



# Take the Health Challenge Project Report



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# Introduction

**ARC Cymru** is part of the UK-wide Association for Real Change, a charitable membership organization that supports service providers for people with learning disabilities. ARC Cymru helps its members across Wales to promote the health, well-being, independence and inclusion of the people they support.



**Take the Health Challenge** was a 12-month project that set out to address the health inequalities faced by people with learning disabilities across North Wales by providing them, the staff who support them, and members of their wider circles of support with the tools to begin to address the significant problems of obesity, overweight, sedentary lifestyles and ill health.



Our aim was to raise awareness of the need for and benefits of exercise and eating well amongst people with learning disabilities, complemented by a programme of training for their staff, and a pilot programme of tailored intervention to further explore what types of support are most effective for people with learning disabilities who want to make positive changes in their lifestyle.

## The health inequalities

The inequalities in health experienced by people with learning disabilities have been increasingly highlighted over recent years. In 2004, research carried out by the Institute for Health Research at Lancaster University highlighted that people with a learning disability die at a younger age than the general population (they are 58% more likely to die by the age of 50) and that they have high levels of need for physical and mental health care that remain unmet. The Disability Rights Commission's formal inquiry *Equal Treatment: Closing the Gap (2006)*, into the health inequalities experienced by people with learning disabilities showed that they:

- Are much more likely to have significant health risks and major health problems. For people with learning disabilities these particularly include obesity, diabetes and heart disease.
- Receive fewer screening checks – such as cervical smears – or routine blood pressure or cholesterol checks for existing health conditions, such as heart disease and strokes, than the rest of the population.

- Have fewer body mass index measurements than other patients with diabetes.
- Suffer from 'diagnostic overshadowing' where physical health problems are seen as part of the learning disability.
- Are especially likely not to secure access to primary care, particularly if they live in residential care.
- Are particularly likely to live in poverty. Health inequalities are reported to be significantly worse in economically deprived groups, with a heavier reliance upon fats and sugars in the diet and a lower consumption of fruit and vegetables.
- Receive less dietary advice than the rest of the population if they are obese.

Some of these health inequalities are likely to relate to lifestyle issues. Coronary heart disease is the second most common cause of death. Incidences of cancer in people with learning disabilities are increasing rapidly, with proportionally higher rates of gastrointestinal cancer (48% to 58.5% compared to the general population's rate of 25%). They are also more prone to diabetes due to sedentary lifestyles and obesity.

Physical activity, sedentary behaviour, nutrition and obesity are priorities on the health agenda for Wales. We are told that increasing numbers of us are becoming fatter and less fit, but the fact is that this is more true for people with learning disabilities.

In 1996, the summary of findings of the Health Survey conducted by the Welsh Office noted that only 1 in 10 people with a learning disability had a healthy diet, that almost a third were overweight and nearly a quarter were obese. More recent research (*Valuing People*, Department of Health) has concluded that people with learning disabilities living in the community are more likely than the general population to be obese (56% of men, 73% of women). They also note a general insufficient uptake of fruit and vegetables and a lack of knowledge and choice of availability of healthy food options. They state<sup>1</sup> that 80% of people with learning disabilities do less physical exercise than is recommended. Immobility, lack of opportunity, poor staffing, financial and transport problems are often the cause.

<sup>1</sup> Cited in the *A-Z of Health Issues Affecting People with Learning Disabilities*, Gloucester Partnership NHS Trust, Valuing People Now website.

## Why are people with a learning disability less likely to lead healthy lifestyles?

In a recent publication<sup>2</sup>, the Slough Assertive Outreach Team reported that 90% of their 55 service users suffered from a multitude of lifestyle-related conditions, including obesity, diabetes, high cholesterol, respiratory disease and heart disease.

A study into the health of more than 1000 people with a learning disability in Bristol<sup>3</sup> found that 60% were overweight or obese. 40% of the females were obese, compared with 28.3% of the males. The Department of Health has published both national and regional rates of obesity among the general population (Department of Health, 2006). The most recent available figures are based on data from 2003. In the South West of England, 46% of males were classed as overweight and 23% as obese. The equivalent figures for females were 35% and 21%.

A research study<sup>4</sup> into the body mass index in adults with learning disabilities sought to investigate the factors associated with obesity. They found that people with mild learning disabilities who are living independently in supported living accommodation or at home with family are at greatest risk of obesity.

They identified a limited understanding about health risks, limited opportunities to gain appropriate knowledge, poor eating behaviour, high calorie intake, reduced exercise, fewer opportunities for physical activities, and low income as contributory factors.

Other predisposing factors have been identified<sup>5</sup>:

- Medication
- Hypothyroidism
- Mental health problems
- Limited access to exercise
- Lack of knowledge
- Boredom
- Communication difficulties
- Provision of poor diet by services
- Attitudes of carers/staff
- Low self-esteem
- Sedentary lifestyle
- Inappropriate use of food as reward
- Lack of literacy skills
- Lack of power and control over life
- Low income

<sup>2</sup> *Promoting Physical Well-being in Mental Health and Learning Disabilities – a training resource in reducing physical health inequalities*, Ellison, A., Dwyer, T., and Hardcastle, M. (2009)

<sup>3</sup> *The Health of Adults with Learning Difficulties in Bristol: A survey of more than 1000 patients from 28 primary care practices within Bristol PCT*, Gale, L. Russ, L. and Habib Naqvi, H. (2008)

<sup>4</sup> *Body mass index in adults with intellectual disability: distribution, associations and service implications: a population-based prevalence study*, Bhaumik, S. et al: *Journal of Intellectual Disability Research* 52 (4), 287–298 (2008)

<sup>5</sup> *Managing and treating obesity in people with learning disabilities*, Jeffreys, K., *Learning Disability Practice*, 2(4) 30-34 (2000)



# The thinking behind Take the Health Challenge



**Take the Health Challenge** sought to address the health inequalities faced by people with learning disabilities across North Wales by providing them, the staff who support them, and members of their wider circles of support with the tools to begin to address the significant problems of obesity, overweight, sedentary lifestyle and ill health. The intention was to do this through awareness-raising sessions for people with learning disabilities (**the Happy Heart Group**), complemented by a programme of training for their staff, and a pilot programme of tailored intervention to identify the key factors in supporting people with learning disabilities to make positive changes in their lifestyle: **the 21-Day Challenge**.



Take the Health Challenge follows on from two earlier projects; **Our Good Health (Ein Iechyd Da)** in 2006-7, and the **Anglesey Happy Heart Groups** (2007-8).

## Our Good Health

**Our Good Health** was a 12-month pilot project on the Isle of Anglesey, North Wales that sought to identify the barriers to good health encountered by people with learning disabilities on the island and to take steps to remove those barriers.



We highlighted the following factors as having an impact upon people with learning disabilities:

- They were largely untouched by standard health promotion literature and campaigns.
- There was a general lack of accurate knowledge and understanding about what constitutes a healthy lifestyle by people with a learning disability and those who support them.

- There was a widespread dependence upon the quality and accuracy of the knowledge, and the cooking skills of the people supporting them.
- There was a widespread disengagement from food (low levels of growing food, shopping, meal planning, preparing and cooking).
- They are vulnerable to misleading or complex food labelling and can be very susceptible to marketing messages on TV.
- The perception that low fat choices are for the overweight.
- A lack of training to enable support staff to better enable someone to lead healthier lifestyles.
- A general low expectation about what people can achieve in terms of fitness and physical health.
- Sedentary lifestyles are very common, and meals can become very significant events.
- There may be a family or service culture of sedentary lifestyle.
- Portion sizes can be far higher than is necessary for very low energy expenditure.

In-depth interviews were conducted with 36 people with a learning disability at the start of Our Good Health. Of those, 33 people actively wanted or were contemplating making changes to their lifestyles. These ratios were re-echoed by many more people as the project progressed, but the overwhelming sentiment was that, if lifestyle changes were to be made, they would need help to do it.

Our Good Health also showed us that people with learning disabilities have their information channeled through either support staff or carers, so the degree and accuracy of the knowledge of supporters is a decisive factor. While staff may be willing to support people to make changes, many felt ill-equipped to do so because they lack the basic information about what constitutes a healthy lifestyle. We spoke to many support staff as part of the project, and 41 gave us their views in our formal questionnaire (see Appendix 3, page 42). 38 had received no training in how to support their service users in living healthier lifestyles at all.

In Our Good Health, the key issue was lack of information. The most pressing problems were the low levels of awareness of the causes of heart disease, what constituted a healthy diet, and the importance of exercise. We responded to this with a range of resources that were accessible to as many people as possible. We designed and distributed easy read, bilingual booklets (*Eat well*), bilingual cd-roms



The ARC Eat Well booklet in English and Welsh

(*Our Good Health* - with voice tags to enable people who can not read to utilise them), and filmed and distributed a DVD, entitled *Take the Health Challenge* and also devised and piloted the first Happy Heart Group.

Our Good Health gave us huge insight into the difficulties that people with learning disabilities face when trying to make improvements in their own health. This first project served to identify barriers, produce resources and raise awareness. What it did not give us was insight into the realities of providing targeted support to individual people to make lifestyle changes.

**The final project report can be downloaded from <http://www.arcuk.org.uk/wales/999112/en/our+good+health.html>**

Our Good Health left us with unanswered questions: once people are adequately informed about the dangers of poor lifestyle choices and of the benefits of healthy eating and exercise, what helps people to make implement changes? What makes it difficult to sustain or initiate change? We wanted to progress what we learned in Our Good Health by exploring ways to encourage positive lifestyle changes in Take the Health Challenge.

Take the Health Challenge was our response to the wider issues identified in Our Good Health.

- A staff training programme was designed to fill an identified gap in knowledge so that staff would be better equipped to enable the people they support to lead healthier lifestyles.
- The Happy Heart Groups were designed to give people the basic information that is essential if people are to make informed choices.
- The 21-Day Challenges were designed to test what was helpful and what was not when supporting people to make lifestyle changes.



The Take the Health Challenge DVD



The Our Good Health Project Report



# Take the Health Challenge

## Meeting people where they are

There are several models that are widely used in public health promotion. **The Stages of Change** model seems particularly applicable to what we have seen in the field. It suggests that people can be grouped into clear stages of readiness for change. Success in enabling changes in habits or lifestyle depends upon which stage a person is at:

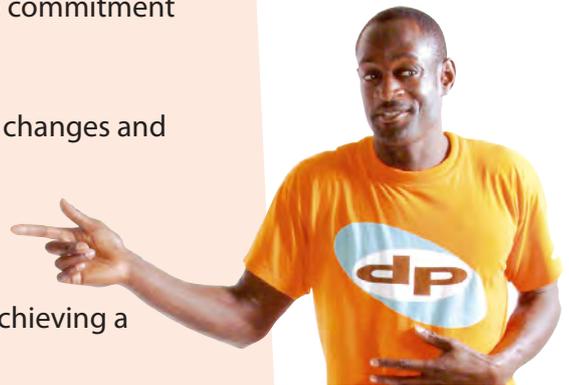
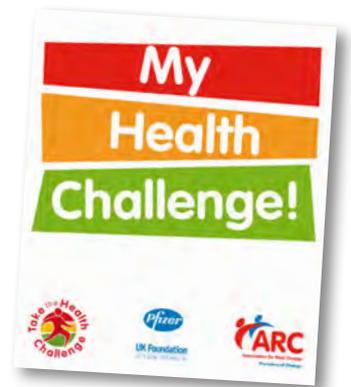
**Pre-contemplation:** the person is not thinking about changing their behaviour. They are not aware that they have a problem and are likely to resist any pressure to change.

**Contemplation:** the person is aware that there is an issue and realises that they must do something about it but has not yet made the commitment to change in the near future.

**Preparation:** the person begins to make small behavioural changes and makes a commitment to action in the near future.

**Action:** the person takes action to alter their behaviour.

**Maintenance:** the person continues their efforts towards achieving a permanent change.



The individuals who took part in Take the Health Challenge, whether through Happy Heart Groups, staff training or the 21-Day Challenge were at one of the above stages of change. Each of the project elements was largely successful in meeting people at the place they were at: The Happy Heart Groups are not diet clubs and the focus is not on weight loss – their purpose is give people who are unaware that they need to change the basic information to enable them to progress from pre-contemplation to an awareness that there is an issue. Similarly, the staff training quietly invites people to look at their own lifestyles while

underlining the responsibility that each staff member has to actively support, promote and encourage a healthy lifestyle within their service.

## Moving through the 'Stages of Change'

An example of how people move through the Stages of Change comes to us from our project work on Anglesey. Our first health project was very much concerned with providing information to people in the Pre-contemplation stage. Some of our current Take the Health Challenge participants were direct or indirect beneficiaries of that first project, which completed in 2007. One person has lost 1.5 stone in the interim and another has lost more than 6 stone. This astounding outcome was achieved after he became interested in, "Getting fit and healthy," after appearing in the *Our Good Health* DVD. He has moved quietly and steadily from Pre-contemplation through to Maintenance and his story is inspirational.

## Take the Health Challenge – key facts

### Project objectives:

1. To identify the factors that assist or hinder people with learning disabilities in making lifestyle changes and assess what kinds of targeted support are most effective.
2. To promote methods and findings across Wales and the UK to service providers (ie, organisations providing residential care and 'supported living' home care), policy makers and other stakeholders.
3. To increase understanding of healthy living and the importance of maintaining a healthy heart amongst people with learning disabilities who receive support services through the delivery of Happy Heart Group sessions (as piloted in the *Our Good Health* project).
4. To improve the ability of support staff to support people with learning disabilities to lead healthier lifestyles.

**Key activities:**

- We delivered eight 6-week 'Happy Heart' sessions to groups of people with learning disabilities and their supporters.
- We piloted a system of targeted, measurable support for people with learning disabilities to work towards their healthy lifestyle goals with the help of key supporters – the 21-Day Challenge.
- We used the Caroline Walker Trust resource to develop a quality staff training, *How to Support People With a Learning Disability to Lead Healthier Lifestyles*, so increasing their ability to support their service users to make long-term lifestyle changes.
- We promoted the project, its activities, its findings and other health-related resources and information in a project e-bulletin, to learning disability service providers across North Wales. We presented at two conferences – the *Learning Disability Wales Annual Conference 2009* and *Conwy Connect's Healthy Lives Conference* – to people with learning disabilities, parents and carers and health and social care professionals at a learning disability health conference in North and South Wales. We also had a feature in ARC's *Changing Perspectives* magazine for members, which was distributed to service providers throughout the UK.

**The numbers****Original targets:**

- 50 people with learning disabilities will receive Happy Heart Group sessions.
- 20 of those people will undertake a 21-Day Challenge.
- 100 staff from at least 10 service settings will receive the 1-day staff training.
- 60 people in the wider circle of support will have their understanding of what constitutes a healthy lifestyle increased.





74 people received Happy Heart Group sessions

### Final number of beneficiaries

- 74 people with learning disabilities received Happy Heart Group sessions.
- 21 people with learning disabilities undertook a 21-Day Challenge.
- 4 people from their circles of support undertook a 21-Day Health Challenge.
- 122 staff from services across North Wales have attended our staff training day, *How to Support People with Learning Disabilities to Lead Healthier Lifestyles*.
- 89 people from their circles of support had their understanding of what constitutes a healthy lifestyle increased through the Happy Heart Groups or engagement in the 21-Day Challenge.
- 320 people benefitted indirectly from the project e-bulletin and conference sessions.

The project was active in all counties of North Wales.

When this project was in the planning stage, we envisaged a seamless transition in which service providers identified a group of people being supported by that organisation who would like to undertake the Happy Heart Group accompanied by staff who had been through the staff training and leading to the identification of people willing to participate in the 21-Day Challenge with a designated buddy. Unfortunately, we were not able to achieve this level of streamlined and coordinated engagement. In an ideal world, this would still be the case, but, in reality, there were no organisations able to coordinate this process from within.

The level of communication between the training department and the service managers to be able to coordinate a process of training and culture change that goes beyond the traditional 'release as many staff as we can for a training day without disrupting the level of service provided' is just not in place in most provider organisations. However, a situation in which what is learned in training acts as a catalyst for culture change throughout the workplace is clearly desirable.



# The Happy Heart Groups

Group work has long been seen to be an effective way to promote well-being and weight loss for people with a range of conditions or vulnerabilities. Although the study was small, Laidlaw et al (2008) found that it is possible to change the health knowledge of people with learning disabilities through use of interactive methods and materials in accessible format. The Happy Heart Groups would confirm the findings of that study. The programme outline can be found in the appendix.

*“The Happy Heart Group has had a good effect. The certificate is on his wall and it’s a constant reminder. It’s a focus for us all.”*

## Outcomes and observations

Seventy four people with learning disabilities took part in a Happy Heart Group. Sixty people from wider circles of support were also engaged. Local Learning Disability Teams were enthusiastically supportive and groups in Wrexham, Denbigh and Colwyn Bay were regularly attended by learning disability nurses and physiotherapy staff.

*"I learned about healthy food. It's been good hasn't it?"*

*"I ate green beans today and I eat more bananas. I think more about what I eat now."*

*"I eat more fruit now like apples and pears. I know chips aren't good for you."*

*"Thank you very much for bringing us the Happy Heart Group. We enjoyed ourselves and learnt loads. We will continue to keep up the good work."*

*"Everyone who participated with the Happy Hearts courses thoroughly enjoyed their involvement. The courses were delivered at a level which matched the students own ability levels, the content was varied and encouraged participation. The course tutor was very good at understanding the students and quickly gained a rapport with them, which enabled them to settle and return week after week."*

We have found that tailored information, either over a two hours a week, 6-week period, or delivered as individual, full days can be very helpful in increasing what people with learning disabilities understand about healthy lifestyles and the need to keep their hearts healthy. The groups provide a strong focus, peer support and a positive environment. If we accept that, 'Small changes make a big difference' then even the smallest nugget of information retained can have a very positive impact upon someone's health (as comments from participants show).

Weight and blood pressure measurements were taken at the beginning and end of the course, largely to highlight some of the issues around health in a 'hands on' way rather than with the expectation that there would be any statistically significant changes over a 5-week period. There was actually a net gain in weight of 0.5 kg, although this was hugely variable. It should be noted that this figure is skewed by a 1.8kg weight gain amongst the 10 participants on the final course, which ran through December and the build up to Christmas. Overall, there was a small decrease in blood pressure but as blood pressure is variable in individuals it cannot be seen as significant.

Knowledge was assessed at the beginning and then end of the courses by using easy-read questionnaires. Overall, it was found that knowledge about what constitutes a healthy lifestyle increased, and dramatically so in some individuals. However, there are significant variables that reflect the difficulties in assessing knowledge in this hugely diverse client group. Our observation was that, despite being instructed not to, support staff were inclined to offer more 'help' in the initial questionnaires than at the end when the environment had become more familiar. This meant that the initial results were artificially high.

Feedback from participants suggests that the groups were all successful. Most significantly, there was a low dropout rate. Only three people dropped out, two because of transport difficulties and the third because of a rearrangement to the hours in which external support was provided. The final group was difficult because the majority of participants were non-verbal. The most successful groups are those in which there are a range of abilities.

The group in Llandudno was dynamic in attendance, with some people not attending all sessions. The group took place in an open plan day centre where there were many distractions and alternative activities and some participants

preferred to engage elsewhere. However, the culture of the day centre became very focused on health promotion, having an influence even on the people who did not participate in the Happy Heart Group at all. Exercise sessions using the Leanne Grose DVD are now regular. Discussions have begun about the size of the lunches at the centre, as it was realized that some service users are eating two large meals every day. Day centre users are now encouraged to walk to outside activities if they are within the town, rather than using transport with the obvious health, environmental and cost benefits.

Whilst intention is one thing and action another, most participants resolved during the final Happy Heart Group session to make changes ranging from eating more fruit, to joining a gym. Most participants had made a shift in awareness, from pre-contemplative to contemplative stages. Follow up was difficult – the Happy Heart Groups were an ‘artificial community’, referrals often came through community learning disability teams who did not have the resources to contact people individually after a set period of time to assess changes. However, where we were able to gather feedback, the results were very positive. Some people had indeed made small changes in habits, and others had taken significant action.

*“Everyone here is much more aware of what we eat now. We’ve bought a Wii Fit and we’ll be using Leanne’s DVD in the afternoons. We go to the Nursery once a week and now I say, ‘Remember what they said in the Happy Heart Group! Let’s walk there!’”*

*“Jenny’s taken up aqua aerobics since the Group ended. She takes it all really seriously now. People are amazed. They say, ‘Who? Jenny?!’”*

**Margaret in Denbigh** has embraced the ideas, followed a 21-Day Challenge enthusiastically with the excellent support of her support staff and has, apparently, had a significant impact on the house in which she lives with two other service users.

**Shelley in Llandudno** has become much more health conscious and is making a huge effort to reduce her weight. Over the five weeks she lost 4kg in weight, which brought her BMI down to 42.3. She subsequently signed up for a 21-Day Challenge and continues in her efforts.

**Robert from Denbigh** now exercises regularly and eats much more in the way of fruit and vegetables.

**Emma from Wrexham** has new ideas and greater resolve in her efforts to shed the weight she needs to lose in order to reduce her BMI to below 30.

*"Since coming to the sessions I drink a lot less coke. I used to have three bottles a day. Now I just have diet coke and only one bottle. And I don't have sweets and chocolates every day. I do feel better for it."*

Supporters also gained from the courses. Rachel in Denbigh was shocked to discover that the (much thinner) person she supports was obese, and determined to draw a line under her own lack of fitness and poor diet. She joined a gym and now watches what she eats very carefully. Another staff member in Denbigh jokingly told us that we are very unpopular with her family as she no longer fills the larder with cake and biscuits! Another staff member ate a piece of fruit for the first time in years and was forced to admit that it wasn't as bad as he had feared.

*"I really enjoyed the Happy Heart Group and found it very useful in relation to the health promotion work we do as nurses. Most of our work is very individual and based around the person's own needs. However, your group highlighted the need for some further basic-level understanding prior to 1:1 work. It was very positive for clients but I also felt that you educated some of the support staff at the same time. The content of the group was basic enough and met the understanding levels of all involved. Interaction was of high importance to the group leader, which helped to keep the clients interested. Tools used (Powerpoints, DVD etc.), were visually effective communication for this client group. These were also excellent and have given me some good ideas. I loved the trying of fruit, veg and juices in the breaks – it gave clients another good reason to come. All clients enjoyed the group setting and appeared to gain a lot from this. Many thanks for allowing me to come to the sessions."*

*"We're all thinking about healthy lifestyles now – across the whole county, the whole team. We're all focused on it."*

# The staff training

The Caroline Walker Trust has produced a number of excellent resources for those working with people with learning disabilities. *Eating well: children and adults with learning disabilities* (Dr Helen Crawley, 2007), is a set of guidelines that summarise the current evidence on the nutritional needs of children, young people and adults with learning disabilities in the UK. It looks at issues around nutritional health, food choice and eating well and provides both nutritional and practical guidelines to promote eating well.

*Eating well: supporting adults with learning disabilities – Training Materials* (also by Dr Helen Crawley and published in 2009) is a training pack for those who support adults with learning disabilities. It provides a simple, practical and informed guide on how to encourage eating well. **Both resources are available from [www.cwt.org.uk](http://www.cwt.org.uk)**

We prepared a series of Powerpoint presentations based upon Dr Crawley's materials, structured into a 6-hour training session, in order to make the training accessible to as many services as possible. The 'full day' style of training is currently preferred by many providers as a way of releasing as high a number of staff from an individual service as possible.

A total of 122 staff undertook the training. The outcomes from the day were measured using a questionnaire at the start of the day and repeating the same questionnaire at the end of the day. We measured actual knowledge and perceived knowledge and confidence to support people to lead healthier lifestyles. Actual knowledge rose by 15.5% and perceived knowledge and confidence increased overall by 10.2% and 17.2% respectively. The participants were overwhelmingly positive about the course with 97.2% feeling that the course had improved their knowledge about healthy choices and that it had given them new ideas that they would take into their support work. 96% also felt that they would take the ideas into their personal lives.

A copy of the training outline, learning outcomes and questionnaire can be found in the Appendices (page 37).



Leaflet outlining ARC'S  
'Healthier Lifestyle'  
Training

*"Very informative and relevant to our client group. Interesting ideas and well presented."*

*"I feel very motivated. I will take a look at what improvements can be made in our service."*

*"I learned that dieting isn't always the healthier way. I'm going to take the information to the house to discuss with the other support workers."*

*"Dispelled myths and half truths – realization that things need to be changed by small steps but you need to keep up the momentum and not let things slide."*

*"I am overweight and will try to slowly change this, evaluate my team and make slow changes in the service I manage."*

*"I will definitely take some of these ideas into personal and work life."*

*"I will definitely take try to eat my 5-a-day at work and at home."*

*"The salt content in the second shopping exercise has shocked me and I will check products in future."*

*"I will be looking more at food labels now."*

It was clear from the first training session that the mainstream health messages either had not come across or were poorly understood. Staff were far less knowledgeable about the basics of a healthy lifestyle than had been anticipated. For example, out of the 122 participants only 5 had a clear idea of how many alcohol units are deemed 'moderate' by the medical profession and none could then go on to say what an alcohol unit was. Most peoples' experience of 'diets' was focused on weight loss and frequently questions were directed towards calorie contents of food rather than nutritional content.

The training was modified – the content simplified further and greater emphasis given to the fundamental whys and wherefores of what is meant by a healthy lifestyle. As a purely subjective observation, the incidence of overweight and obesity amongst support staff appears to be higher than the national average. The incidence of smokers is also high. Part of the success of the staff training was that it concentrated for the first part upon the staff themselves – their diets, their exercise habits and lifestyles. It then went on to look at specific strategies for supporting people with learning disabilities. Our message was, *"This is relevant to you – this is not just about supporting other people"*.

There was often a defensive belligerence (usually good natured!) at the start of the day with most participants skeptical about healthy lifestyles, perceiving the idea as giving up everything enjoyable. As the day progressed, however, most came to engage fully with the subject and would freely discuss how the mainstream definition of a healthy lifestyle ('5-a-day', a balance of food groups, low salt, sugar and fat and half an hour of exercise five times a week) compared with their own lives. The personal nature of the subject meant that everyone had something to say either about themselves, family and friends or, often, work colleagues. Information was presented not just in terms of what constitutes a healthy lifestyle, but why. By the first tea break (or, in many cases, cigarette break) most people seemed to have engaged with the subject and have some idea of the reasons why it is important.

One of the training exercises is to look at the food labels on typical items of shopping, such as breakfast cereals, ready meals and drinks. This exercise proved a real eye opener for many people unused to thinking about what is actually in the foods that we eat. Comparison of different foods (for example, the difference between Pot Noodle and Batchelor's Super Noodles) proved interesting as did the content of products marketed as 'healthier options'. This exercise followed on

from the initial education session and, I believe, left course participants suitably discomfited by the knowledge that they had been eating poorly and not getting enough exercise. (It should be pointed out that there were some staff who did maintain healthy lifestyles, but that they constituted a very small minority).

The training sought to emphasize that the lifestyle needs of people who need support are no different from those who don't. Medical conditions and consequent advice aside, a person with a learning disability has the same nutritional and activity needs as someone who does not. However, it has been shown in many studies that people with learning disabilities have significantly poorer health than the rest of the population, notably in terms of preventable conditions such as Type 2 diabetes and heart disease, and take part in significantly less exercise than is recommended.

The training looked at some of the reasons for this and questioned some of the stereotypes (eg, people with Down's syndrome will be overweight). Each staff member's personal experience of supporting people with a range of conditions was important here and the cut off points for defining overweight and obese precipitated considerable discussion.

Lunchtime was an important part of the day. Most employing organisations had provided lunch which, of course, provoked much discussion of what was on offer and how it compared to what we had been talking about in the morning. Most of the time the morning's discussion about diet and exercise was followed by excessive consumption of saturated fat, salt and sugar.

An exercise that provokes a lot of discussion, as it is directly relevant to staff's experience, is how behavioural issues impact upon service users' nutritional status. Behavioural issues ("He won't sit down to eat", "She won't eat with other people", "She refuses to eat certain foods", "He's disruptive at mealtimes,"), are often given as a reason why nutrition is poor. Group discussion of how some of these issues can be overcome was experienced as being particularly useful.

The issue of Choice and the Duty of Care is something that most staff find difficult. How do you reconcile the obligation to support freedom of choice with the obligation to provide high quality care which supports someone's good health? Many staff will say, "It's her choice to eat those foods," or "He doesn't want to exercise,

*"I learned about things I didn't know before. I'll definitely stay away from ready meals and fizzy drinks!"*

*"I'm going to talk about healthy lifestyles with our service users and show them the booklets and recipes."*

*"The training has been excellent. I now have a much better understanding of a healthier lifestyle. I feel more confident about offering advice to service users about healthier living and in my own life I will definitely be taking on board some of the things I learned today."*

*"I will encourage our staff teams to be motivated and take this forward in all our services."*

*"This is excellent. It will encourage us to have even more healthy options at work."*

*and that's his choice".* The central theme of the training is that healthier choices can be made easier by creating a healthy environment and culture, and the point is made that if staff do not perceive health to be important and encourage steps towards a healthier lifestyle, then it isn't going to happen. The Duty of Care is about good modeling on the part of support staff, and being aware of the influence that staff have in the lives of people with learning disabilities to make healthy or unhealthy choices.

*"Very comprehensive material and very informative."*

The staff training was widely acknowledged as being a quality piece of work. The difference in attitude from the beginning of the day was noticeable. Most of the course participants left with some determination to make some changes in their work and personal lives. A good number of staff would stay a while after the end of the training to further discuss the issues and not rush out of the door as fast as possible. Encouraging a culture of health in services for people with learning disabilities holds the possibility of not just improving health outcomes for service users but also for their support staff.

*"I will go back and encourage the staff team on healthier choices."*



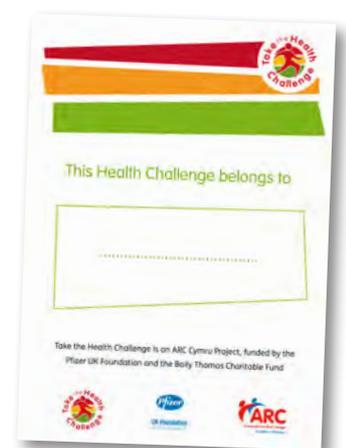
# The 21-Day Challenge

The focus we chose for our exploration of the types of support that are most effective in helping people to make changes was the 21-Day Challenge. As a concept, the 21-Day Challenge really captured people's imagination. As a device for change, for some people it proved to be the key motivator that led to increased activity, a better diet, weight loss and reduced blood pressure. For the majority it provided a focus that enabled them to put small changes into action. These small changes will have a cumulative benefit over time. **A copy of a Challenge Pack can be found in Appendix 4, page 43.**

## Enrolment

Volunteers were enrolled primarily through the Happy Heart Groups and so came to the challenge with a working knowledge of what constitutes a healthy lifestyle.

They typically took far less than the government recommended 5 x 30 minutes per week of exercise. Most were overweight. Body Mass Indexes varied between 25.4 and 56.9. Three readings were unobtainable. Five people had a BMI of over 25



and under 30 (ie. overweight), 11 people were between 30 and 40 (obese), and 3 people had a BMI over 40 (morbidly obese).

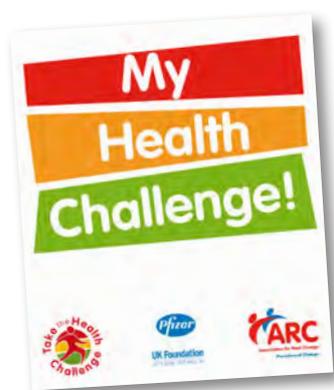
As a group, some had very challenging home lives (two were caring for elderly relatives; some were living in chaotic situations), some had very little in the way of external support, and some had serious pre-existing medical conditions that determined what they were able to do physically, or a psychological relationship with food that lie far beyond the scope of a healthy eating project. What united this very different group of people was a desire to make changes.

## The process

The 21-Day Challenge is focused around an individually tailored workbook with a set of goals specific to that person. The first stage of the 21-Day Challenge was an in-depth interview, lasting about 2 hours, to find out how much exercise the person did in a typical week, what their diet looked like, and how busy or engaged they were at different times of day. **A copy of the interview questions can be found in Appendix 5.** The resulting information provided a good indication of the gaps and the areas that could be improved. It was useful to conduct the interview with the person's 'buddy' who would frequently ask clarifying questions (*"Is that what actually happens or is it more the case that you spend most of your time sitting down?"*) At the end of the interview we would make suggestions about the areas that people could make improvements in – either getting more exercise or improving diet, or, frequently, both.

Wherever possible we made a note of blood pressure, weight, height and waist measurements. It was made clear to the participant and the buddy that we were not health professionals and that anyone planning to make dietary or exercise changes should discuss it with their doctor beforehand.

Each participant was given a pedometer and easy-read instructions and was asked to obtain readings on three days of the following week. They were also asked to keep a 3-day food diary. The purpose of this was to give us further clarification about their level of activity and diet. It also acted as a primer – encouraging the person to begin to think about their lifestyles before they began the Health Challenge itself.



The 21-Day Challenge folder

*"I do a lot of walking now. I walk everywhere. I tried going to the gym but I didn't like it. It was too scary so I'm not doing that again".*

A week later, the project worker returned with a completed Health Challenge workbook. They would go through the book with the person, pointing out particular activities and challenges. We tried to increase engagement with food so, for some people, shopping trips and easy-to-follow recipes were included. On three particular days we asked the person to wear the pedometer again and keep a step count. We also included three pre-stamped postcards, to be posted to us on particular days of the 21 Day Challenge, which allowed us to keep track of when people actually started, when they were mid-way, and when they had completed the programme. When each of those postcards was received, we responded with a motivational card, providing encouragement to continue.

Each Health Challenge was designed as an attempt to meet the person where they were so, for one person the day's challenge was to find a big hill to walk up, for another, it was to eat one piece of fruit. Each of these was very challenging to the individuals facing them. Some people required much more motivational support from the project staff than others. This very much depended upon the support and motivation of the person's buddy – where that was strong, no extra input was needed and the challenge progressed smoothly along its natural course.

We tried a number of techniques, but the 21-Day Challenges focused essentially on '5-a-Day', building to 30 minutes of exercise, some step counting, simple food preparation and cooking, an exercise DVD that could be done sitting down. We tried to tailor the challenges to what was already in place in that person's life so that it could be built upon (eg, walk to the sports centre today to ask when their gym sessions are and how much they cost).

## A note about exercise DVDs

The project team did some exhausting if not exhaustive sampling of exercise DVDs to see whether they would be a suitable medium for some people to use in their challenges. It is difficult to find exercise DVDs that fit the bill. Many are simply too fast, with complex dance routines, or do not allow for the needs of people with mobility problems or for people who are substantially overweight.

The DVDs we looked at were:

- *Angela Griffin's Dancemix Workout 2* (very complex high-energy routines).
- *Mr Motivator's All New BLT Workout* (easier to follow but quite strenuous).



Examples of The Take the Health Challenge Postcards

*"We've really noticed that she looks much slimmer than she was. She doesn't bring multi-bags of crisps 'for her friends' in with her any more. I'm really pleased for her – it's been really good."*

*"I really enjoyed it. It felt a bit long but I liked preparing food and picking out healthy food in the supermarket."*

*"He walks around the house more now, with encouragement. [He has significant mobility problems and uses a wheelchair when out of doors]. It's made him more aware of what to do. It's made him more independent around the house. He liked the exercise DVD which he's going to take to the day centre for them to use with everyone there. His friend came over to stay for a week so when he was doing his challenge, Eddie did it too."*

- ***Belly Dance: Absolute Beginner*** (not the best DVD, but there are some ladies with learning disabilities who would really enjoy the activity).
- ***Paul Lam's Tai Chi for Beginners*** (very wordy, but it made us confident that Tai Chi could be a very useful means of engaging people with learning disabilities).
- ***Seated Tai Chi from Urban Tai Chi*** (long-winded exercises, but a selection held our trial group's attention and they, *"felt as though they'd done something"*).

Our No 1 recommendation however is ***Leanne's Chair Workout***. Leanne Grose had a leg amputated after a car crash but went on to produce this exercise DVD: *"Whether you're an amputee, disabled, overweight, elderly or simply someone who prefers to sit in their armchair whilst doing something positive, this DVD is the one for you! Feel fabulous and have fun with Leanne and prove what you can do, not think about what you can't!"*

We did not meet anyone who did not respond well to Leanne. This is really a very useful DVD as it enables wheelchair users to be involved in exercise sessions. It is far less confrontational than a standing exercise class and it has a friendly, 'normal person' rather than 'exercise guru' feel to it. Once we had discovered it, we incorporated it into all of our Happy Heart Group sessions and, *"Right, we want to introduce you to Leanne,"* felt like handing the Group over to an old friend. We cannot recommend it too highly! It is available at [www.justastep.co.uk](http://www.justastep.co.uk) or on **Amazon**.

## The findings

Of the 21 people with a learning disability who undertook a Health Challenge, 14 made clear lifestyle changes and reported benefits, seven did not complete the challenge for a range of reasons (ill health (1), and lack of support (*"No-one was interested in helping me,"*), motivation (*"I just like eating junk food,"*) or difficult personal circumstances (6).

However, of these non-completers, five said they wanted to complete their challenges when their circumstances change. (While writing this report, one of these has posted us the card to say that they have begun their Challenge, and they will be supported to complete it even though the project has now officially closed).

21-Day Challenge Participant	Outcomes
1. Completer	Extremely positive engagement. Excellent support mechanisms. Significant gains in motivation. Increased daily exercise. Decreased junk food intake. Significantly increased and more varied fruit and vegetable intake (previously very limited). Increased willingness to try new foods. Increased motivation to sustain changes.
2. Completer	Extremely positive engagement. Excellent support mechanisms. Increased exercise. Significantly increased and more varied fruit and vegetable intake (previously very limited). Increased willingness to try new foods. Increased motivation to sustain changes.
3. Limited by physical disability. Completer.	Very positive engagement. Excellent support mechanisms. Increased daily exercise. Increased awareness of healthier eating. Increased involvement in food preparation. Increased motivation to sustain changes. Motivating friends and day centre attendees to live more healthily.
4. Limited by physical disability.	Extremely positive engagement. Excellent support mechanisms. Substantially increased motivation to improve health and sustain changes. Increased exercise. Increased fruit and vegetable intake.
5. Completer	Very positive engagement. Excellent support mechanisms. Increased fruit intake (previously zero). Increased interest in cooking. Increased range of foods eaten. Increased willingness to try new foods. Increased exercise. Increased motivation to sustain changes.
6. Limited by pre-existing medical conditions.	Good engagement. Excellent support mechanisms. Increased daily exercise. Increased awareness of healthier food and drinks. Increased interest in cooking.
7. Completer	Good engagement. Excellent support mechanisms. Increased daily exercise. Increased understanding of healthier diet. Increased willingness to try new foods. Increased motivation to sustain changes.
8. Completer	Extremely positive engagement. Excellent support mechanisms. Increased daily exercise. Has bought own pedometer. Diabetes doctor very pleased she had maintained weight. Increased focus on healthy eating. Substantially increased motivation to improve health and sustain changes.
9. Completer	Good engagement. Excellent support mechanisms. Family culture more positively focused on health and determined to make health changes. Increased exercise (with support staff). Increased intake of fruit. Very positive experience.
10. Completer	Excellent engagement. Excellent support mechanisms. Has inspired her to a complete lifestyle change. She now goes to the gym, walks at every opportunity, goes swimming and has cut down significantly on junk food. Has hugely increased her self-confidence. She has lost 8kg in weight. Does not want the Challenge to end.
11. Completer	Extremely positive engagement. Excellent support mechanisms. Tremendously keen. Increased exercise and healthier diet. Increased awareness of healthy lifestyles. Motivating other attendees at day centre. <i>"A very positive thing in her life"</i> .
12. Completer	Fair engagement. Variable support. Some staff more focused on healthier lifestyles. Significantly reduced the availability of junk food in the house and increased the amount of freely available fruit. Increased motivation to exercise.
13. Completer	Fair engagement. Variable support. Some staff more focused on healthier lifestyles. Significantly reduced the availability of junk food in the house and increased the amount of freely available fruit. Increased motivation to exercise.

<b>14. Completer</b>	Fair engagement. Variable support. Some staff more focused on healthier lifestyles. Significantly reduced the availability of junk food in the house and increased the amount of freely available fruit. Increased motivation to exercise.
<b>15. Non-completer</b>	Unable to complete due to illness. Complex life, lack of effective support mechanisms, with significant personal issues arising at the time of the project.
<b>16. Non-completer</b>	Lack of effective support mechanisms. Complex life, with significant personal issues arising at the time of the project.
<b>17. Non-completer</b>	Lack of effective support mechanisms. Complex life, with significant personal issues arising at the time of the project.
<b>18. Non-completer</b>	Lack of effective support mechanisms. Frustrated staff. Significant psychological issues around food.
<b>19. Non-completer</b>	Motivational issues. Frustrated staff team. Staff are now looking for ways to increase her activity as a secondary benefit of activities she finds meaningful and motivating eg, dog walking, helping out at the local care home for older people (and walking there), as a result of project.
<b>20. Non-completer</b>	<i>"I liked it all but I just like eating junk food when I have breaks in college. It was just too hard to fit into the day. I think I could do it but I need someone to tell me to do it all the time."</i>
<b>21. Non-completer</b>	Lack of effective support mechanisms. Complex life issues, with significant personal issues at the time of the project. Actually began the Challenge after the project ended.

We are not prepared to write off this group of non-completers as having 'failed'. At the very least, people in this group said that they, "knew what they had to do now," and they and the people around them were more aware of aspects of their lifestyles as something that needed to be tackled. We also observed at the debriefing interview that although one person from this group is very unmotivated to do what she sees as exercise, she is highly motivated to be of service and will walk for several hours one day a week to do a community paper round. We suggested that she might combine interests and motivations and advertise her services in the village as a dog walker. She and the staff were very positive about this as a way forward.

Our work in this field over the past four years has shown us that it is very wrong to write people off as 'hopeless cases'. Just as people's lifestyles can slide into inactivity or poor diets with a change of staff or place of residence, circumstances can conspire to bring about surprising changes for the better.

There were no particularly significant changes in blood pressure over what was effectively a short period of time (4 weeks). There were some more dramatic weight losses (8.5kg and 3kg from the beginning of the Happy Heart Group to the end of the Challenge, and that including Christmas!), but there were many noticeable small shifts (the loss of a pound or two) that could indicate a move towards

*"It's been a kick start for us. It's started a new lifestyle for us all that will be very beneficial. Because it was presented in a package we felt obliged to make an effort. It's very encouraging to see him change. It made us very aware of what we're eating or if we're having a lazy day. We will carry on with this. We've changed the expectation from losing weight to being healthy – we're taking the long view."*

sustainable changes. We were clear from the start of the project that we did not want to concentrate on weight-loss as an outcome but it is worth mentioning that there were BMI shifts that moved people from one category to another – from Morbidly Obese to Obese, and from Obese to Overweight.

We did observe that the idea of a 21-Day Challenge grabbed the attention of some of the supporters. Four people (an area manager, a support worker, a senior support worker and his wife!) said to us, “Well I could do with a 21-Day Challenge,” so we obliged! Many people want to make lifestyle changes, and the notion of a focused Challenge in which they feel accountable to someone other than themselves is an attractive idea. There is a lot of potential in this for future mainstream work.

Step counting (which has had very good results with other sedentary groups) was not entirely successful. Some people had difficulty with operating the step counter even though it was a very basic model. The temptation to press the reset button was very strong in some, and others did not grasp the need to reset the button each day.

The recommended step count for adults is 10,000 per day. Setting technical difficulties aside and removing readings that were clearly errors (readings of 81 and 63,330), only three participants achieved 10,000 steps or more on any of the six days where steps were recorded. We did not inform people about the 10,000 target because, if someone’s count averaged 2,000 steps a day, 10,000 could seem like walking to the moon!

This was not a statistically robust experiment as we did not have the resources to monitor people’s step counting closely. However, it does confirm a general trend. The highest reading was 17,988. The lowest was 479. The average number of steps overall was 6,517 but this includes two significantly more active people. If we remove their readings the average number of steps reduces to 4,574.

Some of our participants found step counting useful and were much taken with the pedometers as a focus. Others found them fiddly and frustrating. We believe that there are circumstances in which step counting would be useful, but this is a matter of very individual preference. A prerequisite would be a very engaged supporter who was available at the start and end of a day to write down readings.



*“I would have liked it better on cd-rom not a file. And I would like a talking pedometer.”*



# What worked?

## “Small changes make a big difference”

The 21-Day Challenge is a very promising mechanism to support lifestyle changes amongst people with a learning disability and their families. Its success depends predominantly upon the willingness of the people providing support to that person to encourage, motivate, focus and creatively support. The greater willingness has to come from the ‘buddy’ – the staff or family member – whose role is to make a healthier approach enjoyable rather than a chore, and to embed a healthier way of doing things into everyday life in a gradual way.

The concept behind the challenges was that small changes in behaviour can lead to new habits that are easy to sustain and can be built upon as time passes. The example we used to highlight this to participants was ‘The New Year’s Resolution’ in which huge changes in lifestyle are embarked upon, with the subsequent gym subscriptions and exercise regimes being abandoned by February.

The levels of small change we were seeking to embed through the Health Challenge were things like drinking a glass of fruit juice for breakfast (‘1 of your 5 a Day!’) or going for a walk at lunchtime instead of sitting in the canteen. Some people found this no challenge at all and went on to achieve much more than we would have hoped. For others, even changes as small as these are a step too far.

## Motivation

A key issue was motivation. Some participants were highly motivated to make lifestyle changes and there is no doubt that they benefitted from the focus of a Challenge and the support of a buddy to encourage and share the experience. For others, the motivation to sign up to a Challenge was not accompanied by the gathering of will that is needed to turn intention into action.

If we relate this to the Stages of Changes model, the Challenge provided an effective means of focusing intention and turning it into action, or of moving people on from the Contemplation stage to the Action stage if there was a

*“I really enjoyed it. It felt a bit long but I liked preparing food and picking out healthy food in the supermarket.”*

*“The best thing about it was eating tangerines. It was a bit long. I want to do more cycling when it gets warmer.”*

*“It’s made me more determined. All the Challenges, every day, made me determined to do it. I didn’t enjoy it to start with. I found it hard switching from biscuits to fruit to start with. Then one day I began to enjoy doing exercise. I don’t put a fight up about going out to do it now.”*



Examples of the Health Challenge motivational postcards



motivated, enthusiastic buddy. Where support from buddies was poor or absent, the Challenge in itself was not enough to motivate.

The nature of a learning disability is that there are likely to be varying degrees of difficulty in processing information. For example, just because something is understood in one instant does not mean that it will continue to be understood. Similarly, a person is likely to be unable to read and is therefore dependent upon someone else's motivation to read the Challenge to them. The influence upon motivation that a positive supporter can have is dramatic. The influence that a negative supporter has can be damning.

*"I've struggled for 22 years to get her to eat fruit. She can't do it – she just gags at the thought of it. She's never eaten even an apple. But introducing those fruit smoothies has really done the trick. She loves them and is having two or three a day now with no arguments!"*

A further issue revolved around the dynamics between parent and son or daughter – something that most parents would be familiar with. Several parents or family carers mentioned that they found the Challenge to be particularly helpful, *"because it's someone else telling him, not me. He just ignores me when I say it"*.

The Challenges can be very successful in motivating people who are ready to turn Contemplation into Action. They reinforce any existing positive behaviours and are an opportunity to develop new habits and introduce new experiences. They can also be usefully undertaken by whole staff teams or families as well as the person with a learning disability where there is a willingness to do it and it is seen as, *"a bit of a laugh"*.

## A supportive culture

*"I am really pleased. I'm going to keep it up. It was a bit hard sometimes but I got good support. People would say, "Come on – you can do it!" I've got some good habits now – I go swimming, and to the gym once a week and I like to walk. I eat lots of fruit and veg now."*

The most important element in determining whether people with learning disabilities can make positive lifestyle changes is the culture that surrounds them. The quality and motivation of the support around them is of the highest significance. If a person wants to make changes but is supported by staff who do not see it as part of their job role to help them, or who do not believe that the person needs to make changes, then that person is very unlikely to be able to make positive, sustainable changes. If the people supporting you are in denial about their own lifestyles, or who do not value healthy living, you are at an immediate disadvantage. If a staff team is stuck in its thinking (*"Oh we've tried everything but she's still sneaking food from the cupboards"*, *"Why should we have to have a salad at lunch time if she's taking no notice and having cheese on toast?"*) it will similarly be very difficult for that person to be effect change.

There is still a huge amount to be done in terms of changing minds among staff teams about the importance of their role in promoting and enabling lifestyle changes, but we have seen that a motivated team member can bring about changes for the whole house – residents/tenants and staff. There is considerable scope for targeting staff teams first (rather than the people with learning disabilities) to try to engender some friendly competition and focus in their place of work, so that the culture becomes geared up to change.

## Meeting people where they are

Whilst 21 days can provide a much-needed focus for some people, for others the period is too long or too condensed. For those people whose lives are complex, who have co-existing health problems or eating disorders, or who are morbidly obese and particularly sedentary a process longer than 21 days is likely to be required.

The key to effective support is a flexible approach. You must meet people where they are. For some people, this is the setting in place of the first building blocks of knowledge. For others a very specific but individualized framework for change is needed because they are ready to take action. A regimented, proscriptive programme is unlikely to work, simply because people's needs and circumstances are so complex. However, an overall framework in which individual tailoring is possible can be very successful.

A major difficulty in attempting to meet people where they are is when their home lives are chaotic or dominated by overshadowing factors over which they have little or no control. For example, 'L' has a learning disability and is a full-time carer for a disabled parent and is in sole charge of running the household. There are alcohol misuse problems within the immediate family that have a significant impact upon L's day to day life. L is morbidly obese but is unable to do anything about this in the face of a wider lack of support. There are many people with learning disabilities living in similar circumstances, with levels of unmet need that can be dismaying. These needs run way beyond our remit and authority and, in the context of this project, concerned as it was healthy eating and exercise, we have to hold up our hands and say that we did not know how to help these people.

*"The other staff have been very good, supporting her with this. It was a good length of time, with good goals and very enjoyable for J. I put veg in food now (like into the spag bol). It's had a really good effect on the other two people that J lives with. The whole household has taken it on. It's really made me stop and think – I'm going to lose weight now."*

*"I didn't get any help so it was just too hard to do. But I'm going to try my hardest to do it again. I've got to try and lose weight, I know it will be better for me. At least I know what I need to do now."*

*"I liked the folder. It's made him happy to try new things (like salad). He's happy to take suggestions when it's not his mum. I tried to do things with him and the physio has referred me to Exercise by Invitation so we're hoping to go to the gym together."*

However, to end on a positive note, when people with learning disabilities are well-supported by someone who understands the benefits of healthy lifestyles then dramatic changes in focus can result. Support workers are powerful people in the lives of many people with a learning disability and, if they see promoting healthy lifestyles as a required and worthwhile part of their job role, they can actually be better placed than a parent to positively influence and support.

## Observations

The project has been very well received by people with learning disabilities, parents and carers, and by the health and social care professionals working with them. This project has been particularly successful in getting people to stop and think about the way they lead their lives, and for many people this has led to action and a determination to make changes. In other people, there are the first signs that intractable behaviour may be beginning to shift.

*"I think I've nearly finished but it doesn't matter anyway because I just have to carry on for my health."*

For some people with learning disabilities it has been a matter of sowing the first seeds and perhaps the willingness to put knowledge into action will come at a later date. For others, it has given them the information they need and there have been some astonishing commitments to making health improvements.

People with learning disabilities face a number of disadvantages when it comes to making lifestyle changes. There may be co-existing mental health issues that result in complex eating behaviours such as compulsive or binge eating, and as described, they are extremely susceptible to the influence of their surrounding culture. The fragility of the balance of life for some people with learning disabilities living in the community should not be underestimated. Even in our sample group, the complexity of issues was striking. In these situations, life can be truly chaotic and the need for change and support goes way beyond the remit of a healthy living project.

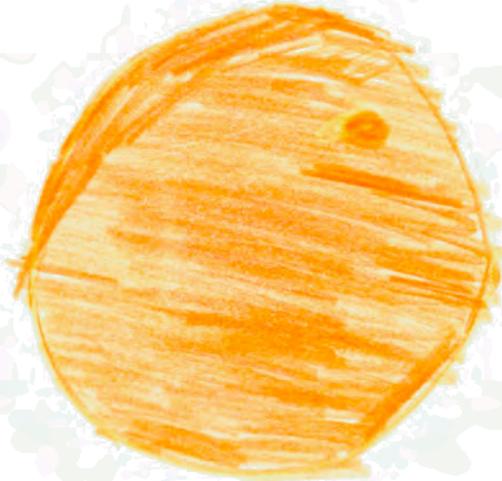
The rising tide of obesity, heart disease and sedentary lifestyles amongst the general population are causing governments across the world to take action. For people with a learning disability, the rates of inactivity, obesity and sedentary lifestyle are much higher but there is little in place to meet their needs.

We believe that change should be effected in the first instance where it is easiest to do so. Although it may be difficult to bring about change within a family setting,

there are laws governing service settings and an answerability on the part of the service provider for the health and well-being of the people they support. Staff teams can be educated and influenced so that they have the hard facts about healthy lifestyles and the understanding of why they need to model and promote a healthier way of living to the people they support. We believe we have developed an effective combination of measures to support and influence positive lifestyle changes amongst people with learning disabilities. If there is the will to tackle these health inequalities with a commitment to funding a development of this work, then we believe that the tide can be turned.

*"This has just been fantastic. There are so many changes. He eats more fruit. He's cut down the sugar in his tea. He motivates himself to exercise. He also seems calmer. It's made a huge difference to us all. I'm happy to write to anyone you like to tell them how good this has been!"*

Fferwythau '5-9-diwrnod



mae 6 wythau yn iach  
ym dda ichi.

Esther

# Appendices

Appendix 1: Happy Hearts Group Programme Outline

Appendix 2: Staff Training Outline and Learning Outcomes

Appendix 3: Staff Questionnaire

Appendix 4: Alison's 21-Day Challenge

Appendix 5: 21-Day Challenge Preliminary Interview  
Questions



## Appendix 1: Happy Hearts Group Programme Outline

### Happy Heart Group course outline.

#### Session 1. Have you got a happy heart?

Time	Action	Notes/resources
0.00	Introduction to trainers Introduction to buildings Outline for this session	Toilets Fire alarms
0.10	Introduction to each other	The Ball Game- Cushion, ball or beanbag Form a circle and pass/throw the ball and say your name and one thing about yourself
0.20	What this group is about over the six weeks Give out packs	Flipchart with pictures  Packs for everyone
0.30	Ground rules	Flipchart –picture poster Q&A what the rules should be. What we all expect from each other
0.40	Baseline questionnaire explanation	Baseline questionnaires
0.45	Measuring up – finding out if your heart is happy or sad. Complete questionnaires whilst measuring height and weight for BMI	Tape measure Scales BMI charts in packs with stickers
1.30	Healthy food and drink break	Fruit and juices Apples, bananas
1.45	Fruit and veg diaries (in pack) to be completed next week.	Recap session
2.00	Session Ends	

page 1

#### Session 2. What is your heart and what does it need to be happy?

Time	Action	Notes/resources
0.00	What we're going to do this week Fruit and veg diaries	
0.15	What is your favourite food?	The Ball Game
0.25	Where is your heart?	Body outline on flipchart. Sticky hearts for everyone to try
0.35	What your heart does – heart as a pump	CD of heartbeat Speeding up Finding pulse
0.45	What your heart needs – good food, exercise, rest	Body as a car poster
1.00	Healthy break	Fruit and juices Apples and bananas and more exotic fruits
1.15	What foods make you heart happy?	Power point session 2 Food groups Traffic light foods
1.50	Food diary for next week	Recap
2.00	Session Ends	

page 2

#### Session 3: A Happy Heart needs good food.

Time	Action	Notes/resources
0.00	What we are going to do this week Food diaries	
0.15	The food traffic light game	3 cloths – red, amber and green. Shopping bag of various foods and drinks. Group decision where they go. Picture cards for each person to place on table(s)
0.45	Looking at what has happened	
1.00	Healthy break	Fruit and juices Apples and bananas. Pineapple
1.15	What is in your food Food labels How to make it healthier	Powerpoint session 3
1.50	What will you do to be healthier for next week? Exercise diary Exercise next week	Recap
2.00	Session Ends	

page 3

#### Session 4: A Happy Heart needs exercise

Time	Action	Notes/resources
0.00	What are we going to do this week? Exercise diaries	
0.10	What keeps your heart happy?	The Ball Game Good food (examples) Exercise
0.20	Stretching exercises  How do you feel?	In a circle Hands/arms/shoulders/ feet/ankles/legs Gentle movements
0.35	A Happy Heart needs exercise (1)	Powerpoint session 4 Why exercise is important
1.00	Healthy break	Carrots, cucumber, celery and dips Juice
1.15	A Happy Heart needs exercise (2)	Powerpoint
1.35	Exercise Dancing the Macarena, Hokey Cokey etc  How do you feel?	DVD of music
1.50	Recap this week Next week	
2.00	Session ends	

page 4

**Session 5: A Happy Heart needs exercise**

Time	Action	Notes/resources
0.00	What are we going to do this week?	
0.10	Gentle stretching exercises	As last week
0.20	Snakes and ladders – team game	Floor snakes and ladders with questions
1.00	Healthy break	Making Smoothies (if possible) or juices and fruit
1.20	Presentations by sports development or other local contacts where possible about local resources  Tri golf if space available	
1.50	Recap this week Next week	
2.00	Session ends	

page 5

**Session 6: Presentation of certificates**

Time	Action	Notes/resources
0.00	What are we going to do this week?	
0.10	Snakes and ladders team game	Floor snakes and ladders with questions
0.40	Repeat baseline quiz	
1.00	Healthy break	Favourite fruits and juices from the last few sessions
1.15	What are you going to do?	The Ball Game Ideas for change
1.15	Presentation of certificates Congratulations and goodbyes	
2.00	Session ends	

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## Appendix 2: Staff Training Outline and Learning Outcomes

Supporting People with a Learning Disability to Lead Healthier Lifestyles

TRAINING OUTLINE

Time		Covering	Hand-outs
10.00	Baseline survey Housekeeping Outline and purpose of the day		Survey
10	Introductions		
60 minutes	Why eating well matters (exercise, discussion and powerpoint) Learning outcomes: Staff will be aware of the factors that influence our food choices. Staff will understand importance of a healthy lifestyle in maintaining health	Why we choose what we eat and drink? What does good health mean to you? Why a healthy lifestyle is important.	What does good health mean? Food diary
	What is a healthy lifestyle? (Powerpoint) Learning outcomes: staff will be aware of the essential components of a healthy lifestyle Staff will be aware of the value of healthier food and drink choices	The 5 food groups- Starchy foods Fruit and veg and 5 a Day Vitamins and Minerals Dairy foods Protein foods Fats and Sugars Salt Exercise and the 5x30 -why it's needed, how much is too much, what counts?	5 a Day exercise
30 minutes	Learning outcomes: staff will be aware of the importance of understanding food labels in making healthier choices Staff will learn how to identify foods high and low in fat, saturated fat, salt and sugar	Food labels – what is a little and what is a lot?	Food bags, little and a lot charts, form
11.40	Break 15 minutes		
1 hour	Good nutrition for people with a learning disability Learning outcomes: staff	Why some are at risk Underweight and overweight BMI overweight and	

page 1

	will be aware of why some people with learning disabilities are at nutritional risk.  Staff will be aware of the need to focus on healthy lives rather than on weight-loss  Staff will be aware of the importance of supporting service users in making healthy choices  Staff will be aware of some of the problems that people with learning disabilities face in maintaining a healthy lifestyle  Staff will be aware of strategies to deal with common problems	malnourishment (overview) Medication Constipation Swallowing difficulties Dental health Review overweight and underweight questionnaire	Questionnaire
1.00	LUNCH – c 30 mins		
1.30 1.10 hour	Eating and drinking difficulties and problem behaviours  Learning outcomes: staff will be aware of some of the main problem behaviours associated with eating and drinking and will have strategies to deal with those behaviours  Staff will know who to ask for further support	Questionnaire and discussion exercise covering style and pattern of eating intake, resistive or disruptive behaviour, oral behaviour, fussy eating, food refusal, and nausea.  Who to contact for extra support professionals	Questionnaire  Refer to list in training pack
2.40	BREAK – 15 mins		
2.55	Encouraging healthy lifestyles  Learning outcomes: Staff will be aware that being supported to have a healthy life supports a person's human rights	Why should we encourage healthy lifestyles?  Techniques to help people make positive lifestyle changes	

page 2

	Staff will be aware of the key effective elements in supporting people to make lifestyle changes  Staff will be aware of techniques and strategies for motivating service users to adopt healthy lifestyles.  Staff will be aware of the importance of working as a team with families, friends and other professionals.  Staff will be aware that healthy choices are made more easily by creating a health conscious culture in their service	How would you tackle this? – case studies and discussion	
Discussion	Encouraging change (discussion) Learning outcomes: Staff will identify personal goals and areas where they can better support service users to lead healthier lifestyles  Staff will be aware of healthy options and will gain strategies for making healthy choices in diet and exercise within their service	Review: What does a healthy lifestyle mean to you?  Review: What 3 things that you could do for yourself? Are these still the same? Were they too ambitious?  What 3 things could you do for the people you support? (Small changes) (Discuss healthy options and ideas for increasing exercise)	
3.50	Baseline/evaluation		Survey
4.00	END		

page 3

## Appendix 3: Staff Questionnaire

Baseline questionnaire for staff training.

Name: \_\_\_\_\_

Job and organization: \_\_\_\_\_

Answer the following questions. You may need to tick more than one answer.

1. The Eatwell Plate model is made up of different food groups. Tick the ones that are included:

A Fruit and vegetables.	F Fibre
B Salt	G Dairy
C Protein	H Vitamins and minerals
D Carbohydrates	I Food additives
E Fats and sugar	

2. Which of the following is a good source of carbohydrate?

A Butter  
B Pasta  
C Tuna fish  
D Whole milk

3. A healthy diet should include:

A A lot of meat and fish  
B A lot of bread, pasta, rice and potatoes  
C A lot of olive oil  
D A lot of milk products

4. Fibre is essential in the diet to aid the process of:

A Expelling waste products	C Digesting carbohydrates
B Absorbing vitamins	D Chewing dry food

5. How much exercise do experts say we need to "be active"?

A Half an hour a day  
B Five hours a week  
C Half an hour five times a week

6. Experts say that to maintain good health people should eat at least:

A Five portions of fruit plus five portions of vegetables each day  
B Five portions of fruit and vegetables each day  
C Ten portions of fruit and vegetables each day

page 1

7. If trying to lose weight, which of the following foods should be limited?

A Bread	D Pastry
B Biscuits	E Chips
C Bananas	F Potatoes

8. Which of the following foods are good sources of calcium

A Yoghurt	D Cheese
B Beef	E Pasta
C Fruit juice	F Sardines

9. Too much salt in the diet can cause:

A Increase in weight	C Diabetes
B Increased blood pressure	D Scurvy

10. People with Down's syndrome will always be overweight:

A Yes it is likely. It's a genetic condition and should be accepted  
B No, someone's weight is purely down to lifestyle choices  
C Yes it is likely, but it can be managed

11. The terms of the Mental Capacity Act 2005 mean that everyone has the right to make their own decisions even if you think the decision they make is the wrong one and this applies to diet and exercise.

A True  
B False

12. We have a duty of care to support people to maintain good health

A True  
B False

13. How confident do you feel about supporting someone to make healthier lifestyle choices?

Least    1    2    3    4    5    6    7    8    9    10    Most

14. How knowledgeable do you feel about supporting someone to make healthier lifestyle choices?

Least    1    2    3    4    5    6    7    8    9    10    Most

page 2

15. Do you feel that the training course today has increased your knowledge about healthy lifestyle choices?

Yes                      No

Comments: \_\_\_\_\_

16. Do you feel that the training course today has increased your knowledge about how to support people to make healthier lifestyle choices?

Yes                      No

Comments: \_\_\_\_\_

17. Has today's training course given you some ideas about how to support people to make healthy lifestyle choices?

Yes                      No

Comments: \_\_\_\_\_

18. Do you think that you will take ideas from today's training course and apply them in your personal life?

Yes                      No

Comments: \_\_\_\_\_

19. Do you think that you will take ideas from today's training and apply them in your support work?

Yes                      No

Comments: \_\_\_\_\_

page 3 - Feedback Form (given out at the end of session)

## Appendix 4: Alison's 21-Day Challenge

**Take the Health Challenge**

**This Health Challenge belongs to**

Alison

Take the Health Challenge is an ARC Cymru Project, funded by the Pfizer UK Foundation and the Baily Thomas Charitable Fund

Front cover - Alison's 21- Day Challenge

**Take the Health Challenge**

**Day 1 Challenge**

My challenge today is

Go for a walk today and post me the red post card.  
Have a glass of pure fruit juice for breakfast today and every day. This counts as 1 of your 5 a day.

**How did I do?**

I completed my challenge and it was:

- Easy
- OK
- Quite hard

I did not complete my challenge because

.....

.....

Don't worry - talk to your buddy about it and start again tomorrow.

**TODAY'S TOP TIP!**

If you are starting to do more exercise do not forget to drink plenty of water or other drinks to help your body stay healthy.

Day 1

**Take the Health Challenge**

**Day 2 Challenge**

My challenge today is

Have a go at three sections of the DVD.  
Do the Warm, the Disco and Combat sections.

**Mission Successful?**

I completed my challenge and it was:

- Yes
- Sort of
- No

Doing the challenge was ..... because.....

.....

How many portions of fruit and veg did you eat today?

**TODAY'S TOP TIP!**

Do you like Fruit Juice? A glass of juice in the morning is an easy way to get one of your 5 a day.

Day 2

**Take the Health Challenge**

**Day 3 Challenge**

My challenge today is

Eat 1 piece of fruit today. Tinned fruit or dried counts.  
Go for a walk to buy the things you will need for tomorrow's challenge - Carrots, celery sticks, red pepper, low fat dip (hummus, cottage cheese or something like that).

**These are some healthy snacks that I enjoy...**

There is nothing wrong with snacking, it helps to keep your energy up between meals and, if you chose the right sort, a snack can be good for you

**TODAY'S TOP TIP!**

Instead of crisps, try popcorn or Twiglets! Instead of biscuits, try rice cakes with a bit of peanut butter or cheese.

Day 3

Take the Health Challenge

**Day 4 Challenge**

My challenge today is

Use the carrots and celery to make Crunchy vegetable sticks and have them with your dip when you feel like a snack.

Can you go for another walk today - even 20 minutes is better than nothing!

**How is it going?**

I completed my challenge and it was:

- Cool and groovy
- OK
- Not so good

**TODAY'S TOP TIP!**

If you are not used to eating lots of fruit, build it up slowly. Fruit has got a lot of fibre in it - and you know what too much fibre can do!

Day 4

Take the Health Challenge

**Day 5 Challenge**

My challenge today is

Put your pedometer on when you get up today. Make sure it says "0" when you put it on. Try to go for a walk sometime during the day. At bedtime, write the number of steps you did here...

**Somewhere I like to go for a walk is...?**

**TODAY'S TOP TIP!**

Breakfast is the most important meal of the day. If you eat a healthy breakfast you are more likely to eat healthily through the day. See if you can fit in one of your 5 a day by having a slice of banana on your cereal.

Day 5

Take the Health Challenge

**Day 6 Challenge**

My challenge today is

Try a Smoothie Day! There are lots of different types but you might like Strawberry and Banana. Or you could make your own with some fruit, orange juice and three tablespoons of low fat natural yoghurt. What did you think?

**My favourite fruits are...**

Make it easy to find a healthy snack! Put a bowl of nice-looking fruit somewhere it is easy to see!



**TODAY'S TOP TIP!**

If you like snacking when you watch TV, try a healthy snack like rice cakes. They are crunchy, a bit salty, low fat... and very 'more-ish'!

Day 6

Take the Health Challenge

**Day 7 Challenge**

My challenge today is

Get Mum to sit down with you and have another go at the DVD. Do the Warm up, and then try the Disco, Combat and Relaxation sections.

Can you eat 2 portions of vegetables today? are tinned, frozen or fresh - they all count! Don't forget, potatoes do not count, but baked beans do!

**Think of something you could have as a healthy reward for doing so well**

**What is it?**

How about some new music to dance to, or a bubble bath... or your favourite fruit



**TODAY'S TOP TIP!**

Do you spend a lot of time sitting down each day? Our bodies need to keep moving to keep healthy. Have a think about what you could do instead of sitting.

Day 7

Take the Health Challenge

## Day 8 Challenge

My challenge today is

Eat 1 piece of fruit today. Tinned fruit or dried counts.

Can you fit in another short walk? And you too Mum!

Something else I could do to get healthier is...



Good idea!



Getting active should not hurt. If it hurts, you must stop and take it easier next time.

Day 8

Take the Health Challenge

## Day 9 Challenge

My challenge today is

Make a vegetable Soup for everyone. The recipe is on the next page.

Something else I could do to get healthier is...

How are you feeling?

- Definitely better
- About the same
- Worse



Don't give up, you are doing well!



Doctors say you should get active for half an hour a day, about 5 days a week. You do not have to do half an hour in one go - two shorter walks for a quarter of an hour are just as good!

Day 9

Take the Health Challenge

## Day 10 Challenge

My challenge today is

Put your pedometer on when you get up today. Make sure it says "0" when you put it on. Try to go for a walk sometime during the day. At bedtime, write the number of steps you did here...

Design a healthy sandwich...

Draw lines from the pictures to show what you would have on your ideal healthy sandwich



Do you have a mobile or cordless phone? When you are on the phone, walk around instead of sitting down. It helps keep you moving!

Day 10

Take the Health Challenge

## Day 11 Challenge

My challenge today is

Eat 1 piece of fruit today. Go for a walk today and post me the yellow postcard.

Another way I could keep myself healthy is to...



Make a list of all the places that you drive to regularly that are less than a mile away. Could you walk there instead?

Day 11

Take the Health Challenge

**Day 12 Challenge**

My challenge today is

Have another walk today.  
Can you eat 2 portions of vegetables and 1 portion of fruit?

**What is your favourite way of getting active?**



It can feel easier to get more active if you do it with a friend or group. Can you think of someone you know who might be interested in a regular walk or swim with you?

Day 12

Take the Health Challenge

**Day 13 Challenge**

My challenge today is

Have another go at the DVD. Do the Warm Up, and then try the Disco, Combat and Resistance sections. If you can do more, go for it!

**Is there an activity that you always fancied having a go at but never got round to? What is it?**



Do you like meeting new people? Getting active can be a good way of meeting friends and making new ones. Find out if your leisure centre runs any groups or activities you might like to try.

Day 13

Take the Health Challenge

**Day 14 Challenge**

My challenge today is

Go for a walk. Try walking for 30 steps and jogging for 10 all the way.  
How did it feel?

**Reward time again!**

You are doing really well - what will you give yourself as a reward?

- How about a new haircut?
- Or a manicure?
- Or a trip to the barber's for a proper shave?



Get fit while you brush your teeth - stand on your right leg while you brush your teeth with your left hand for 1 minute... then swap over!

Day 14

Take the Health Challenge

**Day 15 Challenge**

My challenge today is

Your Challenge is to eat a piece of fruit today and 2 portions of vegetables.

**How did it go today?**

- Easy peasy
- OK
- It feels a bit hard really



Put on some dance music while you hoover and clean - it helps you to get moving!

Day 15

Take the Health Challenge

## Day 16 Challenge

My challenge today is

Your Challenge is to to put on some of your favourite music and have a dance.  
Can you eat 1 piece of fruit as well?

**Do you like music?**

What would your Top 10 "Music to Get Moving to" be?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Rock around the clock





If you usually do more sitting down than moving about, you will need to start getting active more slowly. If 10 minutes feels too much, do 5 minutes instead.

Day 16

Take the Health Challenge

## Day 17 Challenge

My challenge today is

Try another jog-walk today. Try walking for 30 steps and jogging for 10 all the way.

**The times when it is hardest for me to be healthy are...**

Sometimes it does feel hard to do things to be healthy. Do not worry to much about it. You can always start again!





If you are finding it hard to be healthy now, talk to your buddy for some help.

Day 17

Take the Health Challenge

## Day 18 Challenge

My challenge today is

Have another go at the DVD. Do the warm up, and see how far you can get.

**What else did you do today to be healthy?**

Or save money and put some tap water in the fridge.





If you usually have Coke, try Diet coke instead. There are about 9 teaspoons of sugar in a normal bottle of coke. That is a lot!

Day 18

Take the Health Challenge

## Day 19 Challenge

My challenge today is

Put your pedometer on when you get up today. Make sure it says "0" when you put it on. Try to go for a walk sometime during the day. At bedtime, write the number of steps you did here...

**The best thing I have done in my challenge is...**

You're nearly at the finish line





Do you ever eat in a hurry? It is easy to eat too much if you are stuffing it in without thinking. Sit down and take time to enjoy your meals.

Day 19

Take the Health Challenge

**Day 20 Challenge**

My challenge today is

*Can you eat 2 portions of fruit and 2 portions of vegetables today? If you include your breakfast juice, that is your 5 a Day!*

**You are nearly at the end of your challenge. Tick the boxes that sound right to you...**

- I am eating more healthily
- I am eating about the same as I was before the challenge
- I am eating worse than I was before
- I am getting more active
- I am about as active as I was before the challenge
- I am less active now

Are you feeling fit and healthy?

If you eat take aways or ready meals, make them a once-a-week treat. It is hard to live healthily if you eat lots of take aways or ready meals.

Day 20

Take the Health Challenge

**Day 21 Challenge**

My challenge today is

*Go for a walk today and post me the Green postcard!*

**You have made a really good start at being healthier, but it is time to make some new plans about what you will do next**

What sort of thing would you like to do next?

Who can help you?

Have a good think about your new goals. Do not just sit there, write them down and tell someone what you want to do next!

Day 21

**You have done it!**

**You have completed the 21-Day Challenge!!!**

Way to go:  
You're a winner

**How do you feel about it?**

21- Day Challenge - completed

Fill in the postcard and send it to us to let us know how you got on.

**I'm taking**

**the Health**

**Challenge!!**

Thank you for taking part in the 21-Day Challenge.

Your Challenge now is to keep up the good work and to keep eating healthily and being more active.

**Good luck and remember:**  
**"you're worth it!"**

21- Day Challenge & beyond

## Appendix 5: 21-Day Challenge Preliminary Interview Questions

Name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Weight.....kg                      Blood pressure is \_\_\_\_\_

Waist measures ..... cm              Height..... cm

Any health problems: \_\_\_\_\_ BMI: \_\_\_\_\_

The health problems make it difficult/prevents:

- Vigorous activities (like running, lifting heavy things, doing strenuous sports)
- Moderate activities (like moving a table, hoovering, bowling)
- Lifting or carrying shopping
- Climbing several flights of stairs
- Climbing one flight of stairs
- Bending, kneeling or stooping
- Walking more than a mile
- Walking several hundred yards
- Walking 100 yards
- Bathing or dressing

**Before you make any changes in your lifestyle, it is good to see your doctor to get a health check!**

page 1

**What you think about my health**

In general, would you say your health is

Excellent      Very Good      Good      Fair      Poor

What would you say a healthy lifestyle is?

Do you think your lifestyle is healthy now?

What do you do now to keep healthy. (How often?)

How could your lifestyle be healthier?

Do you want to do something to be healthier?

What?

Why?

page 2

**Do you feel:**

Full of life	Sometimes	Most of the time	Rarely
Very anxious or worried	Sometimes	Most of the time	Rarely
Really cross	Sometimes	Most of the time	Rarely
Calm and peaceful	Sometimes	Most of the time	Rarely
Really flat and depressed	Sometimes	Most of the time	Rarely
Happy	Sometimes	Most of the time	Rarely
Worn out	Sometimes	Most of the time	Rarely

Is your life:

Full and busy (It's hard for me to fit new things into the week)

Fairly busy (there's room to do other things if you want to do them)

Not busy (I watch TV or go on the computer a lot or spend time sitting down not doing much quite a lot)

What would you like to be able to do more of?

page 3

**A typical week**

On Monday I... from ... until ...

On Tuesday I... from ... until ...

On Wednesday I... from ... until ...

On Thursday I... from ... until ...

On Friday I... from ... until ...

On Saturday I... from ... until ...

On Sunday I... from ... until ...

page 4

**Food - A typical day**

1. How many days a week do you eat breakfast?

2. For breakfast I eat things like:

3. If I have any snacks in the morning it is usually something like:

4. For lunch I eat things like:

5. Pudding? Yes No

6. Afternoon snack? Yes No

7. For tea I eat things like:

8. Pudding? Yes No

9. Evening snacks? Yes No

**Who does the cooking?**

**Who does the shopping?**

**Do you buy food/snacks for yourself when you're out and about? What?**

page 5

10. Do you eat burger, pies, fry-ups, sausage, chips etc? Yes No  
Every day? How many times?

11. Do you eat cakes and biscuits? Yes No  
Every day? How many?

12. Do you eat crisps? Yes No  
How often? How many bags?

13. Do you like salty food?

14. Do you put salt on your food at the table?

15. Do you eat sweets or chocolate?  
Every day? How much?

16. What do you drink most of the time?  
 Fizzy drinks – what?  
 Fruit juice – what?  
 Tea or coffee  
 Water

17. Do you eat fast food (McDonalds, Burger King, Fish and Chips, Kentucky, Pizza Hut)  
How often?

page 6

19. Do you eat take aways? ( Curry House, Chinese Food?)  
How often?

20. When you have your tea, do you like to have mostly meal, mostly potato or mostly vegetables?

21. Do you eat fish? What kind? (salmon, mackerel, sardines?)  
How often? (Twice a week, once a week, once every 2 weeks, Less?)

22. Do you have milk yoghurt and cheese?  
How often? What do you have most of?

23. Do you have brown or white bread?  
All the time? Some of the time?

24. In a day do you eat  
 A lot of fruit  
 A bit of fruit  
 Not much fruit  
Which are your favourites?

25. In a day do you eat  
 A lot of vegetables  
 A few vegetables  
 Not many/much vegetables  
Which are your favourites?

page 7

26. Do you drink alcohol?  
Every day? Most days? Weekends?  
How much?

27. Do you think you eat too much junk food?

28. Do you find it hard not to snack between meals?

29. Do you find it hard to eat healthy food?

page 8

**Exercise**

30. Do you spend most of the day:

Sitting down  
 Standing up

Is that evenings too?  Yes  No

31. What do you do to get moving/ keep active?

Going for a stroll  
Going for a brisk walk  
Swimming  
Cycling  
Dancing  
Going to the gym  
Playing football  
Anything else?

Do you enjoy exercise?  
Do you find it hard to motivate your self to start doing exercise?  
Do you try to avoid doing exercise?

The main thing I want to do to live more healthily is to ...

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