

MEND Fylde Coast

Introduction

This report details the findings of case study research undertaken by CLES Consulting on the MEND Programme delivered by Fylde Coast YMCA. The Fylde Coast Programme has received funding under the 'England on the MEND: Fitter, happier, healthier' portfolio of the Big Lottery Fund's national Well-being Programme, and targets overweight and obese children in the local area, as a sub-region of Lancashire.

The research was undertaken during September and October 2010, and involved consultation with the YMCA Programme Manager, project partners from North Lancashire Primary Care Trust, Wyre Borough Council, and representatives of the wider MEND organisation. A discussion group was held with children and parents/carers who had participated in MEND activities in Fylde Coast, and a desk review of relevant documentation and data was undertaken. Evidence from the case study research has fed into the wider findings of the national Well-being Programme evaluation.

Background and rationale

MEND (Mind, Exercise, Nutrition... Do It!) is a treatment and prevention programme for overweight and obese children and their families; the principal target group is 7-13 year olds, the age range for the Fylde Coast Programme, although MEND Programmes also exist for other age groups. The MEND model seeks to address the three principal elements identified as crucial in addressing overweight and obesity incidence: behavioural aspects; physical activity; and healthy diet.

MEND was devised at Great Ormond Street Hospital for Children and the University College London Institute of Child Health in 2004. It builds upon extensive research, peer review and clinical trial, and is now delivered in more than 350 different locations across the United Kingdom and overseas. The Big Lottery funded Fylde Coast Programme commenced delivery in January 2008, initially for two years, but attracted North Lancashire Primary Care Trust funding to continue delivering through to 2013; a contract extension has also enabled the Big Lottery to support two courses during 2010/11.

There is a clear rationale for intervention to address overweight and obesity issues amongst children. Data from the National Child Measurement Programme (NCMP) show that around three out of ten (29.0%) Year 6 pupils in the North Lancashire Primary Care Trust area were overweight or obese in 2008/09.¹ Furthermore, the NCMP report concluded that '*a strong positive relationship exists between deprivation and obesity prevalence for children in Reception and Year 6.*'² This adds weight to the YMCA's aim to target more deprived areas within the Fylde Coast area, such as Fleetwood. More specifically, following the three elements of the MEND Programme, there is a rationale around the poor dietary habits of many children, the physical health issues that can result from insufficient exercise and activity, and related mental health concerns (obese children being more likely to suffer from low self-esteem, loneliness and depression, often as a result of stigmatisation by their peers). There is a large body of evidence supporting the link between childhood obesity and increased adult incidence of chronic diseases and conditions, such as heart and liver disease, type 2 diabetes, hypertension (high blood pressure), and some cancers.³

It is clear that upfront investment in tackling obesity can generate significant cost savings in the longer term – a 2007 Government report estimated that the annual direct cost to the NHS of obese and overweight individuals (across all age groups) was some £4.2 billion, and that the cost to the wider economy could rise to a massive £50 billion a year if left unchecked.⁴ The 2006 *Tackling Childhood Obesity* report found that obesity reduces life expectancy by an average of nine years.⁵

¹ *National Child Measurement Programme Dataset, 2008/09* (The Health and Social Care Information Centre, Lifestyle Statistics, Department of Health Cross-Government Obesity Unit, 2009). Year 6 pupils are aged 10-11, around the mid-point of the target age range for the MEND 7-13 programmes delivered by Fylde Coast YMCA. The data for the North Lancashire PCT area are slightly below the average for England as a whole (32.6%).

² *National Child Measurement Programme: England, 2008/09 School Year* (The NHS Information Centre for Health and Social Care/Lifestyle Statistics, 2009), p.7

³ See, for example, *Health Weight, Healthy Lives: A Cross-Government Strategy for England* (Cross-Government Obesity Unit, Department of Health and Department of Children, Schools and Families, 2008), p.2

⁴ *Foresight – Tackling Obesities: Future Choices – Project Report, 2nd Edition* (Government Office for Science, 2007), p.40

⁵ *Tackling Childhood Obesity – First Steps* (Report by the Comptroller and Auditor General, prepared jointly by the Audit Commission, the Healthcare Commission and the National Audit Office, 2006), p.26

Finally, there is also a rationale for family based intervention rather than a narrower focus on individual children, given the role that parents/carers take in shaping the dietary and physical behaviours of their children, and the genetic component underlying the recurrence of overweight and obesity across different generations within the family.

Project design and delivery

This section of the report outlines the key objectives pursued by Fylde Coast YMCA in delivering the MEND Programme, the main inputs and activities, and the target beneficiaries.

Objectives

The Stage 1 Application Form submitted by MEND Central to the Big Lottery Fund in 2006 (when originally bidding for funding for the portfolio) states that the aim of the programme is to equip children and their families to make necessary life changes that will lead to *'sustained improvements in [their] diets, fitness levels and overall health.'*⁶ Emphasis is placed on the provision of practical, fun learning, in order to engage participants and encourage them to complete the course. A central aim is to encourage self efficacy – building the ability and confidence of participants to take control, change their behaviour, and achieve the goals they set themselves. The approach is more than just a diet, and rapid weight loss is not encouraged; rather, MEND takes a holistic approach by providing education around nutrition and diet, encouraging increased physical activity, and involving the whole family so that new ways of behaving and thinking become embedded. As stated in the Application Form *'by following the MEND principles, participants will lose weight naturally and thereby build a foundation for healthy living – for life.'*⁷

An underlying objective is to build capacity amongst local delivery partners around the obesity agenda, by offering training opportunities to accompany the MEND Programme itself.

There is clear 'fit' between the MEND approach and wider government strategy focused on addressing obesity, including the vision expressed in *Healthy Weight, Healthy Lives* for obese and overweight individuals to *'be able to access services that are tailored to help them achieve and sustain a healthy weight,'*⁸ and the Public Service Agreement target to reduce the proportion of overweight and obese children to 2000 levels by 2020.⁹ In addition, the programme contributes to all three of the Big Lottery Well-being Programme objectives, most particularly *'children, parents and the wider community eat more healthily'* and *'people are more physically active'*, but also (more indirectly) *'people and communities have improved mental well-being.'*¹⁰

The Fylde Coast MEND Programme also contributes to objectives at the local level. The NHS North Lancashire Strategic Plan identifies obesity as a key lifestyle issue underpinning its child health priority, and has the goal to halt *'the rate of increase in obesity amongst children under 11 years by 2013'*¹¹; it identifies family intervention programmes that take a whole lifestyle approach as a crucial vehicle towards achieving this ambition.¹² Under Wyre Borough Council's *Living Healthily* Corporate Priority, one of the key aims is *'to help people enjoy healthier lifestyles and increase participation in physical exercise.'*¹³ The project will contribute to this objective, and to the Local Area Agreement target on obesity levels amongst Year 6 primary schoolchildren.¹⁴

Inputs

The Big Lottery Well-being Programme, funded through the MEND Central portfolio, paid for the delivery of MEND Programmes by Fylde Coast YMCA between 2008 and 2010; however North Lancashire Primary Care Trust paid the salary costs of the YMCA Programme Manager, and is funding the bulk of project delivery in the 2010-13 period; no funding is provided by other local partners. Although the original contract between Fylde Coast YMCA and MEND Central under the Big Lottery Fund portfolio was not available for the case study research, the contract value for the 2008-10 period was approximately £22,000. The value of the contract extension for the two additional courses to be delivered with Big Lottery funding in 2010/11 is around £2,700.

⁶ *The Well-being Programme: Application Form for Stage One* (MEND Central Limited, 2006), p.5

⁷ *ibid*, p.5

⁸ *Health Weight, Healthy Lives: A Cross-Government Strategy for England* (Cross-Government Obesity Unit, Department of Health and Department of Children, Schools and Families, 2008), p.13

⁹ *PSA Delivery Agreement 12: Improve the Health and Wellbeing of Children and Young People* (HM Treasury, 2008), p.5

¹⁰ *Well-being: an Introduction to our New Programme* (Big Lottery Fund, 2006), p.3

¹¹ *Supporting a Healthier, Better Life – NHS North Lancashire Strategic Plan 2008-2013* (NHS North Lancashire, 2008), p.40

¹² *ibid*, p.139

¹³ *Wyre Corporate Plan 2007-10* (Wyre Borough Council, 2007), p.30

¹⁴ National Indicator (NI) 56. See *National Indicators for Local Authorities and Local Authority Partnerships: Handbook of Definitions* (Communities and Local Government, 2007), p.17-18

The Big Lottery programmes enjoy free MEND kits as part of the funding agreement, which contain everything needed to deliver the programme, including instructor materials and participant packs. MEND Central also provides free evaluation reports, which are drawn from beneficiary data uploaded by the YMCA Programme Manager onto the MEND Online Management and Monitoring System (OMMS). The most significant expenditure of Big Lottery resources is on the cost of instructors, who are engaged at hourly rates. The YMCA also pays for room hire at venues other than its Poulton-le-Fylde centre.

The Programme Manager's role is full-time and currently undertaken by two YMCA staff who job share; alongside project management and monitoring duties, promotional and marketing activity represents a substantial element of the role, plus direct delivery of some project activity. There are no other permanent members of staff, but the YMCA employs around fifteen freelance instructors to deliver the Big Lottery and Primary Care Trust programmes. Each programme requires four hours of instructor time a week, with one person normally taking the theory session, and another person leading the exercise session. Although partners such as North Lancashire Primary Care Trust and Wyre Borough Council have a strategic interest in helping to steer the project, they have little involvement in its day-to-day operation.

MEND Central provides four days of training to new Programme Managers and instructors, covering the background to the course, its aims and delivery approaches. Programme Managers also undertake a further day's training on administrative and management duties related to the project, including use of the OMMS. In terms of ongoing development, Programme Managers also benefit from quarterly regional meetings that bring together leads from across the region to share ideas, developments and resources, and best practice conferences, which are held twice a year and bring together leads from across the country.

Activities

Each MEND 7-13 programme is delivered over a ten week period, with two sessions per week, each of which is two hours in duration. Every session comprises an hour of theory undertaken by all participants (children alongside parents/carers) that focuses on nutrition and diet. This is followed by an hour of exercise for the children, during which the parents/carers undertake a MIND session:

- ❑ **nutrition and diet sessions** – activities undertaken include label reading, fats and sugars sessions, food tasting and supermarket tours. In order to keep participants engaged, games, quizzes and visual demonstrations are used where possible. Participants are given handouts detailing 'MEND-friendly' options and recipes;
- ❑ **exercise sessions** – the emphasis is on fun, inclusive and non-competitive exercise, both land and (if a swimming pool is available at the venue) water-based. Games include cat and mouse, skipping, and use of hula-hoops, space-hoppers and bean bags. Given that some participants may have had a relatively negative experience of sport, sessions are designed to build confidence and encourage team working, and are graduated so that they start at basic intensity and build up slowly. Where possible, a healthy eating message is incorporated;
- ❑ **MIND sessions** – these sessions look to support and embed behavioural change, with discussions focused on positive role modelling, parenting strategies, the role of internal and external triggers in conditioning children's dietary and physical behaviours, setting goals and rewarding children.



Once participants have completed the programme, there is a celebratory graduation event. Other events are staged on an ad-hoc basis, with some of the Fylde Coast participants enjoying an outward bound trip to the Lake District. As a follow-on to the formal course, Fylde Coast YMCA encourages MEND graduates to join its *Family Fit* programme, an exercise class for the whole family that takes place once a week and is open to both the graduates and other participants. Graduates are also signposted to other appropriate physical activity programmes and clubs, including YMCA provision and opportunities at school and community venues.

Alongside the MEND Programme, MEND Central offers local partners the opportunity to attend a one day obesity awareness training session. These have taken place once or twice a year in the Fylde Coast, with relevant professionals invited to attend and gain an overview of the key issues involved in childhood obesity management and treatment. These sessions are delivered by MEND trained personnel, and are appropriate to anyone who might refer people onto the MEND Programme, including local GPs, Primary Care Trust staff, school nurses and youth leaders.

Target beneficiaries

Although participants on the MEND 7-13 programme need to be within the target age range, local programmes enjoy some autonomy in defining their inclusion criteria. In the case of the Fylde Coast programmes, the approach is relatively flexible, with MEND advertised as being appropriate for children 'over their ideal weight'. In general, Body Mass Index (BMI) should be above the 91st centile, although the YMCA does go below this in order to fill the courses.¹⁵ Where possible, programmes are targeted towards people living in deprived areas, such as Fleetwood, although the geographical remit also covers considerably more affluent areas. The Primary Care Trust has funded an extension of the project through to 2013, and has targets for the proportion of participants from deprived wards and lone parent households.

In addition to the referred child, the beneficiary group includes immediate family members; children are expected to attend the course with a parent or carer, with participation by other siblings encouraged. Secondary beneficiaries include other (non-participating) family members and the extended family in who behavioural change might result if messages are communicated and household shopping and eating habits change. Similarly, the wider beneficiary group might also include peers at school and other members of the local community.

Performance

This section of the report considers the outputs and outcomes flowing out of the Fylde Coast YMCA's MEND courses, and the impact that programme activities might have on wider well-being. Issues of equality and diversity are discussed, as are the additionality of the support provided and the future sustainability of programme outcomes.

Outputs

Although substantive data on outputs at the programme level were not available for Fylde Coast (MEND Central aggregates these along with the outputs from other Big Lottery supported programmes across the country), 18 courses were delivered between January 2008 and the end of 2009/10. The aim is to attract a maximum of 12 families to sign up to the course, of which 10 or so normally turn up at the start, and an average of 7 or 8 complete all ten sessions. There are no defined output targets for the Big Lottery funded programme, although the Primary Care Trust contract for the 2010-13 period outlines requirements for the annual number of programmes delivered and families participating, and for completion rates and involvement in follow-on programmes.

In assessing programme performance, the main focus is on the outcomes achieved. These are discussed below, in both quantitative and qualitative terms.

Outcomes



The principal measure of success for MEND Programmes is a reduction in BMI and waist circumference. Across all of its programmes, MEND Central has identified an average reduction of one unit of BMI over the ten week course. A sample Fylde Coast course report, provided for the case study research, showed a 1.2 unit average reduction and a corresponding 7.0cm reduction in waist circumference. Other indicators detailed in the report include an increase in the time spent engaged in physical activity each week (up an average 7.8 hours), a reduction in the time spent in sedentary activity (down an average 1.7 hours), and a significantly better recovery heart rate following a three minute step test.

Based upon completion by parents/carers of a pre- and post-course 'strengths and difficulties questionnaire' (SDQ), MEND produces an SDQ score designed to give an indication of state of mental health; a significant decrease in SDQ score was demonstrated by the Fylde Coast project, pointing to improved perceptions of the mental health of their children by the parents/carers involved. A 'nutrition score' is also calculated, and shows a significant increase, indicative of substantially improved eating habits and nutritional intake amongst participants.

¹⁵ Body Mass Index (BMI) is calculated by dividing an individual's weight (in kilogrammes) by their height (in metres) squared. The generally agreed definition for overweight children is a BMI greater than or equal to the 85th centile, but below the 95th, and for obese children greater than or equal to the 95th centile (see *National Child Measurement Programme: England, 2008/09 School Year*, p.11). Decisions over the admissions criteria set for local MEND programmes in part depend on funding arrangements and local priorities or targets, but also on demand. If the course is run as a prevention programme the qualifying point might be lower (probably the 91st centile), but if it is run as a treatment programme it is likely to be higher (probably the 98th centile). See <http://www.mendprogramme.org/mendservices/referachild> (accessed December 2010).

Aggregate data from a number of Fylde Coast courses are quoted in a recent YMCA newsletter. Although the period to which the data refers is not provided, the newsletter details an average reduction in BMI of 0.6 units, and in waist circumference of 3cm¹⁶. It is important to place this in context; the course is only ten weeks long, and does not aim to bring about rapid weight loss, rather the intention is to achieve:

*'Progress in the right direction.'*¹⁷

The importance of such outcomes should not be underestimated, in terms of both physical and mental health. The children involved will be healthier and fitter, and are therefore likely to be more confident with enhanced self-esteem. This is borne out in the findings from the beneficiary discussion group held for the case study, both for the children involved and for their parents/carers:

*'I felt proud... more confident.'*¹⁸

*'I lost two stone from the inspiration of MIND... it makes a difference, gives you confidence.'*¹⁹

For some participants, interacting with other children and parents who had experienced difficulties in managing their weight had helped to keep them motivated as they progressed through the course:

*'Knowing that you're not alone and that other people have the same problem.'*²⁰

*'Talking to other adults going through similar things was really useful.'*²¹

The theory sessions had clearly helped to increase the knowledge and awareness of participants around diet and nutrition:

*'It helped knowing how much sugar was in things.'*²²

*'[The fruit tasting] was quite good – we got the chance to taste stuff.'*²³

*'It made it easy to read a label... I'm more aware of the different e-numbers in your food.'*²⁴

This increased knowledge had led to behavioural change for many participants, contributing to healthier diets, lifestyles and attitudes:

*'Jack was a large child, but he now reads packets and doesn't eat much in between meals.'*²⁵

*'I don't buy junk food any more, and they don't ask for it.'*²⁶

*'I learnt not to reward your child with sweets.'*²⁷

Impact on wider conditions

The holistic focus of MEND brings with it both physical and mental health benefits, and thereby contributes to increased well-being in its broadest sense. For many of the children involved, one of the impacts is likely to be improved educational attainment at school.

As explored above, for some of the parents and carers involved in the case study discussion group, involvement with MEND had led to significantly changed household behaviour, in terms of shopping, eating habits and attitudes to physical exercise. Although the evidence is anecdotal, such impacts are likely to spread beyond just the immediate beneficiary group; behavioural change of this sort will impact upon wider family groups, including other children and adults resident in the home, and potentially friends and family members who pay occasional visits. The YMCA Programme Manager reported feedback from parents/carers who had participated in MEND courses that:

'The kids shout at them about what they should be eating and doing.'

¹⁶ 'Y' Active Newsletter Issue 1 – Spring/Summer 2010 (Fylde Coast YMCA, 2010), p.6

¹⁷ Project partner

¹⁸ Child beneficiary

¹⁹ Parent/carer beneficiary

²⁰ Child beneficiary

²¹ Parent/carer beneficiary

²² Parent/carer beneficiary

²³ Child beneficiary

²⁴ Parent/carer beneficiary

²⁵ Parent/carer beneficiary

²⁶ Parent/carer beneficiary

²⁷ Parent/carer beneficiary

Evangelising of this sort, if conducted with peers at school and within the wider community, is likely to have some impact on the behaviour of those who hear it. According to the YMCA Programme Manager, many children completing the course go on to join clubs inside and outside of school (some focused on physical activity but others with a different remit), indicative of their increased confidence and motivation. This was also demonstrated in their general ability to interact and communicate with others. Along these lines, some participants had made new and lasting friendships:

*'I still keep in touch with Mark, and go swimming with him on a Thursday.'*²⁸

The opportunity to spend time together on the course can be positive for family members:

*'It was something we could do as a family, which was really nice.'*²⁹

This is particularly so when setting shared goals and targets, a process that can help to strengthen bonds and give a real focus to the efforts of participants to sustain new behaviours into the future.

Equality and diversity

In 2008, when commencing delivery of MEND Programmes in the Fylde Coast area, the YMCA focused its efforts on engaging families in deprived localities such as Fleetwood. As the programme developed, its geographical remit expanded to cover other areas within Fylde and Wyre, some of which (such as Kirkham and St. Annes) are relatively deprived but others (such as Poulton-le-Fylde) more affluent. As discussed below, the challenge of ensuring that take-up of courses is maximised has led to some dilution of the original aim to benefit disadvantaged communities, although Primary Care Trust funding for the 2010-13 period comes alongside the requirement for half of all families to come from deprived wards.

MEND is delivered to participants at no cost to themselves, addressing any potential financial barrier to participation. Delivery in local community settings also helps to avoid travel cost and time for participants.

The Fylde Coast is not characterised by high ethnic diversity, and reflecting this, the majority of programme beneficiaries have been White.

Additionality

When considering additionality we are looking to assess the overall difference an intervention has made, over and above what would have happened if it had not taken place. As discussed above, it is clear that a range of significant outcomes have emerged from the MEND Programmes delivered by Fylde Coast YMCA, with the programmes making an important contribution to the wider well-being of participating families. Although there will be many other factors which impact on aspects of individual well-being, consultees were unanimous in reporting that comparable provision was not available locally, and that participants would not have experienced the benefits they had enjoyed without the work of the YMCA. The only other similar programmes available in the Fylde Coast area focus on general physical activity and exercise, and lack the holistic, behavioural and family focus of MEND.

The Big Lottery supported programme was central to demonstrating the value of MEND Programmes to local partners, an important element of its added value. Although North Lancashire Primary Care Trust provided some financial support for the 2008-10 period, the programmes funded by the Big Lottery helped to convince the Primary Care Trust of the value in extending the programme to 2013, and expanding its geographical coverage into the Lancaster and Morecambe area. For the Primary Care Trust, MEND came with a strong ethos and highly professional brand, and stood up to scrutiny thanks to both its origins in academic research and the peer review and clinical trials to which it had been subjected. Other nationally available programmes are available, such as the *Carnegie Weight Management* (CWM) programme and *WATCH IT* community programme for obese children, but the Primary Care Trust decided against the former on the basis of cost and the latter due to its relatively limited commercial orientation. More individual, localised solutions have been adopted in other places, but they do not have the same level of robustness, and often prove to be less cost effective than programmes such as MEND that can generate cost efficiencies due to the scale of its national operation.

²⁸ Child beneficiary (note: that the friend's name has been changed to respect confidentiality)

²⁹ Parent/carer beneficiary

Sustainability

MEND has a strong focus on sustainability, placing considerable emphasis on ensuring that the outcomes achieved continue beyond the duration of the programmes themselves. The aim to increase knowledge and understanding of healthy lifestyle options, and to embed behavioural change around eating and physical activity, is important in ensuring that the legacy from involvement in programme activities is an enduring one – potentially, MEND could lead to a lifelong impact on both the individuals involved and its wider participant group, including parents/carers and siblings.

Measures introduced to bolster sustainability in the short to medium term include follow-on exercise sessions, a regular feature of exit strategies from MEND Programmes. In the Fylde Coast, the YMCA delivers *Family Fit* sessions, a ten week course open to both MEND graduates and other people interested in participating. MEND graduates are also encouraged to remain engaged with the programme through a celebratory award ceremony held on completion of the course; other follow-on events include ongoing measurement six and twelve months later, and MEND newsletters. Through MEND Central, graduates and their families are given access to the *MEND World* website, designed to continue to motivate participants through the provision of information and advice around healthy eating and exercise, postings on events being held, and the chance to communicate with MEND peers. MEND Programmes are not delivered in isolation, with Fylde Coast participants signposted towards other appropriate activity sessions on offer both in the YMCA run leisure centres and elsewhere:



*'It's not complicated to continue – they make it quite simple.'*³⁰

A further aspect of the legacy from programme activities is increased capacity amongst local providers. The Fylde Coast programmes have helped to build local capacity, both amongst YMCA staff and freelance instructors involved directly in delivering MEND activities, who have benefited from MEND Central's training programme, and amongst local partners who have participated in the obesity awareness training sessions that have been held. Although the YMCA's partnership working with local partners was already strong, hence MEND's legacy in this area is more limited, delivery of programme activities has:

*'Added another positive.'*³¹

In terms of the sustainability of MEND provision in the Fylde Coast, ongoing Primary Care Trust funding has ensured that the YMCA can continue delivery of programme activities through to 2013.

Processes

This section of the report focuses on some of the processes surrounding the YMCA's delivery of MEND Programmes in the Fylde Coast: the effectiveness of partnership working and the delivery approach; publicity and promotion; and monitoring and evaluation.

Partnership working and the delivery approach

Fylde Coast YMCA has a well developed relationship with North Lancashire Primary Care Trust and Wyre Borough Council (particularly the Sports Development Team), the principal partners involved with the MEND Programme. Project partners interviewed for the case study placed considerable emphasis on the values they felt the YMCA shared with their organisations, particularly around engaging individuals and communities to the wider benefit of the local area:

*'[The YMCA] is a great community organisation, with a strong team base.'*³²

The support mechanism offered by the MEND Regional Team was welcomed by the YMCA Programme Manager, with regular meetings held with other programme leads from across the North West valued for the opportunity they provide to share ideas and good practice, and gain updates on wider developments. There is no direct contact between the YMCA and the Big Lottery, with the Regional Team and MEND Central acting as a conduit for progress reporting and other purposes.

³⁰ Parent/carer beneficiary

³¹ Project partner

³² Project partner

As discussed below, programme recruitment might benefit from the YMCA developing closer, more direct links with local providers involved in the obesity agenda, rather than working through the Primary Care Trust lead. Although some links are well established, stronger dialogue with school nurses and school sport coordinators (SSCOs) might pay dividends in terms of increased referrals onto the programme.

Publicity and promotion

MEND Central provides considerable support and advice to local programmes with regard to publicity and promotion, including providing a range of generic marketing materials such as leaflets, health handouts for use in schools, a GP pack, and presentations for meetings, assemblies and sessions with parents. Local teams develop their own recruitment strategy, drawing on the support of the MEND Regional Team and best practice from experience elsewhere, and tailoring this strategy to the local area and the main delivery partners involved.

Fylde Coast YMCA produces some 10,000 leaflets a term to promote MEND Programme activities across its wider geographical area, including Lancaster and Morecambe. This is a vast amount, given that only twelve participants are required per course, and takes up a significant proportion of the programme's financial resources and staff time:

*'It's a scattergun approach for everybody. A better way of engaging the right people is needed.'*³³

In addition to leaflet distribution, the Programme Manager has developed links with some local GPs and school representatives, including nurses, learning mentors and SSCOs. Earlier this year, the programme sent out targeted letters to introduce the MEND Programme to children in Fleetwood schools who were identified as overweight or obese through the NCMP; however this was unsuccessful and would require some revision if a similar approach is pursued in the future. MEND stands have also been manned in local supermarkets, with the aim of generating interest amongst people as they shop for food.

Currently, the main route into the programme is self-referrals from parents/carers who have seen the publicity material distributed in schools and other venues, or heard about MEND through posters and other publicity, including coverage in the local media and radio. A relatively small proportion of referrals come from GPs and school nurses. The strength of MEND branding helps to 'sell' the programme, with branded kit and other merchandise encouraging interest and confidence amongst local partners, and building a sense of ownership and pride amongst participants.

Monitoring and evaluation

The OMMS provides an effective way for local MEND staff to record the progress of participants on their programmes, and for this progress to be reported at an aggregate level by course and delivery location. Programme Managers input individual data on reductions in BMI and waist circumference, alongside other data emanating from the various pre- and post-programme questionnaires completed by participants, with MEND Central producing individual course reports as required by delivery staff. Fylde Coast YMCA disseminates these reports to its principal local partners, and uses evidence from them to promote the benefits of involvement with MEND.

Although the reports produced through OMMS are impressive, emphasis is placed on the quantitative expression of outcomes, with less information provided around qualitative benefits such as the extent to which behavioural change has been embedded. The YMCA Programme Manager collects qualitative feedback from participants, including asking them to identify the changes they are planning to make in their lives as a result of their involvement, but this is not routinely reported to project partners.

Conclusions

This final section of the report outlines the key lessons emerging from the case study findings detailed above, and identifies some opportunities for the future. In addition to a specific focus on the MEND Programmes delivered by Fylde Coast YMCA, the discussion seeks to draw out lessons of relevance to the delivery of other MEND Programmes and similar well-being provision in other local contexts.

³³ Project partner

Key lessons



The MEND Programme is an impressive package that has demonstrated the significant role it can play in addressing overweight and obesity issues amongst children and their families. In addition to reductions in BMI and weight circumference, participants in the Fylde Coast programme have experienced a range of positive outcomes including: increased knowledge and understanding of healthier living options (diet, nutrition and exercise); a greater interest in physical activity; improved fitness and the adoption of less sedentary lifestyles; and parallel benefits in terms of increased confidence, self-esteem and motivation, and more robust mental health. In addressing the well-being of

participants in a holistic way, MEND Fylde Coast is meeting its stated objectives, making a significant contribution to wider strategic ambitions at both local and national levels, and pursuing a rounded approach to addressing the rationale that underpins programme delivery.

Sustainability and value for money

One of the most impressive aspects of MEND is its emphasis on sustainability. In order to address overweight and obesity issues successfully, it is vital to avoid the 'revolving door' trajectory commonly seen amongst traditional approaches that fail to embed behavioural change and allow the beneficiary to slip back into habitual patterns. Given that programme impact should endure into the longer term, initial expense on interventions like MEND represents good value for money, with a significant return on investment resulting over time.³⁴ Although the initial development of programmes such as MEND is very expensive, with a significant amount of research involved, its wider roll-out across the country results in a relatively cost effective intervention at the local level.

Structure vs. flexibility

The MEND Programme characterises itself as a 'solution in a box'³⁵ providing delivery partners with all the lesson plans, materials and equipment necessary to run the course. As such, local partners who may not be specialist in the obesity agenda are able to deliver a programme with relatively minimal prior experience, and are supported in doing so by the MEND regional and national infrastructure.

There are significant benefits from encouraging programme staff to adhere to the standard structure delineated by MEND Central, not least the confidence that ensues from knowing that the product being delivered is robust and consistent regardless of delivery context. However, consultees who had participated in the Fylde Coast programme felt that the one hour theory slot held at the start of each week's session was overly long, and commented that they had struggled to remain engaged with it for the whole period:

*'Too many words, and not enough play.'*³⁶

There might be value in local staff enjoying a little more flexibility in delivering MEND Programmes, thus they can tailor the approach if necessary to suit particular beneficiary groups and delivery settings, helping to retain the interest and commitment of those involved.

The importance of the individual

Besides the strength of the programme content, one of the other principal factors behind the successful delivery of MEND is the personality, skills, experience and empathy of the instructor(s). Many of the children participating in the programme were initially apprehensive about doing so, and the positive way in which programme staff related to them was a key element in encouraging them to take part and remain committed over the ten week duration of the course. Consultees for the case study commented on how they had been able to talk to their instructor about a range of different issues, including wider problems at school.

³⁴ The Stage 1 application form submitted by MEND to BIG states that a reduction of one unit of BMI for a child, sustained throughout its lifetime, will produce an estimated £7,500 in potential future health savings (this is the discounted monetary value relating to increased life expectancy, as calculated by Department of Health economists). (*The Well-being Programme: Application Form for Stage One*, MEND Central Limited, 2006, p.12)

³⁵ *The Well-being Programme: Application Form for Stage One* (MEND Central Limited, 2006), p.29

³⁶ Child beneficiary

Recruitment and retention

One of the principal challenges experienced by Fylde Coast YMCA in delivering MEND has been recruiting families to the programme. One barrier is the level of commitment required by participants, with forty hours of contact time spread over a ten week period. Attending project activities twice a week is onerous for many families, and there might be value in rethinking whether the programme could be delivered in a once-a-week format, perhaps over a longer time span.

The principal vehicle used by the YMCA to publicise MEND Programmes has been leafleting, which has proved relatively ineffective given the numbers of leaflets distributed and the cost and time involved in doing so. Although there are sensitivities concerning the need to distribute programme information in a non-discriminatory way, a more targeted referral mechanism would be beneficial, drawing on closer relationships and information sharing between the YMCA and school nurses (particularly in schools in deprived areas where obesity is recognised to be particularly prevalent). Building partnerships of this sort takes time, as trust and confidence need to be established, but could prove a more effective use of the Programme Manager's resources, with school nurses largely filling MEND courses without the need for extensive leafleting:



*'We know where the overweight and obese children are, and the school nurse who deals with them.'*³⁷

The challenge of recruiting and (subsequently) retaining participants is particularly acute when considering hard to reach groups, such as residents in deprived areas. The Fylde Coast project has, in general, attracted families who are relatively motivated and are happy to attend programme activities twice a week, rather than those from poorer social backgrounds who can feel more disempowered and less inclined to believe that such interventions can help them. Reaching these groups is often most successful if some form of local 'champion' is used – someone who has already successfully secured the buy-in of residents, and who they are more likely to trust than project staff or other partners who may be viewed as 'outsiders'.

Reporting and dissemination

As part of efforts to build stronger relationships with local partners, particularly those personnel directly involved in working with overweight and obese children, there would be benefit in Fylde Coast YMCA disseminating more qualitative evidence on the difference that involvement with MEND has made to participants, especially in terms of softer outcomes around confidence, motivation and self-esteem. Although the MEND questionnaires undertaken both pre- and post-involvement with the course capture much of this information, it is not collated and reported in as consistent a manner as the quantitative outcome data around change in BMI and waist circumference and other related indicators.

Some MEND Programmes develop mini case studies of the experience of some of their participants, with MEND Central providing templates for doing so on the OMMS; this would be an ideal vehicle through which to highlight the rounded benefits that have resulted from MEND activities in the Fylde Coast, and to engage potential referral partners in the programme.

Opportunities for the future

Public health policy

The recent Public Health White Paper indicates the Coalition Government's commitment to implementing preventative measures where possible, and to tackle health inequalities through the new health premium.³⁸ The document also details the importance of local leadership and delivery in driving health improvement and promoting well-being. This policy direction represents something of an opportunity for MEND, although the availability of sufficient resources to fund appropriate interventions remains a concern in the current economic and funding climate, despite the Government's commitment to ring fence money for public health. The creation of local health and well-being boards, based in local authorities, might provide a useful forum through which MEND and other partners could contribute to more joined-up delivery approaches, and to the development of more rationalised care pathways for obesity and other public health issues.

³⁷ Project partner

³⁸ *Healthy Lives, Healthy People: Our Strategy for Public Health in England* (HM Government, 2010)

Early year's intervention

MEND is also available for other age groups, including 2-4 year olds, 5-7 year olds, 13 year olds and over, and an emerging MEND maternity programme. Given that eating and lifestyle habits are established from an early age, and may be deeply embedded by the time a child is 7, there is real value to be gained from undertaking educative activity from a very early age, particularly with parents. Although the current austere financial climate makes it unlikely that funding could be found for early year's intervention of this sort, MEND Central and local delivery partners such as Fylde Coast YMCA, should continue to make the case for it, and seek to demonstrate the return on investment that can result from such approaches in terms of future health benefits and related cost savings.