

Food and Fitness Project, Norfolk

Introduction

This report details the findings of case study research undertaken by CLES Consulting on the Norfolk Food and Fitness Project run through the Norfolk Learning Disability Services Directorate. The project is funded under the Well-Being in the East portfolio of the Big Lottery Fund's Well-being Programme, Delivering a Healthy Active Future, and provides people, primarily those with learning disabilities, access to education in healthy eating and physical activity.

The research was undertaken in August 2010, and involved consultation with:

- Karl Jackson, Food and Fitness Project Manager;
- Ellen Vinlint, Active Norfolk;
- Janet Baker, Norwich City Council;
- beneficiaries involved with the project.

A desk review of key data and documentation relating to the project was also undertaken. Evidence from the case study research has fed into the wider findings of the National Well-being Programme Evaluation.

Background and rationale

The Food and Fitness Project has promoted opportunities for individuals with learning disabilities to achieve their full health and fitness potential. It is not an original concept, as the project originates from a pilot project which had original aims of increasing physical well-being and ensuring retention of knowledge and sustainable outcomes that would outlive the duration of the project's activities. The current project is primarily designed to help adults with learning difficulties to eat healthy foods and take part in regular physical activity.

The Food and Fitness Project has a three year lifespan, from 2008 to 2011, with funding coming directly from the Big Lottery. It will be closing in February 2011, having now delivered all of its outputs and outcomes. It is one of 25 projects from the Well-Being in the East portfolio, which is designed to impact upon 100,000 people across the East of England through £3.9 million of investment.

The original pilot upon which the Food and Fitness Project is based was created due to the need for those people with learning disabilities to gain a basic understanding of healthier eating and wider fitness. The developing obesity crisis and increasing numbers of people with learning disabilities who are overweight is an increasingly prominent issue which has not had a major profile within policy circles. People with learning disabilities overall have higher levels of obesity than the rest of the general population, with evidence showing that many live a sedentary lifestyle. This is linked to a number of barriers within the population of those with learning disabilities which mean it is more difficult to project the message around healthier eating and fitness issues than with a mainstream audience.

There are a variety of causes that are likely to increase the levels of obesity in people with learning disabilities; many have a high proportion of calorie intake contributed by:

- snacking between meals;
- a diet including a high consumption of milk, wheat and dense sugary foods;
- low consumption of fruit, vegetables and fibre.

Low levels of physical activity also compound this problem. Limited availability of community leisure facilities, staffing shortages and transport limitations, as well as a lack of clarity in day services and residential home guidelines, have been identified as key barriers to increased physical activity.

It is also recognised that those caring for individuals with learning disabilities are crucially important figures in helping them become healthier through their eating and fitness habits. People with learning disabilities tend not to seek out support from the healthcare system unaided thus those closest to them carry a responsibility to developing their lifestyle.

There was clearly a gap in provision for dealing with these issues, which formed the key rationale of the project: the help Norfolk's learning disability population, and those entrusted with their care, increase their knowledge in how to develop a healthier lifestyle that is sustainable and will reduce levels of local obesity among this cohort of the population. The numerous symptoms behind the causes of obesity in people with learning disabilities required a multi-faceted approach in the development of a programme for health promotion and health education.

Project design and delivery

The project aims and objectives are clearly focused upon addressing the underlying rationale and benefiting those with learning disabilities, as outlined above. The overarching aim of the project was to:

'Create an environment supportive for adults with learning difficulties to engage in healthy eating and physical activity.'

Underlying this principal aim were a number of key objectives to help both the direct beneficiaries and other individuals who can support them. The first of these was around training a number of key target groups which included carers and support workers, leisure providers (e.g. staff from sports centres) and healthcare professionals. This would be delivered through a number of short courses. A key objective from the start of the project was to educate people who influence those with learning disabilities on the need for eating healthily and engaging in physical activity. It was recognised at an early stage that many carers themselves do not lead a healthy lifestyle therefore it is difficult for them to provide the appropriate care to those with learning disabilities. With regards to leisure providers and health and social care professionals/primary care staff, there was a need to make them aware of the needs of those with learning disabilities so that they can more easily access mainstream services. It was a necessity to fully engage with these groups to ensure that changes made through the course of the project to diet and physical activity patterns will be sustainable in the long term.

The other key objective was to train, educate and support those people with learning disabilities on the benefits of healthy eating and physical activity. For all target groups (beneficiaries, carers, health and social work staff, leisure centre staff) the main delivery method was through workshops which would provide information and guidance, recommendations and how to achieve them. Each of the courses was to be tailored for the audience and incorporate behavioural change models.

The key objectives underlying the project have wider resonance with that of other associated organisations. Inclusion is a key element of Norwich City Council's objectives, and the project has provided the expertise for the Council to feed off this in meetings its aims. One of Active Norfolk's objectives is to bring more people with learning disabilities into sport and physical activities, and the joined up working with the Food and Fitness Project has been a key factor in ensuring this has been achieved.

The focus of the project also links clearly with all three of the objectives of the Big Lottery Fund's Well-being Programme:

- 1) people and communities have improved mental well-being;
- 2) people are more physically active;
- 3) children, parents and wider community eat more healthily.

Inputs

The project has been funded through £140,000 from the Big Lottery Fund over its three year lifecycle. In staffing terms this has paid for the project manager, who has been solely responsible for the delivery of the outputs, and an administrator. The other key areas of expenditure have been on resources for the workshops (the main delivery vehicle). Other areas of spend have been on food models and objects of reference to be used both within and outside of the workshops, and producing and developing a DVD which has been disseminated across the County to carers and beneficiaries, a key tool in promoting and educating healthy eating.

There are a number of organisations and groups who have been involved in delivering the project. Key partners have included local authorities from across Norfolk, Active Norfolk and People First of Norfolk. Active Norfolk is the Sports Partnership for the County; they aim to provide a single source of activity information for players, organisers, supporters and the media and work in partnership with Norfolk's local authorities to increase participation in sport and physical activity.

They have worked closely with the project to develop and promote activities for those with learning disabilities. People First is a self advocacy group for people with learning difficulties and are well placed deliver training packages. Finally, the role of the local authorities has been important – Sports Development Officers have been heavily involved in helping put together courses, training and leveraging resources from across the County.

Activities

The nature of the project meant that most of the activities were based around learning objectives; therefore the primary learning method used was a series of workshops, as outlined below:

- ❑ workshops and short courses for people with learning difficulties were extended for people in hard to reach groups;
- ❑ workshops and short courses for carers (paid and family) who often have total control and influence over food and lifestyle choices of those they care for; these workshops incorporated ways of overcoming specific barriers for people with learning difficulties;
- ❑ workshops and short courses for Community Learning Difficulties Team staff (health and social care professionals) and Primary Care Teams; these promoted the use of action plans, including goals and incentives for behaviour change;
- ❑ workshops for sports and leisure providers to ensure their services were accessible and inclusive for people with learning difficulties;
- ❑ development of Local Partnership Action Groups to promote physical activity, healthy eating and providing information and support to make sustainable lifestyle changes. These were originally developed during the pilot process – during the lifetime of the Food and Fitness Project they were embedded within the community ensuring the inclusion of harder to reach groups. These groups were set up for Norfolk North, East, South, West and Norwich, pulling people together primarily to make sport more accessible and create opportunities in their area. Each group is hosted by a learning difficulty organisation, with the co-chairs being those with learning disabilities to ensure that the client group steers the direction that the group is taking.

In addition, there were several offshoots, such as taster sessions provided for a number of sports such as table tennis, curling and archery. These popular events have been supported by Active Norfolk, the Food and Fitness Project and other partners and, as a result, there have been adult learning disability games days, which have brought individuals together from across the County.



Performance

Outputs

Across the three year period, the project has exceeded its main targets in terms of delivery of workshops to a specified number of individuals. The targets were set by the project at the outset and were agreed by the Big Lottery. Outputs achieved include:

- ❑ training over 420 adults with learning disabilities;
- ❑ training over 410 carers/support workers;
- ❑ training over 65 sports leisure providers;
- ❑ training over 100 individuals from community learning difficulties teams.

The original targets agreed with the Big Lottery have therefore been exceeded:

- ❑ training 450 adults with learning disabilities (150 per year): at the time of writing there were still some outstanding workshops and therefore the target will have been comfortably exceeded;
- ❑ training 300 carers/support workers (100 per year);
- ❑ training 60 sports leisure providers (20 per year);
- ❑ training 150 individuals from Community Learning Difficulties Teams (50 per year) – this is the only target which has yet to be exceeded, due to internal issues within the organisation.

Outcomes

The main impact is that those with learning disabilities generally feel healthier since the workshops; many have lost weight and their blood pressure has fallen too. Many are now actively involved in carrying out the shopping for 'good' foods, and now understand the difference between 'friendly' and 'unfriendly' food groups – several of those consulted are now cooking their own meals. Many feel happier in themselves, and the increased level of exercise has also been important in this regard. Importantly, nearly all of those consulted have their own individual and bespoke food and fitness action plans in place as a result of the programme, illustrating the long lasting legacy that the project may have. A selection of comments from the beneficiaries is shown below:

'I've enjoyed doing it and it makes me happy.'

'It's fun and interesting.'

'I enjoyed the group – Karl (the project manager) helped me to learn more.'

'The session was very good and interesting, drawing different foods was fun!'

From the carers' perspective, there has been considerable feedback as to how the workshops have resulted in significantly changed diets and practice; how they shop and the ways in which they prepare food has been affected immeasurably. They are now much more involved in meal planning and goal setting for those they care for, which includes working with those with learning disabilities to understand what types of activities they like. This is essential, if there is no fun component which engages those with learning disabilities, the desired outcomes are less likely to be achieved. The quotes below highlight a selection of comments encapsulating the experiences of the carers:

'Excellent course, really motivational, informative, very well presented. Good paperwork to take back to the work place and good access links to get things moving.'

'I've found this course to be really interesting for my job and my family. It has been a real eye opener.'

'Excellent content. Made to realise what can be achieved with moderate effort.'

'Very interesting. Shocked at some of the foods which I thought were healthy but were not. Will be checking fat and sugar content in future.'

Perhaps most importantly, the wider well-being of the beneficiaries has been improved markedly, with the crucial recognition by many of the client group of the link between healthy eating and exercise in achieving this. Additionally, the social interaction with others on the same courses, workshops, and sports events has also been particularly important in this success.

From the partners' perspective, the project's outcomes have also been very positive. Working with the Food and Fitness Project has raised Active Norfolk's profile considerably, and the joined up working has meant that people across the board are as involved as they should be.

Providing a healthy eating and fitness advice service under the same umbrella has been invaluable, a key impact being that both organisations have been able to take the projects out to many different rural areas across Norfolk where people are often unable to access resources – this is where the set up of action groups across five different areas of Norfolk has been vital in ensuring local delivery and local priorities are catered for. These groups will be a key tool going forward, perhaps providing the most important legacy from the project. From the viewpoint of local authorities, a key improvement as a result of the project has been that communications with people who have learning disabilities has been enhanced considerably, and now they have a much improved understanding of their needs.

In terms of strategic added value, there are a number of key conclusions:

- ❑ the project has influenced project partners and local authorities (e.g. those in local authority sports development units now take into account the needs of those with learning disabilities and will in future categorise learning disability from physical disability). Norwich City Council now bear those with learning disabilities in mind for all elements of sports development plans (e.g. through the use pictures and visual representation);
- ❑ the project is likely to have influenced little in terms of high level strategic planning, as there has been very little involvement from management at the highest level. Staff are stretched thinly, especially at ground level and they have not been able to dedicate much time or resources towards this project. The majority of the Norfolk Learning Disability Service Teams have not been as involved as they should have been, meaning less effective communication (e.g. the service being a partnership between the NHS and Norfolk County Council, whose Adult Social Services host the organisation);
- ❑ there is a need for a strategic framework to be able to influence and package what carers do. Only at the higher management levels can you actually influence carers' activities, and in strategic plans there is a need to consider what support carers give and include in care plan reviews about active living, healthy eating and the benefits of this. Unfortunately, there will be no strategic alignment until health gains a place higher up the agenda;
- ❑ the action groups are very innovative and the way in which the local authorities became involved in these was important, making them realise that they needed to make changes in provision for people with learning disabilities. The groups are a good example of networking and bringing different activities together under one umbrella. The local authority involvement was very useful as they are so important in terms of leveraging resources (e.g. Norwich Disability Sports Forum); Norwich City Council host the group, ensuring that those with learning disabilities drive the agenda forward – they and other partners who attend act as enablers to ensure that the types of activities those with learning disabilities require are provided; this is achieved through having complementary stakeholders involved in both the action group meetings and local delivery.

Impact on wider conditions

The impact of the workshops has been wide ranging in nature: beneficiaries are reporting an enhanced overall well-being; they feel happier within themselves; and have seen an increase in their social skills. The impact upon carers has also been particularly notable, with many reporting complete changes in the way they approach their duties, and in their own dietary habits and physical activities. The consultation work showed that carers and support workers are now attempting to spread the message of healthy eating and physical activity within their places of employment, such as the residential care homes and in approaching management about developing new ways of working in the future, although this is a long term process which takes time to embed.



Additionality and sustainability

There has been a major gap in provision for educating those with learning difficulties of the need to eat healthily and lead an active lifestyle. The outcomes achieved by the project would not have happened in its absence; there are a lot of services coming into place now, such as community nutritionists, health connectors and trainers which all have responsibility to provide advice about food and fitness as part of their work to the general population. However, it is unlikely that those with learning difficulties would have been targeted in this way had it not been for the project and some may have been excluded.

The Food and Fitness Project has also raised awareness of other organisations (e.g. local authorities) about how they need to modify their approach to those with learning disabilities, and there has been a marked change in the behaviours of those who have been involved within the project:

- ❑ consultation has highlighted that the individual diet and fitness plans are being acted upon and are bespoke to meet the needs of the individuals concerned. This is important in creating sustainable change in Norfolk;
- ❑ the action groups are a key element of sustainability and will become a legacy of the project. They now operate independently of the project manager (co-ordinated by Active Norfolk), with partners involvement providing a sound basis for the groups' future development. The project outcomes and the legacy that it has created will provide the best possible chance for the objectives being met in a sustainable way, where they will be entrenched within future behaviours and activity;
- ❑ although there is a clear willingness to work with this client group, it is often a slow process with returns which are going to be over the long term; this does not lend itself to generating much funding as there are no quick wins.

Processes

Partnership working and the delivery approach

Partnership working across all aspects of the project has been progressive and effective in a number of ways. Importantly, the partners have brought a degree of credibility to the project which has strengthened the key messages and allowed the project to be taken seriously. It has been of considerable benefit and mutually beneficial to all sides, which has meant that all those involved have taken something of value away from it. The partners found the project manager to be very accessible, providing the links into learning disability issues that were not there prior to the project and creating dense networks that would otherwise not have been achieved – very important in terms of building a long lasting legacy.

Sharing resources was an important element of the project from the outset and all partners have worked towards this – the project has been able to put on events, taster sessions and 'get involved' days that have all been funded by partner organisations. Additionally, the local authorities also have funded the venues for the action groups, such as sports centres; therefore it is clear that the partnership working arrangements and processes have provided clear added value to the project, not just in terms of strategic added value, but in providing the basis for long term sustainable change in behaviours of people with learning disabilities.

There has been limited involvement from the regional project portfolio, Well-Being in the East, as many of the activities were limited around specific workshops and did not require any support work; however there were a number of longstanding issues, which included an evaluation tool that was not accessible for people with learning disabilities. Despite the offer from the project manager to help tailor the evaluation tools, there was a lack of progress. Additionally, the website developed for the project was not fully fit for purpose, in that it was not accessible to the target group (i.e. those with learning disabilities). However, it should be noted that the portfolio management team have been supportive throughout and have recognised the issues the project faced, although it appears that not enough money has been in place to make changes regarding the issues highlighted, which raises questions around the portfolio's initial resource planning procedures.

Publicity, promotion and engagement

On the whole, the project has been promoted reasonably well considering the resources in place to deliver; however there have been internal issues within the Learning Disability Services Directorate of which the project has been part of, with the messages about training not being disseminated across departments.

To a degree, the project has relied on carers groups, word of mouth, doctors' surgeries, libraries and mail shots; however in Norfolk it is difficult to provide effective marketing, particularly for such a targeted subject, as it is a large county with many different disparate communities. The material itself was well produced, although if the resource had been in place it may have benefited from development through marketing professionals.

The results of the publicity and promotion have clearly been effective, illustrated by the numbers of people who have attended the workshops, exceeding the original targets that were set out.

Monitoring and evaluation

The project has been monitored and evaluated in accordance with the requirements from the Big Lottery; there was a great deal of consultation with carers/support workers about how to develop appropriate post-workshop questionnaires for individuals with learning disabilities; however these were developed to be fully accessible, using methods appropriate for this cohort. Training sessions for all other cohorts included detailed evaluation questionnaires. There were also a number of focus groups targeting the carers and support workers throughout the lifetime of the project; these were important in ensuring the project met the needs of the target groups, and the carers and support workers who are the catalysts for long term change.

In terms of reporting, there has been a consistent quarterly system in place, which outlined the key outputs and milestones the project has reached at each point in time. Each year a financial report was developed outlining inputs and outputs.

Conclusions

Key lessons

In short, it was the drive and enthusiasm of the project manager (who had to do deliver on his own albeit with the support of partners) and his approach to wide ranging engagement which has led to the success of this project. He has effectively used the feedback received from both partners and target groups to build and develop the programme effectively. The project has been crucial in helping provide the framework for sustainable change, including the action groups, individual behaviour plans, working together, stronger networks, and the ability of local stakeholders to create change.

A key success factor for the project has been that the right organisations were involved from the outset. Importantly, the project manager and partners have developed the activities around the needs of people with learning disabilities, rather than being prescriptive in their approach. Going down this route of providing bespoke solutions is an important aspect for other projects to learn from.

A key indirect impact has been the wider levels of well-being developed as a result of the activities, whether through workshops or sports taster days. They have provided these people with an environment for social interaction, and the wider messages of healthy eating and physical activity has translated into the client group becoming aware of how it can improve both their physical and mental well-being.

The training offered as part of the project has been different from what is currently available. There are a plethora of courses on food and fitness but not in the way the project manager has tailored it for those with learning difficulties through games, interactive working, and visual representation that appeals to them in a way they can understand. Delivering the message to this cohort is about repetition but in different ways to reinforce the message, and fun has to be involved. The evaluation material has included a lot of comments about the innovative style and approach, alongside the development of a DVD which has inspired many to engage. There are clearly key lessons to be learnt here as to how future provision should cater for those with learning disabilities (not just in food and fitness but across all learning and development activities).

What does need to happen, and has not happened enough as yet, is engagement with managers at the highest level of independent care providers at the beginning of the process. Often, there are no managers at the workshops thus elements of the agenda are preaching to the converted; therefore managers need to receive the training and be involved at an early stage.

There is also a lesson to be learned about where such projects should be based in future, in terms of organisational structure and maximising leverage. This project has been delivered through the Norfolk Learning Disability Services Directorate, but may have been better placed in public health. In doing so, it would have had more leverage and power, more support from likeminded professionals, and ultimately would have increased the potential for more resources.

In terms of opportunities for the future of the project or similar work, there is no real need for the Food and Fitness Project anymore, as it has achieved what it set out to do and it would ultimately result in future duplication with other emerging activities. There are now many health trainers in place who will be operational for an extended period of time, delivering knowledge about well-being and healthy eating to the general population. These trainers now need to be up skilled on how to engage with people with learning disabilities – part of their role is engaging with the whole population after all!

Stakeholders should use the Food and Fitness Project to share the experience gained from it and the lessons learnt to illustrate the most effective methods for future engagement. However, there is still an issue around the gap in provision within the Learning Disability Services Directorate and a need for provision of advice and support within the service which is embedded within a long term strategy to lower obesity levels of those with learning disabilities. For this to happen, there needs to be an individual who is able to take on the mantle of health and well-being in the future; however whether this will happen after the departure of the project manager is open to question.

Finally, the key message emerging from this project is that partners, including the Big Lottery, need to be aware of the work that is going on in this area and work closely together to avoid duplication. They should work with what is already available, and there are many individuals and resources showcasing progressive, innovative work. Tying together good practice and not 'reinventing the wheel' is essential for long term success and in ensuring the best possible provision is being developed.