Healthy Streets Programme, Kilkenny

Summary report for 2018-19

Newpark Close Family Resource Centre

pobal government supporting communities

CYPSC Children & Young People's Services Committees Carlow Kilkenny

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

hi Healthy Ireland

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Key findings

1. Participants valued the opportunity to have adult-only company

The majority of participants emphasised the value of conversation with other adults. They stated that the opportunity to have adult-only company was an incentive to participate in the programme. This may highlight a degree of social isolation and/or parenting challenges.

This finding is a useful one for future phases of the programme, as the advertisement of a supportive environment for parents to meet and learn new skills may help with recruitment and retention.

2. Attendance was high in both groups

Attendance was consistently good across both groups. In particular, the group in the Newpark Close FRC were particularly motivated to have adult-only company, and this may partly explain their 100% retention rate over the course of the 12-week programme.

The grocery vouchers were also particularly valued by the participants, who reported that they helped with the weekly shopping. Participants received the voucher only if they attended the two sessions each week. This measure also contributed to the high retention rate and would be important to retain for future programmes.

3. Some small positive shifts in health behaviours were recorded

Although it was difficult to see consistent results across both groups, some small and positive shifts in physical activity behaviours were recorded. However, changes were small, and participants indicated that they would struggle to maintain the changes made, once the programme ended. Therefore, health behaviour capacity building during the programme was not evident.

Positive shifts in healthy eating behaviours were not evident.

4. Opposing group characteristics made the detection of healthy change difficult

The two groups differed considerably in terms of socio-demographic characteristics, attitude, and baseline knowledge and behaviour. One group was more ethnically diverse and positively inclined towards the programme, and had higher baseline knowledge and behaviours. Conversely, the second, more homogenous group were resistant to the programme and had lower baseline behaviours.

As a result, it was challenging to see consistent results across both groups, since the starting point for each group was significantly different.

For example, the more positively inclined group reported good cooking knowledge, regular physical activity, and consistent parent-child engagement at the outset of the programme. Therefore, with a relatively high baseline, positive changes were difficult to detect, in part because they were not always necessary. The baseline of the second and more resistant group was lower, so there was more room for improvement. However, positive changes were difficult to detect because of their reluctance to engage with the programme and their unwillingness to create healthy change at home.

If the programme is run again, a follow-up evaluation is advised, to capture more consistent programme outcomes over time.

5. Planning time for the programme was too limited

The facilitator reported that the time allocated for planning and set-up of the programme was insufficient. The consequences of this included:

- Limited time to target families
- Lack of understanding about the programme
- Resistance to the aims of the programme

In one group, their resistance to the programme persisted to its mid-point, i.e. week 6. The resistance was partly attributed to participants suspecting that they had been targeted because they represented socioeconomically disadvantaged households. This generated resentment, which may be reduced with a longer lead-in time. In turn, this may help families to engage with the programme from its outset.

Recommendations

1. Allow more time for participant engagement before the programme

In light of the persistent resistance to the programme among one group, a slightly longer lead-in time may be of benefit. For example, a "Get to know you" session could be held with all participants one to two weeks before the programme commences. This session could involve having a cup of tea and meeting the facilitator (especially if this person is previously unknown to the group), being introduced to other participants, and getting an overview of what the programme involves.

This may help to put the programme into perspective and generate some enthusiasm for it.

2. Consider the balance of participants within groups

In one particular group, the participants tended to reinforce each other's resistant and disengaged behaviour. The families targeted in the Newpark Close FRC were justifiably targeted. However, the consistently resistant attitude among all families selected for this centre meant that there was no parent to challenge the status quo and "resist the resistance". The subsequent negative reinforcement and lack of positive peer modelling made it more difficult for the programme to gain momentum.

If possible, to generate positive peer modelling, the process of selecting families should aim to balance those who have engaged in other programmes and are positively inclined towards the programme, with families who are unfamiliar with the centre and more wary of what the programme entails.

3. Allow more planning time for programme content

Longer planning times are needed to develop and standardise programme content across centres.

4. Review programme length

The programme is still in its initial phase in Kilkenny. While the programme is still under development, a shorter duration of 8 to 10 weeks may be beneficial. This measure will also allow more time for planning and participant buy-in.

Introduction

Chronic diseases such as heart disease, cancer, diabetes and respiratory disease cause over 60% of global deaths. Not only do these diseases greatly impact on quality of life once they develop, they diminish physical and mental health in the lead-up to their development. Fortunately, up to 80% of this disease burden is preventable if positive health behaviours are adopted and maintained over the life course. Positive health behaviours include eating healthily, developing appropriate food management behaviours, participating in regular physical activity and reducing screen time.

Health behaviours established in childhood often track into adolescence and adulthood. As such, helping children to develop positive health behaviours can reduce the burden of physical and psychological illness in the short- and long- term.

However, to help children adopt healthy behaviours, parents and guardians must be provided with the knowledge and skills needed to create a healthful home environment for the whole family.

Barriers to creating a healthful home environment include: poor parental education and cooking skills; lack of access to affordable healthy food; unhealthy social norms; and, an obesogenic physical environment. Addressing these factors requires considerable expertise and resources, and programmes which address these factors using an interactive skills-based approach are more likely to be successful among vulnerable families.

This report describes outcomes from a 12-week health promotion programme called the *Healthy Streets Programme*. It was delivered in two locations in Kilkenny, namely the Newpark Close Family Resource Centre and the Father McGrath Centre.

Programme outline

Locations

The *Healthy Streets Programme* was led by Newpark Close Family Resource Centre (FRC), and made available to approximately 20 families in County Kilkenny, with 10 families recruited to each group. The programme was run in a local centre in each area for 12 weeks:

- Father McGrath Centre, St. Joseph's Road, Kilkenny
- Newpark Close FRC, Kilkenny

The programme was delivered twice weekly in each resource centre for 12 weeks between December 2018 and March 2019. The programme had two key components – healthy cooking and physical activity – that were facilitated using a group approach.

The cookery and exercises sessions each lasted up to 2 hours, so participants were asked to commit 4 hours of their time to the programme each week.

Healthy Cooking sessions

All cookery sessions were led by the Programme Facilitator, who took the lead on managing the implementation of the whole programme. The cookery sessions were guided by the approach outlined in the 'Cook It' Handbook, but tailoring of dishes was deemed necessary by the Programme Facilitator because:

- The 'Cook It' programme was too advanced for some participants
- Participants were not always receptive to the education component of 'Cook It'
- It was challenging to keep participants engaged without altering the cookery content

Cookery sessions were attended by one parent from each household, and in the majority of cases, the mother of the household attended. The cookery was a hands-on group activity, where participants helped to prepare and cook the dishes planned for that session. They sat together and ate the dishes made at the end of the session.

Families were also asked to send at least one photo per week of the meals they cooked at home to the Programme Facilitator. This facilitated sharing between participants and ensured that participants engaged with the programme outside of the resource centres.

Physical activity sessions

The exercise sessions were facilitated by a qualified local instructor. The Programme Facilitator was also in attendance to assist during these sessions. All family members were encouraged to participate in these sessions. Exercise sessions were largely held indoors.

Incentives to help families to implement healthy changes

Incentives provided to families included a €25 voucher for grocery shopping each week, family passes to the local pool, and pedometers.

Information collection

Questionnaires

Participants completed a short questionnaire on their progress at the start, middle, and end of the programme. The researcher was available to assist, where needed.

Focus groups and interviews

Participants were also asked to reflect on their experiences of participating in the programme. The participants shared their as a group, and these conversations were audiotaped.

Challenges

English was not the first language of a number of families who participated in the programme, and this led to some difficulties in collecting detailed data. That said, the essence of what was reported by these participants was still captured.

There was a limited amount of time for planning data collection on this strand of *Healthy Streets*, so if possible, more time could be allowed for planning future iterations of the programme.

Results

Participant characteristics

Twenty families originally engaged with this programme; ten families were recruited to each centre. Two families withdrew from the Father McGrath Centre and the Newpark Close FRC retained all participating families. Therefore, 18 families completed the programme.

The average age of participating parents was 41.5 years, with the youngest aged 29 years and the oldest aged 60 years. Eight mothers provided details on their partner, who were aged 42.1 years on average, and who ranged in age from 29 to 60 years.

Mothers had an average of 2.9 children. The number of children in the participating families ranged from 2 to 6 children, who in turn ranged in age from 5 months to 21 years.

Most (*n*13) parents were Irish, but a quarter (*n*5) were Spanish, one was from Sudan, and one was British. Two participating parents were from the traveller community.

Reasons for participating in the programme

Participants reported the social aspect of the programme was particularly important for their participation. They wanted to meet others and to have a place to go for other adult company and to have a *"break from the house and time out"*. Some participants also reported needing a space that enabled them to have a break from their children, *"Good to sit without the kids once a week"*. In the case of the Spanish families, some mothers wanted to learn English as well as meeting other parents and having some adult company.

Participants alluded to, but did not emphasise, the potential benefits of participation on practical cookery skills and maintaining health.

Cooking and food behaviours

Using a scale of 1-10, participants were asked to rate their confidence in their cooking skills at the start and end of the programme. In Week 1, participants had an average rating of 7.0, which indicated that they were confident in their cooking abilities. By Week 12, this had increased to 8.4 out of 10, so they became more confident with cooking.

As shown in **Table 1**, there was no significant change in frequency of cooking family meals over the course of the 12-week programme. However, most participants were already cooking every day at the outset of the programme, so a significant change in the frequency of cooking may not have been needed.

Table 1. Change in the proportion of parents cooking family meals during Healthy Streets

	Start		End	
	%	*n*	**%**	*n*
Rarely	6.3	1	6.3	1
1-2 times per week	-	-	-	-
3-4 times per week	12.5	2	6.3	1
5-6 times per week	12.5	2	18.8	3
Everyday	62.5	10	62.5	10

When asked about the challenges of getting family members on-board to make healthy changes, participants rated the challenge as 3.9 out of 10, indicating a low level of challenge.

Through discussion with the group in the Father McGrath Centre, it was clear that many families were already engaging in positive practices, and that they were already motivated to maintain healthy behaviours. Therefore, this figure of 3.9 may reflect the fact that families were already in the habit of making positive lifestyle changes, so further changes were not needed, or were not challenging to make. However, during the discussion in the Newpark Close FRC, it became apparent that families would struggle to initiate or maintain healthy changes. Therefore, for this group, the average figure of 3.9 out of 10 seems to indicate that attempts to create healthy changes were limited, so challenges were not experienced.

Therefore, this figure is indicative of existing positive practices among some families and the more challenging issue of suboptimal engagement with the programme among other families.

Exercise behaviours

Using a scale of 1-10, participants were asked to rate their confidence in being able to independently engage their children in physical activity. In Week 1, they had an average rating

of 5.1, which indicated that they were slightly confident. By Week 12, this had increased to 7.1 out of 10, indicating that parents had become more confident with exercising with their children. This change in *attitude* was matched by some changes in *behaviours* (**Table 2**).

As shown in **Table 2**, there was a positive shift towards an increased frequency of being physically active over the course of the 12-week programme.

Table 2. Change in the proportion of parents exercising with their children

	Week 1		Week 10	
	%	*n*	**%**	*n*
Never	-	-	-	-
Rarely	18.7	3	6.3	1
1-2 times per week	6.3	1	12.5	2
3-4 times per week	43.8	7	37.5	6
5-6 times per week	6.3	1	6.3	1
Everyday	12.5	2	25.0	4

When asked about the challenges of getting family members on-board to make changes, participants rated the level of challenge as 4.1 out of 10, indicating a low level of challenge.

However, mirroring the discussions had on cooking and food behaviours, it was apparent that many families in the Father McGrath Centre were already engaging in positive practices, and that they were already motivated to maintain healthy exercise behaviours. And again, during the discussion in the Newpark Close FRC, it became apparent that families would struggle to maintain the healthy changes initiated. For these, the figure of 4.1 out of 10 indicates that families may not have made significant attempts to change exercise behaviours, and therefore, with the lack of trying, the level of challenge to change behaviour is irrelevant.

Therefore, this figure is again indicative of existing positive practices among some families and the more challenging issue of suboptimal engagement among other families.

When asked about their confidence in maintaining positive exercise behaviours upon finishing the programme, all families, except the Spanish families, reported that they were not confident to sustain healthy changes in terms of exercise.

Participant views on the programme

The two groups in this programme had opposing attitudes towards the programme and classes. While the group in the Father McGrath Centre were positively inclined towards the programme from the outset, participants in the Newpark Close FRC were far less so, with the Programme Facilitator reporting significant resistance to the programme from the group during its first 5 weeks, and continued but less intense resistance thereafter.

The vouchers were viewed positively by all

The vouchers were appreciated by all families, with many stating that it helped make food shopping easier. Some families were vague regarding using the voucher to buy healthier food, with many stating that it helped with the overall weekly shop.

> *The voucher is a help with the usual shop, but we might get a few new things too.* [Newpark Close FRC]

Attitude towards cooking and family meals became more positive for some

One participant highlighted that the programme had helped her to view cooking and family meals more positively.

> *I never made meals from scratch, I had never made soup before. But you realise that it's not rocket science, you know? We can cook, we just need to give it time. So it was an eye-opener to just give yourself the time to eat together.* [Father McGrath Centre]

Resistance to the healthfulness of the dishes made in one centre

Upon experiencing significant resistance from participants in the Newpark Close FRC, the Programme Facilitator deemphasised the 'Cook It' programme, and instead invited the group to suggest favourite family dishes, so that these could be made using healthy techniques.

This tactic helped foster a more inclusive environment in which participants' views were heard and acknowledged.

However, during discussion, participants stated, *"We didn't make healthy things."* After some follow-up questions from the researcher, however, they acknowledged that they made wraps, omelettes, and stir-fry, for example. Therefore, it is possible that some participants had yet to put the programme into context, and remained somewhat resistant towards the programme, even at its end.

Attitudes towards increased family time were variable between families

Attitudes towards spending time with children varied between centres. Some families, particularly the Spanish families, were very positive and engaged with the physical activity sessions.

> *My husband, he has come to the exercise. He works in Spain three weeks a month and here one week. He found the classes funny! He plays with the children when he is home, and I cycle with them – but classes together have been nice.* [Father McGrath Centre]

One participant acknowledged that the physical activity sessions were highly enjoyable for her children, and that they created a valuable space for positive parenting.

> *Being busy the whole time, I wasn't enjoying the kids, really. But it was brilliant fun.* [Father McGrath Centre]

However, the same participant did not seem to have acquired the skills to maintain physical activity with her children outside of the programme, stating, *"I can't say that's kept going…we're back to normal now."*

Participants in the Newpark Close FRC did not seem to grasp the aim of the physical activity sessions in terms of having family time. They fixated instead on the logistical challenges of getting to the activity centre and the time of the sessions. They also discussed the difficulty the facilitators experienced in managing the children in the room, and did not seem to realise that they also had a role in helping to manage and engage the children during exercise.

> *They should have separate sessions for the parents and kids. It's too much to balance the kids and adults together.* [Newpark Close FRC]

These participants were generally motivated to take part in the programme to have time away from their children, and it seems that this disengagement from their children persisted. This may be the result of participants not fully realising the aim of the exercise sessions.

Participants did not always have an inclusive attitude

Some participants felt aggrieved that families who had not lived in the area for long (were not *'local'*) were offered places on the programme. Work is needed to explain how participants are invited into the programme, to promote an inclusive atmosphere and to ensure that the process is as transparent as it can be, whilst still maintaining participant confidentiality.

> *I was the only person on it from the community. There were seven foreign families and everyone I spoke to was complaining. The Newpark group were from Newpark, and it's wrong to be a member of the community and to be told there's a waiting list because seven foreign people have places ahead of you.* [Father McGrath Centre]

Although this quote indicates a serious challenge, sufficient planning and preparation for the programme before it commences may help attenuate some of the challenges implied by this individual.

Ability to sustain changes after the programme was variable

A small number of families were already engaging in positive health behaviours prior to the programme. They enjoyed the cookery and physical activity sessions, not so much because they learned new knowledge, but because these sessions were sociable and provided opportunities to speak English.

However, of the majority of families involved, there was little indication that they would be able to sustain the healthy changes made independently. This highlights three key issues:

1. Baseline knowledge and skills were low
2. More planning and a longer lead-in to the programme are needed to reduce resistance
3. Consideration needs to be given to follow-up programmes and opportunities to increase capacity-building among participants

For example, upon being asked by the researcher on how they felt about being able to sustain some healthy changes once the programme ended, participants in Newpark Close FRC generally replied, "*Nah, probably not going to maintain it now."*

Perspectives of the Programme Facilitator

Insufficient planning time negatively impacted on engagement with the programme

The facilitator observed that with limited time to prime participants to engage with the programme, they did not properly understand what the programme was trying to achieve.

> *They didn't understand the programme, but they totally knew why they had been asked to participate. So even though the programme is there to help, they resisted it, probably for no real reason other than to push back and say, you know, "We'll show her."*

The facilitator reported that the families knew they had been targeted because they represented disadvantaged households. This seemed to offend some parents, which led to resistance and significant challenges with meaningful engagement.

> *There was no 'group ethos' at the start here [Newpark]. It was just fragmentation and resistance, where they were critical of each other, critical of me…it was just…100% resistance. The whole morning would be focused on the cigarette break, you know?*

The mix of families in a group needs review

The facilitator stated that she felt that the right families had been targeted by the programme, but that grouping families with such intensive needs together is questionable, as it impedes engagement and lacks positive peer modelling.

> *They were very childlike – they are adult kids. It was like putting all the bold children together in the classroom. There's no-one to rub off on them in a positive way.*

This point comes back to the planning and preparation piece, where, with more time for targeting and recruitment, groups could be better balanced.

The programme was above the level of some families

The facilitator felt that for some families, the programme went *"too deep, too fast".*

> *They are fixated on having a break from the kids – completely and utterly fixated on it. So, the business about bonding with family is too much. I mean, asking them to do anything as a family – they can't bear it. Yes, you had moments of involvement, but it was just that – moments.*

This possibly indicates the need to have shorter exercise sessions in smaller groups. For example, the exercise could involve having 2-3 families in a room for 20-30 minutes, so that the time spent with children is less overwhelming for parents, the group size is more manageable for facilitators, and the families get more intensive support to help them to engage. Once these 2-3 families are done after 20-30 minutes, the next set of 2-3 families arrive, and have their exercise. As the weeks pass and improvements are seen, the exercise sessions could be amalgamated, so that there are more families together, exercising at the same time.

Supervision during physical activity sessions was difficult

The facilitator stated that due to the behavioural issues that existed within the group, physical activity sessions were challenging for her, and for the instructors. She highlighted the dangers that children posed to themselves and others.

> *I'm actually amazed that no-one was hurt during those sessions [physical activity]. I mean, the kids would be running wild – wild – and the mother is just standing there looking at her phone. I would come out after, thinking, 'Thank God no-one was hurt'.*

The use of positive peer modelling may improve this, but the number and capacity of facilitators to oversee these sessions also needs consideration, to protect all parties involved.

Conclusion

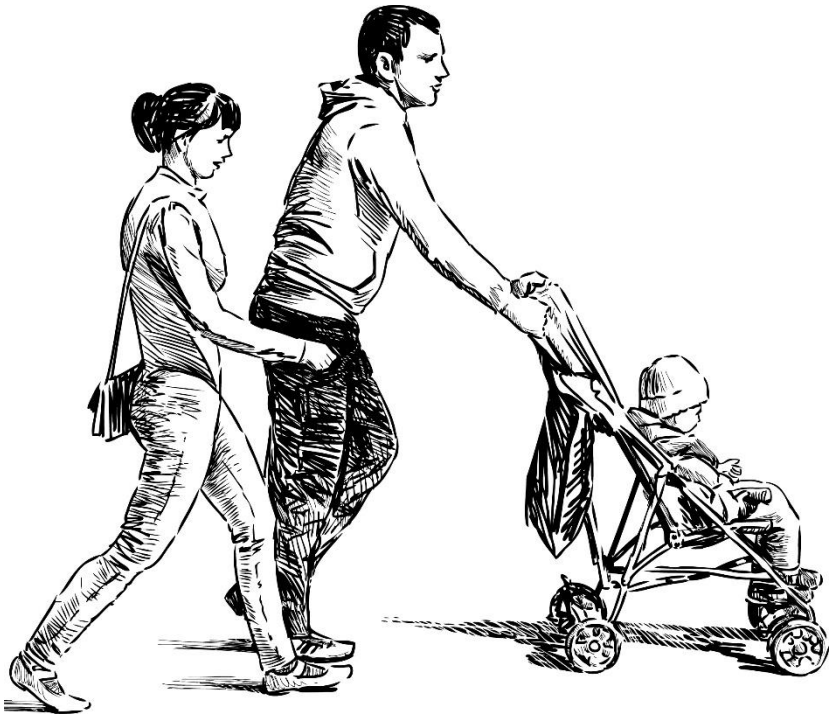
The implementation of this phase of *Healthy Streets* was not without challenge. The principal challenges recorded included insufficient planning time, suboptimal participant engagement, and a lack of capacity building to maintain healthy changes made. However, the knock-on effect of simply allowing more planning time could be significant, as it may help:

- Improve participant understanding of the programme
- Increase participant buy-in and enthusiasm
- Motivate families to prepare for making healthy changes together

Therefore, in resolving one key challenge, some of the other challenges may also be reduced.

Positively, the programme did spark some tentative healthy changes among the families that most needed these changes. These families had a 100% retention rate on the programme, viewed the grocery vouchers favourably, and reported small changes in physical activity behaviours. Although these changes may appear small, the value of these families potentially remaining engaged with the centres is significant. If these families can be encouraged to continue to engage with the centres, the conversation on family health will remain open, and this is an invaluable step in the right direction for family health and wellbeing.

Notes



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