideas be creatively resourced?

What impact has the WEL Evaluation project had on your thinking, skills or knowledge about evaluation processes and practices within the Centre?

### Session 2: Steering Committee

#### *Focus group probes*

As the Project Steering Committee what have you aimed to achieve?

How has that happened?

What have you learnt from participating in the

- a) WEL Project and the
- b) WEL evaluation?

The strategic approach of the WEL project was to develop relationships between different organisations to promote women's active leisure/physical activity within the community.

How did these partnerships develop over the course of the project?  
What about organisations that were listed in the proposal (Dept. Sport and Rec,  
GMAH Health Promotion Unit) but did not end up being involved?  
What worked and what barriers did you face?  
Where to now? Sustainability  
What will make the WEL project outcomes sustainable in the future?  
How will the WEL project outcomes be made sustainable in future activities within  
your own and other organisations?  
How might the outcomes of the WEL/evaluation projects be best used?  
NB: A capacity building checklist will be distributed for everyone to fill in  
anonymously.

## APPENDIX 7: JOURNAL EXERCISES

### **Week 1**

We would appreciate your writing your thoughts and feelings in the journal during your participation in the group. We have asked about some things that we would like you to think about. But the journal is also a place where you can write anything else you want to. At the end of the group, you will be invited to share the journal or the parts of it you feel comfortable sharing with us but this is not compulsory.

*Here is the first thing we would like you to reflect upon:*

What are some of the things that prevent you and other women from participating in active leisure?

### **Week 2**

Write a story about a time when you felt unable to participate in active leisure (why, what happened, how did you feel). What is the main thing that stops you participating in active leisure now? If you could do anything you wanted, what you would like to do in active leisure? Why is it important to you?

What activity did you try this week? How could this activity contribute to health and wellbeing? What feelings came up for you in this activity? Would you consider doing this activity in the future (why/why not)?

### **Week 3**

Write down your thoughts about the video (see note below). How do you relate to the women's experiences? How do you think women's experience of wellbeing and how they participate in active leisure is shaped by the society we live in?

Find 2-3 examples of media representations of women involved in leisure. What effect do these have on women's participation?

What activity did you try this week? How could this activity contribute to health and wellbeing? What feelings came up for you in this activity? Would you consider doing this activity in the future (why/why not)?

### **Week 4**

What activity did you try this week? How could this activity contribute to health and wellbeing? What feelings came up for you in this activity? Would you consider doing this activity in the future (why/why not)?

### **Week 5**

What activity did you try this week? How could this activity contribute to health and wellbeing? What feelings came up for you in this activity? Would you consider doing this activity in the future (why/why not)?

### **Week 6**

What activity did you try this week? How could this activity contribute to health and wellbeing? What feelings came up for you in this activity? Would you consider doing this activity in the future (why/why not)?

### **Week 7**

In this week we will be evaluating the program. We hope you have enjoyed participating. Please continue to use the journal if you wish. We look forward to seeing you and sharing your reflections in 3 months time.

The women with children group read and discussed a newspaper article on post-natal depression and yoga, the older women's group saw and discussed a video featuring an ABC story on the "Glenroy Grannies", a group of older women in a netball team

## APPENDIX 8: LEISURE PROVIDER SURVEY

Dear Leisure Professional

We are conducting an evaluation of a program aimed at increasing women's leisure participation. This program is hosted by the Albury Wodonga Women's Centre, as outlined in the attached information sheet, and funded by NSW Department of Health. We are seeking your input to our report on the project.

If you agree to participate please complete the enclosed consent form and return it in the stamped addressed envelope with your completed questionnaire. We will contact you by telephone shortly after you receive this questionnaire when you will have an opportunity to answer the questions by phone if you prefer. We look forward to your input.

## QUESTIONNAIRE

1. What percentage of people using your service, program or facility are women?

- 0%
- About 25 %
- About 50%
- About 75%
- 100%

2. Of this number of women what percentage would you say were mothers with young children?

3. Of this number of women what percentage would you say were women aged between 45 and 65?

4. Do you have any formal or informal connections with the following organisations representing women in Albury-Wodonga?

- CWA
- YWCA
- Women's Centre
- Business and Professional Women
- Mothers groups
- Seniors groups eg. Age Concern
- Other.....

5. What are some of the issues you see as facing women with young children accessing leisure activities?

6. What are some of the issues you see as facing older women (aged 45 to 65) accessing leisure activities?

7. What role do you see your service or program playing in addressing these barriers to participation?

Do you or your organisation have any policies that address participation by women (enclose a copy if you wish)?

Yes/no/unsure

Are you aware of Commonwealth policy developments focusing on women and girls in sport, recreation and physical activity published in 1999 (they can be accessed online via the Active Australia website)?

Yes/no

**NOTE**

If you would like your service, program or facility to be mentioned by name in our report as participating in this survey please let us know.

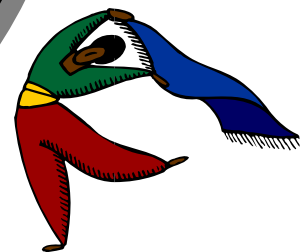
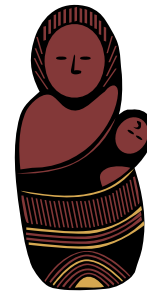
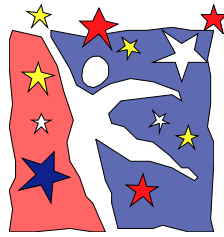
I am happy to be identified in the report. Yes/No (tick one)

If yes how do you wish to be identified .....

Our report will be published later in 2003 on the Internet. It will be accessible via the Albury-Wodonga Women's Centre Home Page.

Thank you

Women exploring leisure. Fun pleasure active leisure. Women exploring leisure.



A group  
for Women with young children

## WOMEN EXPLORING LEISURE

An 8 week group exploring well-being,  
everyday pleasures and active leisure for  
every body

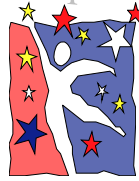
STARTS 31<sup>ST</sup> JULY

**FREE CHILDCARE  
FREE GROUP**

Women exploring leisure. Fun pleasure active leisure. Women exploring leisure.



## Women Exploring Leisure



### INTRODUCING:

#### *WOMEN EXPLORING LEISURE*

an initiative of the Large T-shirt project funded by NSW Health.

**recruiting women to participate in this program**

**The project is a discussion and activity program for women, which focuses on physical activity/active leisure and self-esteem rather than on dieting and weight loss.**

Women Exploring Leisure is being run at The Women's Centre Albury/Wodonga. The program is an eight-week group.

- The group targets women aged 45 and over and will start on 29<sup>th</sup> October.

Over eight weeks Women will explore active leisure and have a chance to participate in chosen activities. The first few weeks will consist of educational content, followed by participating in activities that they nominate over the remaining weeks.

In our community women often experience gender barriers that prevent them participating in physical activity/active leisure. These barriers include:

- traditional stereotypes,
- Increased responsibility for domestic and childcare labour.
- Fears about accessing public spaces.
- Lack of a sense of entitlement to leisure for oneself.
- Provision of appropriate facilities and services. (e.g. childcare)

The main aim of the Women Exploring Leisure project is to build community capacity to address traditional gender barriers that women face when accessing active leisure. The community capacity building element of the project will be through collaboration between women participants, the Women's Centre, Charles Sturt University, YWCA, Albury Community Health, Greater Murray Area Health Service and Leisure service providers in the community.

**We are now inviting women aged 45 and over to enrol in this group starting 29<sup>th</sup> October 2002.**

For all inquiries & information please contact Kathy at the Women's Centre. (02) 60 411977 or e-mail: [kathprojectwvc@hotmail.net.au](mailto:kathprojectwvc@hotmail.net.au)