Adult Education and Well-Being: Insights from the evaluation of a multi-agency project combining a medical and community approach to health.

Rita Sandford, Inside Out Learning

Introduction

Field (2009) identified “highly damaging gaps in the current policy debate” on Wellbeing and Happiness. In a report commissioned by the Inquiry into the Future for Lifelong Learning, Professor Field highlighted the need to tackle the persistent gap between medical and other approaches to wellbeing. Medical policy bodies, he argued, rightly focus on clinical interventions, but generally ignore the evidence that other interventions can play an important role in an integrated strategy for promoting well being.

This paper aims to contribute to the debate by presenting a UK case study of a multi-agency project set up to tackle health inequalities in the Warwickshire area. This innovative project combined medical and community approaches to health. The author, a learning and development consultant was the external evaluator for the project and carried out both a formative and summative evaluation. She holds no medical training.

The research is located within:

i. The broader debate of adult learning’s role in combating social exclusion

ii. The need for a wider recognition amongst policy makers of the impact of adult learning on wellbeing

iii. The need to tackle the persistent gap between medical and other approaches to health.

The project entitled “Time for Me” was Department of Health funded and was aimed at addressing health inequalities in the Nuneaton and Bedworth Borough Council (NBBC) area of Warwickshire. This was a pilot project which had a specific focus on maternal obesity. It was initially set up to run for 12 months, but due to an under-spend in the first year, the project was extended for a period of six months (with some revisions). The project ran from January 2009 – August 2010.
Prior to discussing “Time for Me” it would be wise to examine (albeit briefly) what is meant by a community approach to health. Much has been written in recent years on the subject. This paper will refer to just one influential piece of work. In a 2010 report entitled *A glass half full: how an asset approach can improve community health and wellbeing*, Dr Ruth Hussey OBE, Regional Director of Public Health / Senior Medical Director for NHS North West and DH North West, asserted:

“Asset approaches are not new. Local politicians and community activists will recognise many of the features of asset based working. However their methodical use to challenge health inequalities is a relatively recent development in the UK... The asset approach values the capacity, skills, knowledge, connections and potential in a community. In an asset approach, the glass is half-full rather than half-empty.”

“Time for Me” – Description

“Time for Me” was funded by the Department of Health via the NBBC and brought together multi-agency partners which included:

- The Nuneaton & Bedworth Healthy Living Network (HLN)
- Midwifery George Eliot Hospital (NHS Trust)
- Dietetics George Eliot Hospital (NHS Trust)
- Health Visiting (NHS Warwickshire)
- Abbey Children’s Centre, Nuneaton
- Nuneaton and Bedworth Early Years Centre and Nursery (BEYCN).

As stated earlier, the project had a specific focus on maternal obesity. The aim was to provide a care pathway for women with a BMI of 30+ and women from disadvantaged areas. The project was designed as a one-stop shop for ante and post-natal women. The aim was to help these women to access health and wellbeing services and encourage healthier lifestyles. The project supported the national Public Service Agreement target of halting the year-on-year rise in obesity in under 11’s by 2021 (within a broader strategy of tackling obesity in the population as a whole).
This multi-agency project was innovative in that the lead organisation was a voluntary sector organisation i.e. the Healthy Living Network, rather than one of the mainstream medical partners. The Healthy Living Network uses a community model of health and in particular an “assets approach” as outlined above.

“Time for Me” – Context

The context for “Time for Me” lay in three key pieces of work, one national and two local. A brief summary of each of these is provided below:

1. The English Indices of Multiple Deprivation 2007

The summary provided here draws on the Warwickshire Observation “Indices of Deprivation 2007 Briefing Note”. The IMD 2007 was released by the Department for Communities and Local Government. It comprises seven indices representing different aspects of deprivation as follows:

- Income deprivation
- Employment deprivation
- Health deprivation and disability
- Education, skills and training deprivation
- Barriers to housing and services
- Living environment deprivation
- Crime

The seven indices are weighted and combined to create the overall IMD. The IMD 2007 saw a move away from Wards to a nationally recognised measure known as Super Output Area level (SOA). The 2007 publication highlighted that Nuneaton and Bedworth had moved into the top third most deprived local authority districts in England. Six Super Output Areas in Warwickshire ranked in the top 10% most deprived SOAs nationally.

2. “Leisure and Active Recreation – Local Participation Research”
This research was commissioned by the NBBC in order to identify issues associated with low levels of physical activity. The work was carried out by Nortoft Partnerships Limited. The research focused on four wards:

- Abbey (Nuneaton)
- Kingswood (Nuneaton)
- Heath (Bedworth)
- Poplar (Bedworth)

And specific target groups:

- Women and young girls
- Persons with a disability
- Older persons
- Unemployed
- Black and ethnic minorities and New and Emerging communities.

The report was published in June 2008. Key recommendations of relevance to the “Time for Me” project were (i) activities need to be targeted to the needs of the local community, and (ii) “in order to motivate people to take part, the activities on offer need to be fun and provide a positive, social experience.”

3. **Research Report - “Exploring the barriers and facilitators to ‘maintaining a healthy weight’ during pregnancy and the post-natal period.”**

This research was commissioned by the NBBC and was carried out by a team from the Applied Research Centre in Health and Lifestyle Interventions at Coventry University. The report was published in May 2008. Building on earlier international research, the report highlighted the fact that “In the UK, 32% of women of childbearing age are overweight and 21% are obese. 35% of all maternal deaths are in obese women, which is, 50% more than the general population.”

**Evaluation of “Time for Me”**

Both a formative and a summative evaluation of the project were commissioned by the NBBC. The formative evaluation was carried out between March and April 2009.
and the summative evaluation between June and August 2010. The brief for the summative evaluation was to seek to identify / pinpoint:

1. Through quantitative and qualitative information / data the overall success / failure of the project to address obesity.
2. Increase in skills for maintenance of health behaviour change / knowledge of risk factors of obesity.
3. Sustainable developments, holistic approach to health and any changes to quality of life as a result of empowerment developed by communities.
4. Capture other additional / unintended consequences.
5. Identify case studies for sharing of good practice / success to Department of Health (national funder).

(Note: The evaluation brief included a total of seven areas. These were narrowed down to five areas for the purpose of this paper.)

The evaluation used a multi-method approach which included the following:

<table>
<thead>
<tr>
<th>Methodology used</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td>Meetings, email and telephone discussion with the Lead Agency and Funders prior to the commencement of the summative evaluation</td>
</tr>
<tr>
<td>Desk research</td>
<td>Literature review – including two key research reports and the IMD 2007 Review of original project proposal</td>
</tr>
<tr>
<td></td>
<td>Review of project updates and documentation</td>
</tr>
<tr>
<td></td>
<td>Review of a 1 year review produced by the Lead Organisation</td>
</tr>
<tr>
<td>Focus Group</td>
<td>With Stakeholders</td>
</tr>
<tr>
<td>Semi-structured interviews</td>
<td>A total of 25 Face-to-face interviews were carried out. These included 8 Participants, 8 Stakeholders, 8 Delivery Staff and 1 Funding Representative (from NBBC).</td>
</tr>
</tbody>
</table>
“Time for me” - Progress up to 31st May, 2010

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Nuneaton</th>
<th>Bedworth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Date</strong></td>
<td></td>
<td>19/3/09</td>
<td>29/1/09</td>
</tr>
<tr>
<td><strong>Sessions</strong></td>
<td>129</td>
<td>61</td>
<td>68</td>
</tr>
<tr>
<td><strong>Members (Participants)</strong></td>
<td>150</td>
<td>64</td>
<td>86</td>
</tr>
<tr>
<td><strong>Ante Natal</strong></td>
<td>44</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td><strong>Post Natal</strong></td>
<td>106</td>
<td>42</td>
<td>64</td>
</tr>
<tr>
<td><strong>Ante to Post Natal</strong></td>
<td>17</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td><strong>Post to ante Natal</strong></td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Starting BMI recorded</strong></td>
<td>41</td>
<td>11</td>
<td>30</td>
</tr>
<tr>
<td><strong>Starting BMI 30+</strong></td>
<td>20</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td><strong>Number of above reducing BMI</strong></td>
<td>12</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td><strong>Number of women actively trying to lose weight</strong></td>
<td>74</td>
<td>23</td>
<td>51</td>
</tr>
<tr>
<td><strong>Number of women losing weight</strong></td>
<td>30</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td><strong>Losing more than 5% of total body weight</strong></td>
<td>15</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td><strong>Losing more than 10% of total body weight</strong></td>
<td>3</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td><strong>Average attendance</strong></td>
<td>18</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td><strong>Number attending “Baby Nosh”</strong></td>
<td>11</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td><strong>Number attending “Toddler Nosh”</strong></td>
<td>14</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>Number participating in Exercise</strong></td>
<td>91</td>
<td>32</td>
<td>59</td>
</tr>
</tbody>
</table>

**Other Activities provided**

<table>
<thead>
<tr>
<th>Total</th>
<th>Nuneaton</th>
<th>Bedworth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Footcare</td>
<td>Massage</td>
<td>Resuscitation</td>
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Key Findings

1. The overall success / failure of the project to address obesity.

The limitations in terms of quantitative data made it impossible to fully measure the success / failure of the project to address obesity. Obtaining quantitative data was a considerable challenge for the Lead Agency throughout the 18 month period of the project. Of the 150 women who participated in the project only 41 were willing to have their weight and BMI recorded and monitored. The quantitative data which was available suggested limited success in terms of hard outcomes such as weight loss and reduced BMI. Some Stakeholders argued that the soft outcomes provided the foundation for tackling obesity and that the benefits of the project in terms of hard outcomes would take some time to manifest.

Comments included:
“Currently the measurable outcomes don’t indicate it has been as successful as we would have liked, however some of the subjective outcomes may outweigh that. That’s not unusual for this type of project.”
“Even though the targets haven’t been met, we have still made inroads. It will be years down the line before we know if we have made any difference.”
As can be seen from the table above, the qualitative data suggested considerable success in terms of soft outcomes such as increased confidence and self-esteem, reduced post-natal depression, increased independence etc. In order to capture perceived benefits other than those listed in the questionnaire, a category entitled “Other” was included. A range of responses were provided such as:

“If it wasn’t for “Time for Me”, I’m convinced I would have ended up being depressed again.”

“Once I gained confidence and learned more, I was able to go out with the baby more often, e.g. planning feeds, nappy changes etc.”

“I will ask more questions now, even if I feel stupid. Before I would sit quiet.”

2. Increase in skills for maintenance of health behaviour change / knowledge of risk factors of obesity.

It emerged in the formative evaluation that some Midwives were uncomfortable addressing weight issues with their clients. The final evaluation found that this discomfort continued to be an issue throughout the 18 months of the project. Both Midwives and other Stakeholders highlighted the issue. One Midwife identified it as a key challenge which she had experienced in being involved with “Time for Me”. She stated:
“It was very difficult to “sell” it and to recruit people. It was difficult for Midwives to raise the issue of weight with women. It would have been helpful to have had help with this early on in the project.”

Due to the sensitivity on the part of some health professionals in directly addressing the issue of obesity, the approach taken tended to be that of addressing overall health and wellbeing rather than examining obesity issues in particular. The project Co-ordinator asserted:

“Time for Me” is often seen as a “mother and toddler” group instead of a project to tackle obesity. In the marketing of “Time for Me” and in the referral, it is not stated that the purpose of the project is to tackle maternal obesity. Professionals don’t want to offend the women by using the word. Because of this when the women join the group they are not in the mind-set to tackle their obesity.”

In spite of the challenges detailed above, the Participant interviews did reveal evidence of an increase in skills for the maintenance of a healthier lifestyle. This was particularly the case in terms of healthy eating and healthy eating on a budget. Comments included:

“I learned about eating healthier and how to do dinner for a family on a fiver.”

Comments from Stakeholders and Delivery Staff suggest that this was also true for Participants beyond the sample group.

3. Sustainable developments, holistic approach to health and any changes to quality of life as a result of empowerment developed by communities.

This question was addressed in three sub-sections i.e.

i) **Holistic approach to health** – there was evidence that the project had adopted a holistic approach in two ways i.e. (a) By creating a multi-agency partnership between those using a community model of health and those using a medical model of health and (b) By creating a programme which took cognisance of the whole person and not just weight. One participant expressed it thus:

“It’s nice the babies can bond with other babies. It’s nice to have the facility to meet Health Visitors and Midwives. My doctor’s surgery doesn’t have a Health Visitor. It’s a really lovely course.”
ii) Any changes to quality of life as a result of empowerment by communities There was strong evidence of empowerment at the individual level and some evidence that this was impacting at a group / community level. For example, 88% of the participants interviewed stated that they had become more independent, 63% had become more outgoing and 50% stated that they were better able to deal with health professionals. 100% stated that they had made new friends as a result of the project.

iii) Sustainable developments – these were examined in two categories i.e. (a) Participant and (b) Partner Agencies. The sustainable developments identified by Participants related to four main areas i.e. Parenting Skills, Healthy Eating, Exercise and Peer Support. Comments included: “I learned how to structure the day with a baby, about meal planning – healthy food and on a budget and general information on childcare e.g. feeds, sun-care and so on.”

A striking finding of the evaluation was how few strategies had been put in place by Partner Agencies to make elements of the project sustainable. Some Stakeholders had hoped that the project would be mainstreamed or become part of statutory provision. The absence of funding was cited as a critical issue in terms of the partners being unable to sustain the project beyond the term of the pilot.

4. Capture other additional / unintended consequences.
A number of additional / unintended consequences emerged both in the formative and summative evaluation. They are as follows:

i) Disagreement amongst the partners and delivery staff in terms of the profile of the target audience. Some argued that it should be both women with BMI 30+ and disadvantaged women. Others asserted that it should be disadvantaged women only, whilst others argued the brief should be only women with a BMI of 30+ in order to make the project more focussed.
ii) **Weaknesses in Partnership working, in particular, the absence of Service Level Agreements.** In the course of the formative evaluation, the evaluator learned that it had not been possible to set up formal Service Level Agreements between the partner agencies prior to commencement of the project. The partners had been advised that due to legal complexities it would take approximately six months to create such agreements. It was agreed, therefore, that “good-will” agreements would be entered into. Those agreements were verbal.

The formative evaluation revealed different understanding and interpretation of those “goodwill” agreements both across the agencies and between Senior Personnel and Delivery Staff within individual organisations. The evaluator recommended that written confirmation of staff time and duties be put in writing to the lead agency and funders and a copy be provided to relevant staff members. In the course of the summative evaluation, it was learned that the Manager of the HLN had attempted to implement this recommendation. She drafted a “Statement of Intent” and sent it to senior personnel within all the partner agencies. Only one partner agency i.e. Dietetics signed the document and returned it to the lead agency.

iii) **NHS Partners – internal factors impacted on the project.** Challenges included, getting some staff members to take ownership of the project and staff shortages. For example, one Stakeholder asserted that there was:

> “Not enough “buy in” from some delivery staff, who had their own agendas.”

iv) **Communication issues.** Problems were evident at three levels i.e. (a) Intra-agency communication, (b) Internal organisational communication and (c) Lead Agency to Delivery Staff. Comments included:

> “Communication didn’t always filter down from senior management to delivery staff.”
v) **Lack of openness with Service Users regarding the purpose of “Time for Me”**. Some asserted that the lack of openness in the marketing materials and the referral system regarding maternal obesity impacted on the success of the project. The Findings suggested that the discomfort of some Midwives in addressing the issue of obesity with Service Users was a contributory factor in diluting the focus of the project.

vi) **The benefits of reducing the Health Professionals time at the sessions.** In the first twelve months of the pilot a group of professionals attended for 2.5 hours. This was reduced to a 1 hour slot during the six month extension. The reduction resulted in more focused sessions which benefitted both Participants and Delivery Staff.

vii) **Activity Weekend in the Peak District.** This was an additional output funded by the Family Holiday Association. 40 people participated and whilst there were some challenges, the majority view was that the weekend was a “huge success”.

5. **Good practice**
Both the formative and summative evaluations provided evidence of good practice. This can be grouped into several categories i.e.:

i. Multi-discipline working – combining a medical and community approach to health

ii. The use of a holistic approach to deliver the project

iii. The use of non-medical settings for engagement and delivery

iv. A timetable of events and a varied programme

v. The person-centred approach of the Delivery Staff

vi. A skilled and insightful Co-ordinator (who joined in the second half of the project)

vii. An allocated slot for Health Professionals at each session (this only happened during the six month extension)

viii. Having a formative and summative evaluation

**Summary**
“Time for Me” was an innovative, complex and challenging project. As a pilot project it was inevitable that there would be some “trial and error” in both the design and delivery. Due to the limitations of quantitative data, it was not possible to fully assess the success / failure of the project in tackling maternal obesity. The data, which was available, suggested limited success in terms of the achievement of project targets.

However, the findings provided robust evidence of benefits to Participants in terms of increased confidence and self-esteem, reduced post-natal depression, an increase in knowledge and skills to facilitate and maintain a healthier lifestyle and individual / group empowerment.

Factors which impacted on the effectiveness of the project included internal team issues within some of the NHS teams and the need for more collaborative working across the partner agencies. The resolution of the issues would have required the co-operation of both senior Stakeholders and Delivery Staff. Regrettably this did not always happen.

Critical to the success of a project of this nature was the establishment of a Steering Group and written agreements as to each partner’s input. The absence of Service Level Agreements led to considerable difficulties and tension as the “goodwill” agreements were, subject to varying interpretation.

When discussing the findings of this summative evaluation, we must recognise that: (a) the project may have started a process, the benefits of which were not quantifiable at the time of the evaluation and (b) the benefits may be preventative such as the prevention of diabetes, heart disease etc due to obesity. There was no way of measuring such prevention at the time of the evaluation. When we consider that (a) good mental and emotional health is crucial to leading a healthier lifestyle and (b) hard outcomes may not manifest for some time in a project of this nature, then the “Time for Me” project made solid inroads in addressing health inequalities in the Nuneaton and Bedworth area.

Lessons Learned
As stated earlier, “Time for Me” was a pilot project. Hence it is important that the lessons learned be shared in order to inform future projects. The findings of both the formative and summative evaluation suggest that the following would be crucial in
developing successful initiatives combining medical and community approaches to health:

i. A Service Level Agreement between multi-agency partners

ii. A Steering Group which meets frequently and has as part of its membership decision makers, delivery staff and representatives from participants.

iii. A clear brief for the target audience

iv. A holistic approach to health.

v. The use of non-medical settings for engagement and delivery

vi. A Co-ordinator with expertise in working with the target audience.

vii. An effective referral system

viii. A well organised and varied programme based on ongoing consultation with Participants.

ix. A recognition that hard data may be difficult to obtain.

x. Commission a formative and summative evaluation by an external evaluator.

Conclusion

If academics and practitioners are to effectively inform and influence policy on the theme of adult education and wellbeing, further impartial research needs to be carried out. As stated earlier, this paper aims to contribute to the debate at two levels. Firstly, it provides strong empirical evidence of the contribution of adult education to wellbeing. Secondly it provides robust insight into good practice and the challenge of combining a medical and community approach to health. This paper is just one contribution, many more are needed.

References


Hussey, Ruth Dr., (2010) A glass half full: how an asset approach can improve community health and well-being. This publication was commissioned by the Improvement and Development Agency’s (IDeA) Healthy Communities Programme. www.idea.gov.uk
www.warwickshireobservatory.org. Warwick Observatory, Indices of Deprivation 2007 Briefing Note