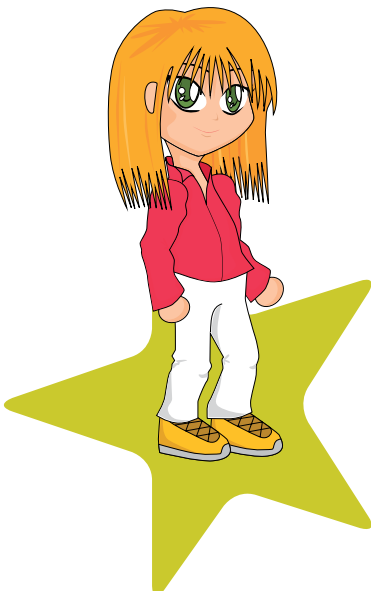




Wolverhampton Inspiring and Supporting Health

A family friendly healthy lifestyle programme for 7 - 15 year olds in Wolverhampton

Impact Assessment 2010/13



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Summary

This impact assessment aims to report the performance of the WISH programme with reference to the outputs and outcomes as specified in the contract with Wolverhampton City PCT. Primarily a quantitative assessment based on anonymised beneficiary data, the evaluation covers years 1 - 3 of contract delivery (Jan 2010 - Mar 2013).

About WISH

In 2009, a consortium of local and national partners successfully bid to deliver a three year child weight management contract commissioned by Wolverhampton City Primary Care Trust - the 'WISH' programme.

WISH (Wolverhampton Inspiring and Supporting Health) is promoted as a family friendly healthy lifestyle programme specifically targeted at 7 - 15 year olds who are overweight or obese. Delivered in community settings using a phased approach and over a sustained period, WISH engaged both child and parent through a structured programme of workshops to encourage healthier eating habits, physical activity sessions to get children more active and provides on-going family support to sustain progress and improve health and wellbeing in the long term.

- Phase 1: 10 week MEND programme (Mind, Exercise, Nutrition, Do it)
- Phase 2: 12 week physical activity programme (year 1 and 2 only)
- Phase 3: 24 week programme of ongoing family support, activities and resources (year 1 and 2 only).

WISH objectives

Programme objectives, as contracted by Wolverhampton PCT, were:

1. To raise awareness of the healthy eating and physical activity through 'MEND' activities to enable the child to develop a healthy weight.
2. To provide information to families for local opportunities to increase physical activity and where further support can be obtained.

Specific outcomes and outputs are presented in Appendix 1.

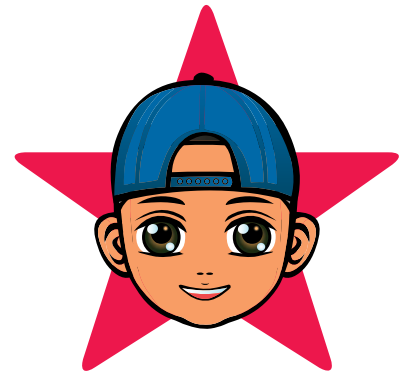
WISH Impacts

The programme has achieved both of these objectives. WISH families, local schools and delivery partners have identified the following impacts of the programme (which are borne out by the headline figures):

- Improved confidence and self esteem of children
- Improved family health
- Reduced or maintained BMI scores for children
- Engagement across ethnic groups
- Not stigmatising or labelling children as 'fat' or 'obese'



- Improve nutrition and healthy eating habits
- Changes in attitude towards healthy lifestyles
- Breaking of bad habits
- Families preparing healthier meals
- Providing a supportive environment for parents
- Children working towards achievable targets
- Increased motivation to sustain health improvements



Headline figures

- A total of 47 courses have been delivered by the WISH Consortium over the contract period with a combined total of 434 qualifying children registered for the programme.
- WISH has engaged families resident in all 20 wards that make-up Wolverhampton, and delivered courses in each of the 8 MAST areas.
- For all years of delivery, WISH exceeded the PCT target to work with at least 70% of primary school children aged 7-11 yrs.
- 77% of children who completed Phase 1 reduced or maintained their BMI score in year 1, 63% in year 2 and 81% in year 3.
- In year 1 and 3, around 80% of children improved or maintained eating habits and nutrition as indicated by parent responses to the questionnaire completed at the beginning and end of Phase 1. The figure was 77% in year 2.
- In year 1, 83% of children either increased or maintained their emotional health score upon completing the programme. These figures were 64% in year 2 and 72% in year 3.
- Children who increased their physical activity by the end of Phase 1, were exercising, on average, for an additional 32 minutes per week in year 1, 26 minutes in year 2, and 29 minutes per week in year 3.
- Of the 256 children/parents who answered the programme satisfaction questionnaire, the majority said they were satisfied or very satisfied with the programme. No respondents said they were unsatisfied or very unsatisfied.

Ways forward

Presented below are reflections on the report findings from TLC College, together with recommendations on ways forward for child weight management programmes in Wolverhampton.

There is no comprehensive plan in the city to strategically take forward the learning, experience and infrastructure that has developed locally over the last nearly three years.

Tackling obesity in Wolverhampton needs certain key areas to be developed further:

1. An inclusive approach that removes stigma, improves referrals and builds a positive wider culture of healthy lifestyle. Programmes should be designed to discretely encourage overweight children to engage, and not in an exclusive manner, that will noticeably “label” children.
2. Robust links with schools that provide an after-school service which can address key life skills for children, engage with parents, spot lifestyle issues and provide appropriate signposting.
3. Effective use of community venues to provide a service in local neighbourhoods, be accessible to hard to reach groups (women-only; ethnic minorities) and available outside of school holidays.
4. Ownership of a Local Healthy Lifestyle Programme which demonstrates an understanding of local family needs and also value for money.
5. Improved engagement and understanding of how Wolverhampton’s various health initiatives and professionals can work more effectively to complement each other’s work and create a suitable culture for change is needed.
6. As per Government Strategy “Putting Local Communities at the Heart of Public Health” – TLC aims to build positive relationships with Local Commissioning Groups and Local Public Health Authorities to enable an innovative, integrated and dynamic local approach.
7. Based on three years of local delivery, and the findings of this report, TLC has a valuable role to play in the city’s efforts to address obesity and lifestyle issues. TLC is well positioned to work with commissioners and health services to create a positive change in the lives of local children and their families.



1. Introduction

1.1 About WISH

In 2009, a consortium of local and national partners successfully bid to deliver a three year child weight management contract commissioned by Wolverhampton City Primary Care Trust - the 'WISH' programme.

WISH (Wolverhampton Inspiring and Supporting Health) aimed to share expert and practical health information and encourage children and their families to adopt healthier eating habits, get more active and have fun taking part in activities such as team games, and by doing so improve their health and wellbeing.

WISH required participation from child and parent, and was specifically targeted at 7 - 15 year olds who were overweight or obese, with 70% of delivery focused on the 7 - 11 age group.

The delivery model was based on phased approach, with the initial intervention (Phase 1) focused on education and physical exercise, with subsequent phases focused on sustainment and on-going support to improve health outcomes.

WISH Consortium partners include:

- TLC College (lead body)
- School Sports Partnership
- Formula GFi
- West Midlands Fire Service
- City of Wolverhampton College
- Mind, Exercise, Nutrition and Do It! (MEND)
- Wolves in the Community
- DC Leisure
- Heantun Housing Association
- Wolverhampton Adult Education Service.

1.2 Project objectives

WISH was promoted as a family friendly healthy lifestyle programme. Its objectives, as contracted by Wolverhampton PCT, were:

1. To raise awareness of the healthy eating and physical activity through 'MEND' activities to enable the child to develop a healthy weight.
2. To provide information to families for local opportunities to increase physical activity and where further support can be obtained.

1.3 Local context

Unprecedented increases in overweight and obesity rates are being witnessed across the world - requiring an effective and 'industrial-scale' public health response according to the NHS National Obesity Observatory (NOO). NOO define weight management interventions as:

*"any intervention that explicitly sets out to manage or reduce body weight (including the primary prevention of weight gain). This includes projects focusing on diet, physical activity, or both in combination. It is intended to be applicable to a range of approaches including interventions conducted with individuals on a one-to-one basis or in groups, and in clinical or community settings."*¹

Wolverhampton has a high rate of child obesity. Children who are an unhealthy weight experience disadvantage on many fronts including health, educational, social and psychological.

Data from the National Child Measurement Programme (NCMP) 2006/07 and 2007/08 indicates that levels of obesity in Wolverhampton at Year R (age 4/5 years) and Year 6 (age 10/11 years), are above national and regional averages and that the percentage of

¹ Standard Evaluation Framework for Weight Management Interventions (2009)

children with BMI in the overweight or obese categories increases by approximately 13% as children move from Year R to Year 6 (from 23.7% in Year R to 37% in Year 6 in 2007/08). The map (opposite) indicates the spread of obesity across the City at Year 6 in 2007-2008.²

The HEPA Strategy (Healthy Eating and Physical Activity for Children: Wolverhampton City PCT, 2005, revised 2009) sets out Wolverhampton's strategy for promoting a more active and healthy lifestyle for children. The priority outcome is to reduce the number of children under 11 years of age who are overweight. The promotion of healthy eating and physical activity to children and families requires a collaborative approach.

The HEPA Action Plan 2009 – 2013 details the key measures to be taken over the next four years in terms of:

- Healthy and Active Families
- Healthy and Active Schools
- Healthy and Active Communities.

The map opposite shows that St. Peter's, Health Town and East Park wards have the highest percentage of obese children in Year 6 (purple areas). These are followed by a further nine wards, where obesity levels remain high (red areas):

- South West: Merry Hill, Graisleigh
- North East: Bushbury North, Bushbury South and Low Hill, Wednesfield North
- South East: Ettingshall, Spring Vale, Bilston North, Bilston East.

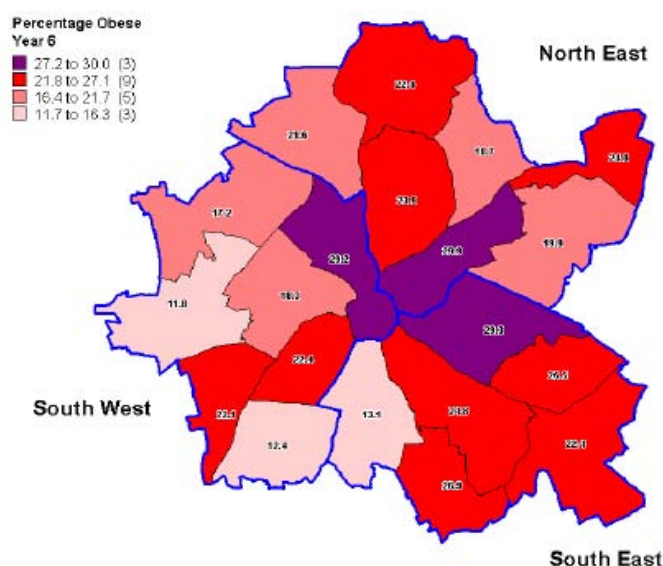
1.4 Intervention programmes

Against this picture, Wolverhampton City PCT has commissioned various weight management interventions aimed at reducing obesity rates among children:

- **WISH** - a programme to eat smart for 7 - 15

Figure 1: Year 6 levels of obesity by Ward in Wolverhampton (2007-08)

Source: IIT, Child Weight Management Programme, Wolverhampton City PCT



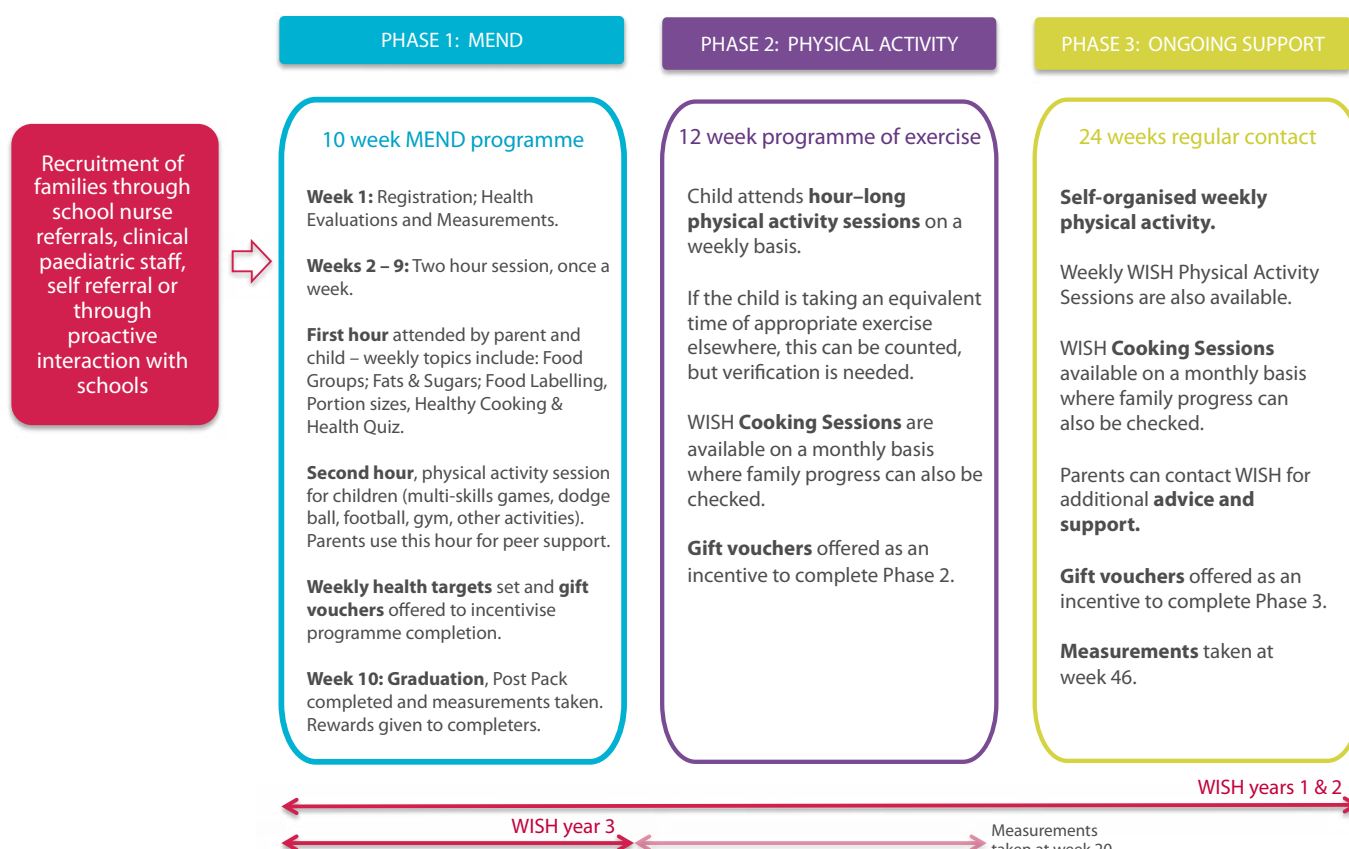
year olds and their families, to get fitter and be happy. Primarily delivered after school in community venues over a sustained period.

- **Mend 5 - 7** - a weekly child weight management programme, primarily delivered after school in community venues engaging both child (aged 5-7) and parent.
- **Food Dudes** - a healthy eating intervention designed for use in primary schools for children aged 4 - 11.
- **Weight Watchers** - A child of 10 years or more with an unhealthy weight can be referred by the GP to Weight Watchers. A parent must also attend each session until the child is 16 years.
- **Families for Health** - A randomized controlled trial for up to 120 overweight children and their families in Wolverhampton, Coventry and Warwickshire. A group-based programme for 6 to 11 year olds, run over 10 weeks with follow-up sessions after the programme.

The HEPA strategy recognises the key role

² IIT, Child Weight Management Programme, Wolverhampton City PCT (Feb 2002)

Figure 2: WISH Delivery Model



that voluntary and community organisations play by providing a wide range of support and resources, and that the development of ongoing partnerships with such groups is important.

1.5 WISH Delivery Model

In years 1 and 2, the WISH programme was delivered as a 46 week programme, consisting of three consecutive phases, designed to facilitate and sustain health and wellbeing improvements. Challenges associated with some aspects of the model meant that for year 3, WISH became a 20 week programme, with two consecutive phases. Each Phase is explained below and illustrated in Figure 2.

Recruitment

Families were recruited to WISH through direct referrals from school nurses, clinical paediatric

staff, or self referrals as a result of awareness raising activities, including proactive engagement with primary schools.

The programme was free at the point of access to families. Children above a healthy weight for their age and height (identified through BMI scores) qualified for the programme.

Phase 1: MEND programme

The first stage of WISH was delivery of the MEND programme. MEND (Mind, Exercise, Nutrition, Do it) is an internationally recognised child weight management programme, developed by Great Ormond Street Hospital and the Institute of Child Health.

MEND is run over 10 weeks, with two hour sessions attended by families either once or twice weekly, delivered by locally trained 'MEND Leaders' in local community venues,

schools and leisure centres.

Parents and carers join their children in each session to learn about how to choose healthier foods and spend more time being active.

MEND is designed to offer a friendly, safe and non-judgmental environment. Each week, everyone attends an interactive hour-long workshop as a group. Children spend the second hour doing physical activity while the adults discuss specific topics in more detail together.³

Weekly targets are set for children e.g. drinking more water, eating breakfast daily - usually linked to the topics discussed during workshop sessions.

To complete Phase 1, parent and child are required to attend a minimum number of sessions. In years 1 and 2 of WISH, Wolverhampton PCT required 70% (7/10) attendance to complete the programme. In year 3, 50% attendance was required to complete the course. Parents are informed of this before signing up. In order to incentivise completion, WISH offer gift vouchers to completers.

In year 1, the WISH Consortium arranged for 40 staff and volunteers to be trained by MEND (included nine Fire Service Officers, two professional fitness consultants, one GP and volunteer sector trainers) in order to run the programme locally. As part of the license agreement, MEND also undertake observation based evaluations of course delivery. Two evaluations have been undertaken by MEND during the lifetime of the contract (year 2 and year 3).

Stage 2: Physical Activity

After the initial intervention phase, WISH continued to provide weekly physical activity sessions for children who have completed Stage 1. Some prefer to take appropriate exercise elsewhere, which can be counted

towards their completion of Phase 2. To complete Phase 2, children were required to attend a minimum of 9 sessions out of 12. Again, gift vouchers were used to encourage progression to Phase 3 (years 1 and 2 only).

Stage 3: Ongoing Support

The final phase comprises of 24 weeks, with the focus on sustainment of health outcomes and encouraging long term behavioural change.

WISH offered support and guidance to families so that they remain motivated to maintain healthy lifestyle changes to help their child achieve a healthier weight. Weekly sport and active recreation was encouraged, and other resources and activities were provided e.g. 'Come Dine with WISH' cookery sessions, where staff could review progress.

WISH delivered programmes throughout half term, Easter and summer holidays - usually held 5-7pm or 4.30-6.30pm in the week and 10am-12pm on Saturdays for weekend programmes.

Monitoring

For each child, measurements were taken prior to commencement at Phase 1 and at the end of each phase for each programme delivered.

Anonymised individual outcomes were provided to the PCT, specifically:

- Personal information - age, gender, postcode
- Nutritional behaviour score
- Hours of physical activity per week
- Emotional health score
- Height, Weight
- BMI Centile Score
- Waist Circumference Centile Score
- Step Test Heart Rate Scores
- Number of sessions attended at each programme phase.

³ Source: www.mendprogramme.org

1.6 Programme outputs and outcomes

Wolverhampton City PCT specified a detailed and integrated set of outputs and outcomes for the contract in its purchasing supply arrangement (2010 - 2012) and also in the Project Agreement issued for year 3 delivery (2012). The total contract value over three years was £1,083,071 if all outcomes had been achieved. As referrals were low, a total of £362,309 was actually paid over the three years which meant the Average Cost per Child was £835.

Appendix 1 provides a detailed breakdown of outputs (relating to programme registrations and completions) and outcomes (for health and wellbeing improvements) per phase, per year.

The contracted outputs differed in years 1, 2 and 3. This was mainly due to lower than expected referral rates to the programme and ensuing enhancements in the delivery model (to increase beneficiary engagement, retention and completion rates).

Year 1: Feb 2011 - Mar 2012

- 46 week programme
- 360 children to register for Phase 1
- 4 programmes/courses to be delivered in each of the 8 MAST areas of Wolverhampton
- 70% of the group must complete Phase 1
- 50% of Phase 1 registrations should then progress to Phase 2, and require 75% attendance to complete Phase 2
- 30% of Phase 1 registrations progress to Stage 3 (having done Phase 2), 50% attendance or equivalent is required to complete Phase 3.

Year 2: Feb 2011 - Mar 2012

- 240 children to register for Phase 1
- Other outputs as per year 1

Year 3: Apr 2012 - Mar 2013

- 20 week programme
- 1 programme/course to be delivered in each of the 8 MAST areas of Wolverhampton
- Families must attend 50% of sessions (5/10) to complete Stage 1
- A bonus payment was awarded to WISH for measurements provided at week 20. (The contract did not require any delivery for phase 2. Although WISH did try to keep families engaged outside of the contract – to encourage the measurements at week 20.)
- A minimum of one course commencing each month from April 2012.

Outcomes

WISH was contracted to achieve and sustain mean reductions for children in:

- Body Mass Index centile scores
- Waist circumference centile scores
- Step test heart rate scores

Increased engagement in physical activities, or equivalent reduction in sedentary activities, as well as improvements in self-esteem, emotional health and nutritional behaviour were also measured.

Anticipated outcomes were:

- Improved knowledge of healthy eating and physical activity opportunities;
- Increased parental and child confidence to put learning into practice;
- Maintained or reduced BMI for each child.

2. Aims and Methodology

2.1 Aims

The impact assessment aims to understand the performance of the WISH programme with reference to the outputs and outcomes as specified in the contract with Wolverhampton City PCT. These are detailed in Appendix 1 and the findings presented in section 3, Findings.

Primarily a quantitative assessment, the evaluation covers years 1 - 3 of contract delivery. Additional outcomes, that have arisen although perhaps not originally intended, have also been presented.

2.2 Desktop review

The impact assessment has been informed by a review of project documents, beneficiary records, as well as good practice guidance produced by the NHS:

- Purchasing Supply Arrangement between Wolverhampton City Primary Care Trust and TLC College (2010-2012)
- Invitation to Tender for Child Weight Management, Wolverhampton City PCT, Feb 2009
- HEPA Strategy (Healthy Eating and Physical Activity for Children: Wolverhampton City PCT, 2005, revised 2009)
- WISH Pre Pack including registration details, social data, medical, self esteem and physical activity and eating habits questionnaire (TLC)
- WISH Post Pack including the same self esteem and physical activity and eating habits questionnaires plus a programme Satisfaction Questionnaire (TLC)
- Anonymised beneficiary data scores for BMI, self esteem, nutrition, waist measurements, and step test scores (TLC)
- WISH Programme Project Agreement - Year 3 (Wolverhampton PCT)



- MEND Quality Assurance Reports (MEND: 2011, 2012)
- NHS National Obesity Observatory - Standard Evaluation Framework for Weight Management Interventions (2009)

2.3 Semi-structured interviews

A number of semi-structured interviews (face-face or telephone) have been conducted in order to produce qualitative case studies for the report, and to understand programme design and delivery at a strategic and operational level. Interviews were undertaken with:

- Mahmood Khan and Kalpna Joshi, WISH project managers / lead body
- Simon Lane, Headteacher, Merridale Primary School
- Kuldip Purawal, Parent
- Toni and Chas Parker
- Nicky and Alessia Alaimo
- Annette and Jasmine Saddler
- Joanne and Daniel Lees
- Neelam Midda and Joe Meakin, WISH trainers.

2.4 Timeframe

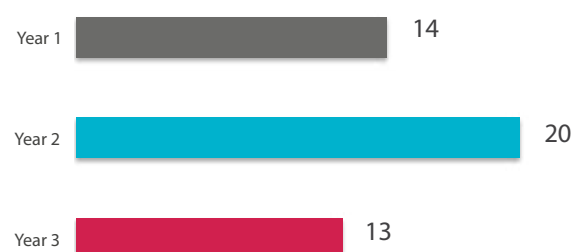
Data collection and analysis activity was undertaken between December 2012 and June 2013.

3. Findings

3.1 Courses delivered

A total of 47 courses have been delivered by the WISH Consortium over the contract period. The first year was frontloaded with consortia development, programme set-up, staff recruitment, MEND training and marketing activity. Despite the limited delivery time available and unexpectedly low school nurse referrals, partners were able to run 14 courses. In year 2, the programme was operating at its peak in terms of referral levels and trained staff and delivered 20 courses; this year also spanned 13 months whilst contact negotiations were taking place for year 3. The final year has produced 13 courses, in line with contract requirements for at least one course starting per month from April 2012.¹

Figure 3: Number of courses delivered per year



3.2 Registrations and completions

Tables showing the number of registrations per year, together with completion figures and percentages for each stage are presented below.² The mean number of children per course are also provided.

Figure 4: Number of registrations and completers per course

Year 1				
132 / 360 registrations across 14 courses	Target completers	Actual completers	Variance	Mean number of children per course
Phase 1	92 (70%)	98 (74%)	+ 4	9.5
Phase 2	66 (50%)	46 (35%)	- 20	7
Phase 3	40 (30%)	40 (30%)	0	3.8

Year 2				
189 / 240 registrations across 20 courses	Target completers	Actual completers	Variance	Mean number of children per course
Phase 1	132 (70%)	131 (69%)	- 1	6.4
Phase 2	95 (50%)	57 (30%)	- 38	2.65
Phase 3	57 (30%)	42 (22%)	- 15	1.2

¹ Contract negotiations for Year 3 took place from 21 Oct 2011 – 30 Mar 2012

² Specification for the service evaluation of parental engagement in child weight management programmes (Wolverhampton PCT, 2012)

Year 3				
113 / 112 registrations across 13 courses	Target completers	Actual completers	Variance	Mean number of children per course
Phase 1	79 (70%)	81 (72%)	+ 3	8.7

Figures across three years show that the programme consistently achieved or was close to meeting Phase 1 completion targets: 74%, 69%, and 72% for years 1, 2 and 3 respectively.

Sustaining engagement and meeting targets for Phase 2 was more challenging, with under performance ranging from -20 to -38. Phase 3 has had mixed success, with the target being fully met in year 1 (40/40) to 42 completers in year 2, under-performing by -15.

The number of children entering each course (at Phase 1) was expected to be 12 - 15. For year 1, the mean number per course was 9.5, ranging from groups of 6 to groups of 15 and 16. For year 2 the average number per intake reduced to 6.4, with greater variability in individual course numbers - some with 17 (due to the increased number of school based programmes delivered, providing larger groups) and others with 6 - 8 participants. This mean decrease may be due to the higher frequency of courses offered in year 2, compared to other years, bringing down the average number per course. For year 3, the figure jumped again, to 8.7.

Based on interviews with the lead body, TLC College, low registration and completion numbers in relation to the target for year 1 (132 / 360) can be pinpointed to four areas:

1. The low number of referrals received from the PCT pathway (school nurses), which was initially thought to be the main source of recruitment to WISH.
2. The requirement for families to attend two hour sessions, twice weekly. For many families this was an unmanageable time

commitment.

3. Each child/parent to attend 70% of sessions (Phase 1, intervention phase) to qualify as a 'completer'. Again, this was an unrealistic target for many families based on attendance twice weekly.

Some of the above learning points were addressed in year 2 of delivery which saw the WISH Consortium adopt a more proactive approach to marketing the programme resulting in particularly successful recruitment campaigns through school promotional activities, which had been trialled towards the end of year 1.

The time commitment for Phase 1 halved to a single two-hour session once a week (years 2 and 3) and the completion rate reduced to 50% for year 3 only.

The learning from year two, therefore, was that few families were able to engage / sustain interest in a 46 week programme. As a consequence, the programme length was shortened to 20 weeks for year 3 comprising of:

- Phase 1: 10 week MEND programme, followed by;
- Phase 2: Measurement session at Week 20

This 20 week model has evolved over three years and is based on the delivery of 47 courses, engaging with 434 qualifying children and their parents, plus a further 77 siblings and friends. A combined figure of 511.

3.3 Sources of referrals and registrations

Recruitment to the programme has come from third party referrals (e.g. school nurse, GP practice nurse) and self-referral routes (e.g. school taster, word of mouth, flyer).

In year 1, high referral rates were anticipated from school nurses, whose 2010/11 measurements indicated 600 obese children in year 6 and 300 in Reception (year R). The number of referrals in year 1 were in fact, 23. The figure in year 2, was similar, 22.

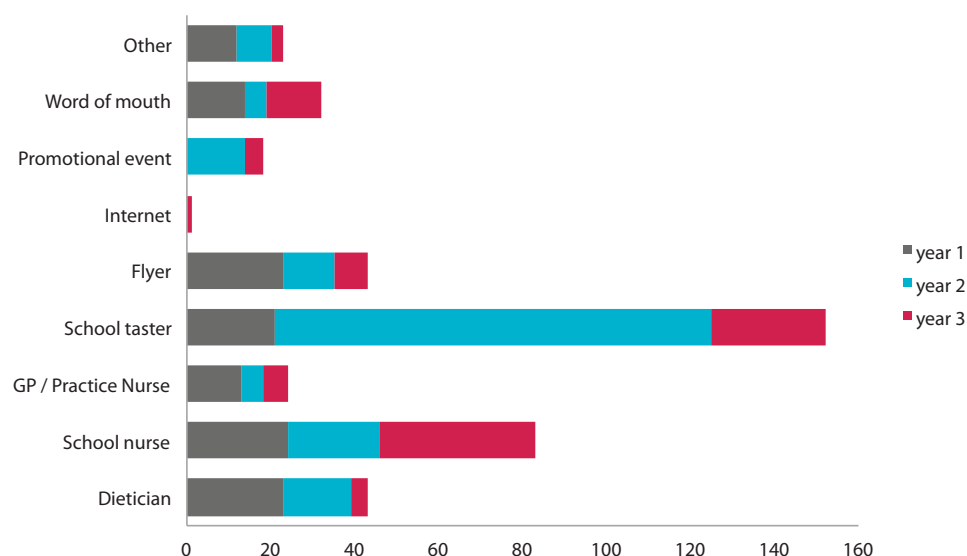
Following under referrals, Wolverhampton PCT made it mandatory for school nurses to refer all children in obese categories to WISH, or other appropriate child weight management programmes operating in the City, with automatic opt-in (although parents were able to opt-out if they did not wish to participate. Automatic opt in was not applicable to overweight children - those at risk of obesity). The figure noticeably increased in year 3, which saw 38 referrals from school nurses to WISH.

Referrals from GP practice nurses (6%) and dieticians (11%) have been minimal.

The most successful method of recruitment to the programme has been through school promotional activities, with 155 children joining the programme through this route - 36% of total registrations. School promotional activities were introduced towards the latter half of year 1 (21 self-referrals) and delivered large numbers in year 2, resulting in 107 registrations.

The internet i.e. website promotion, has resulted in only one referral throughout the whole contract period. Attending promotional events, picking up flyers and word of mouth have also had limited success.

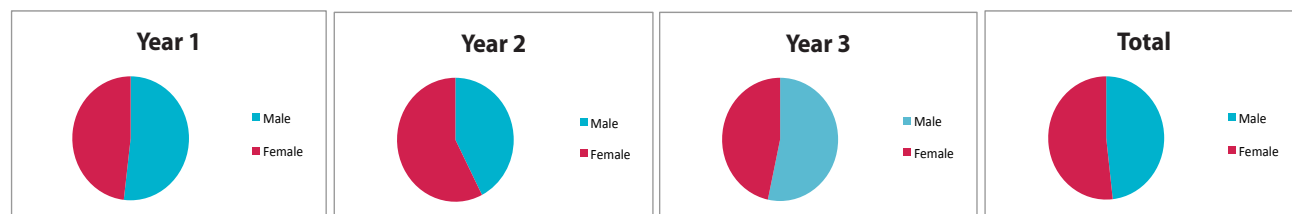
Figure 5: Sources of registrations



3.4 Gender

The figures show that WISH has engaged with a fairly even gender split - males (47%) and females (53%).

Figure 6: Gender demographics per year



3.5 Age demographics

For all years of delivery, WISH exceeded the PCT target to work with at least 70% of primary school children aged 7-11 yrs.

Figure 7: Age of children

	7 - 11 yrs	12-15 yrs	TOTAL
Year 1	95 (72%)	37 (28%)	132
Year 2	147 (78%)	42 (22%)	189
Year 3	94 (83%)	19 (17%)	113
TOTAL	336	98	434

3.6 Where beneficiaries live

WISH has engaged families resident in all of the 20 wards that make-up Wolverhampton (see Appendix 2: Ward Map). Beneficiaries living in Blakenhall, Spring Vale and All Saints (23%) closely followed by Whitmore Reans and Dunstall (21%) have accessed the programme most frequently. Figures are not surprising given that a greater number of courses have been held in those MAST areas (Multi Agency Support Team) areas. MAST areas have been established by the local authority to ensure that services for children, young people, their families and schools can work in a co-ordinated way.³ Comparatively, few participants from MAST areas 1, 2, 4 and 8 have accessed the programme.

Figure 8: WISH family MAST areas

	Year 1	Year 2	Year 3	TOTAL
MAST 1 - East Park & Bilston North	4 (3%)	9 (5%)	13 (12%)	26 (6%)
MAST 2 - Bilston East & Ettingshall	18 (14%)	7 (4%)	12 (11%)	37 (9%)
MAST 3 - Blakenhall, Spring Vale & All Saints	31 (23%)	34 (18%)	36 (36%)	101 (23%)

³ http://www.wolverhampton.gov.uk/health_social_care_2/support_for_children/multi_agency_support/

MAST 4 - Penn, Pennfield & Merry Hill	7 (5%)	11 (6%)	10 (9%)	28 (6%)
MAST 5 - Whitmore Reans & Dunstall	16 (12%)	63 (33%)	12 (11%)	91 (21%)
MAST 6 - Bushbury, Oxley & Penderford	15 (11%)	23 (12%)	9 (8%)	47 (11%)
MAST 7 - Lowhill & Scotlands	30 (23%)	31 (16%)	10 (9%)	71 (16%)
MAST 8 - Wednesfield, Healthfield Park & Ashmore Park	11 (8%)	11 (8%)	11 (8%)	33 (8%)
TOTAL	132	189	113	434

3.7 Location of courses

Courses have been delivered across Wolverhampton in a mixture of community venues, schools and colleges, local fire stations, swimming and leisure centres, and partners' premises.

WISH is contracted to ensure delivery takes place in the 8 MAST areas. Figure 8 shows that all courses were delivered in MAST areas.

Figure 9: Course delivery in MAST areas

MAST areas	Venues	No of courses Year 1	No of courses Year 2	No of courses Year 3
East Park and Bilston North	Wolverhampton College	3		3
Bilston East and Ettingshall	Bilston Leisure Centre		2	
Blakenhall, Spring Vale & All Saints	Graisley Community Centre	2		
Penn & Warstones	Bantock Primary School Platform 51 Merridale Fire Station Merridale Primary School	3	5	1
Tettenhall, Whitmore Reans & Dunstall	TLC College Newhampton Arts Centre Dunstall Primary School West Park Primary School Wolverhampton Central Baths Claregate Primary School Giffard R C Primary School	2	7	8
Bushbury, Oxley & Pendeford	St. Michael's C of E Primary School St. Anthony's Catholic School		3	
Low Hill & Scotlands	Fallings Park Fire Station Fallings Park Primary School	2	2	1

Wednesfield, Heathfield Park & Ashmore Park	Wood End Primary School DC Leisure	2	1	
Total courses		14	20	13

3.8 Body Mass Index reductions

Figures relating the number of completers who reduced or stabilised their BMI are presented in the tables below.

Figure 10: BMI scores years 1-3

Year 1	Number of completers	Number of children BMI reduced or maintained	Percentage of children BMI reduced or maintained
Phase 1	98	75	77%
Phase 2	46	28	61%
Phase 3	40	19	48%

In year 1, 77% of those children who completed Phase 1 reduced or maintained their BMI score. Of those who progressed to Phase 2, 61% (28 children), continued to reduce or stabilise. 19 children in year 1 completed the 46 week programme with sustained or lower scores.

Year 2	Number of completers	Number of children BMI reduced or maintained	Percentage of children BMI reduced or maintained
Phase 1	131	82	63%
Phase 2	57	24	42%
Phase 3	42	12	29%

In year 2, 63% of those children who completed Phase 1 reduced or maintained their BMI score. Of those who progressed to Phase 2, a much lower rate compared to year 1, 42% (24 children), continued to reduce or stabilise. 12 children in year 2 completed the 46 week programme with sustained or lower scores.

Year 3	Number of completers	Number of children BMI reduced or maintained	Percentage of children BMI reduced or maintained
Phase 1	81	66	81%
Phase 2	49	33	67%

In year 3, 81% of those children who completed Phase 1 reduced or maintained their BMI score. Of those who progressed to Phase 2, 67% (33 children), continued to reduce or stabilise.

Figure 11: Average BMI score reductions

	Year 1	Year 2	Year 3
Number of children measured	98	131	81
Average reduction	- 0.5	- 0.4	- 0.5

3.9 Waist measurements

The figures show that of the 307 children who were measured over the three year WISH programme, 66% reduced their waist size. Around 8% stabilised their measurements and 25% increased their waist size.

Figure 12: Average waist measurement scores

	Total measurements	Reduced no.	Reduced %	Stabilised no.	Stabilised no. %	Increased no.	Increased %	Average
Year 1	98	61	62%	16	16%	21	21%	-1.39
Year 2	130	79	61%	5	4%	46	35%	-1.06
Year 3	79	60	76%	4	5%	15	19%	-2.48
Total	307	200	66%	25	8%	82	25%	

3.10 Nutritional behaviour

At the beginning and end of Phase 1 (Week 1 and Week 10 respectively), parents complete an eating habits questionnaire for their child. Questions cover eating habits in relation to breakfast, main meals, fresh fruit and vegetables, sugary foods and drinks, snacking and takeaways. The scoring bands are as follows:

- Less than 30 - Excellent
- 30 - 50 - Good
- 50 - 90 - Room for improvement
- More than 90 - Look back at questions where 10 was scored and tackle one at a time.

The table below shows whether scores reduced (i.e. eating habits improved), stayed the same (stabilised), or increased (eating habits worsened). It is not known whether the same parent or guardian completed the questionnaire at both intervals.

Figure 13: Nutrition scores years 1 - 3

	Improved score	Stabilised score	Increased score by 5-20	Increased score by 20+
Year 1	73%	8%	13%	6%
Year 2	67%	10%	17%	6%
Year 3	74%	6%	16%	4%

In year 1, 73% of those who completed the eating habits questionnaire, scored their child lower at Week 10, signalling that eating habits had improved. 8% had the same score as Week 1 and 19% had higher scores, indicating that eating habits had declined.

In year 2, 67% of parents scored their child lower at Week 10. 10% scored the same and 23% scored higher.

In year 3, 74% of children had improved their scores and 20% had higher scores than when they started the programme.

Year 1 and Year 3 have produced the best results overall, with around 80% of children improving eating habits and nutrition respectively as indicated by parent responses to the questionnaire completed at the beginning and end of Phase 1.

3.11 Emotional health

The emotional health questionnaire is completed by the child at week 1 and at week 10.

Figure 14: Emotional health scores

	Improved score	Stabalised score	Decreased score by 5	Decreased score by 5+
Year 1	64%	19%	13%	3%
Year 2	51%	13%	29%	7%
Year 3	51%	22%	21%	6%

In year 1, 83% of children either increased or maintained their emotional health score upon completing the programme. These figures were 64% in year 2 and 72% in year 3.

Noticeably, in year 2, 36% of children had an emotional health score which was lower at week 10 than at week 1 - a much higher percentage than was recorded for year 1 (16%) and year 3 (27%).

Decreased scores could be attributable to:

- Some children have underlying social/family problems, which continue to escalate despite WISH
- Some children have not been successful with BMI so esteem continues to dip
- Some children have been confused with understanding survey questions
- Subjective judgement can vary 10 weeks apart
- Unrelated issues on how they feel on the day of the survey.

3.12 Step Test Heart Rate scores

Figure 15: Step test scores

Total completers of Step Test Year 1	98
Children reducing Step Test	67 (68%)
Year 1 cumulative Step Test difference	-634.0
Average reduction for Year 1	-6.5

Total completers of Step Test Year 2	131
Children reducing Step Test	78 (60%)
Year 1 cumulative Step Test difference	-356.0
Average reduction for Year 2	-2.7

Total completers of Step Test Year 3	81
Children reducing Step Test	63 (78%)
Year 1 cumulative Step Test difference	-856.0
Average reduction for Year 3	-10.6

3.13 Hours of physical activity per week

Figure 16: Physical activity scores

	Improved score	Stabalised score	Decreased score by 1+
Year 1	40%	48%	12%
Year 2	44%	42%	15%
Year 3	46%	38%	16%

Children who increased their physical activity from week 1, were on average exercising for an additional 32 minutes per week in year 1, 26 minutes in year 2, and 29 minutes per week in year 3.

3.14 Programme satisfaction

The programme Satisfaction Questionnaire is part of the WISH Post Pack which is completed when the family finishes the programme.

Of the 256 children/parents who answered the questionnaire (years 1 - 3), the majority said they were satisfied or very satisfied with the programme. No respondents said they were unsatisfied or very unsatisfied, although, a very small number were indifferent to some elements.

Figure 17: WISH satisfaction survey results

	Information given	Adviser support	Suitable venue	Overall satisfaction
Very satisfied	128 (50%)	141 (55%)	118 (46%)	160 (63%)
Satisfied	122 (48%)	108 (42%)	124 (48%)	90 (35%)
Indifferent	4 (2%)	5 (2%)	4 (2%)	4 (2%)
Unsatisfied	0 (0%)	0 (0%)	1 (0%)	0 (0%)
Very unsatisfied	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Not stated	2 (1%)	2 (1%)	9 (4%)	2 (1%)

A selection of comments taken from the satisfaction surveys:

"WISH has been very helpful and getting involved has positively changed my choice of food and how to eat healthy and also my family. I would recommend this programme to any parent who wants to live healthy and also with their children. I would like to say very big well done to the WISH tutors. Thank you." (parent)

"Staff who run the programme are very helpful and approachable." (parent)

"The WISH programme has made me realise how important it is to eat healthy and exercise more." (child)

"I like the fact that we received text reminders and updates." (parent)

"I think WISH is very helpful as it helps you to understand what kind of food is good for you and how to manage resisting bad foods that are not good for you." (parent)

"The WISH Team have been very supportive. I would like to volunteer on the programme in the future." (parent)

"Very Satisfying programme." (parent)

"We are happy because my son has become healthy and drinking more water." (parent)

"Good idea getting parents involved and offering a range of activities within the sessions." (teacher)



3.15 Interviews with WISH Trainers

Courses are delivered in a relaxed, informal and friendly environment by qualified trainers who can relate well to children and parents.

Physical activity sessions

Children particularly look forward to the exercise sessions where they make new friends take part in activities such as dodge ball, relay races, circuit training, cat and mouse, tag, multi-skills and Shock Gym, with trainers adapting session delivery to the size of group, age groups or gender if necessary. School based promotional activity sessions have been run for up to 30-40 children, but much lower numbers are found in community settings, with group sizes averaging the 6 – 15 mark. Ideas for games and activities are provided in the MEND manual, but often the WISH trainers improvise depending on the facilities available and group size.

Family programme

Children are usually accompanied by one parent – a mix of mothers and fathers. However, it is not unusual for older siblings, grandparents or friends, known as 'WISH buddies' to attend. Measurements for parents and guardians are also taken if willing, which helps to re-emphasise the family's commitment to the intervention.

Changes in attitude and behaviour

Over the course of the programme, WISH trainers report that the most significant change observed is attitudinal. Families can start the course reserved and sceptical, by weeks 3-4 they appear more at ease and begin to actively participate and enjoy the sessions.

Breaking bad habits, which may span two or three generations in some families, is a particularly important focus for the theory sessions, which help get the message across one step at a time. Depending on the group, parents sometimes join the exercise sessions, but normally use the time to speak to other parents and participate in facilitated discussions on topics such as bullying, role modelling, internal and external triggers and eating healthily on a budget.



Challenging stigma

WISH trainers are keen for the programme not to be perceived as a 'fat club' and purposefully avoid using terms such as 'fat', 'obese' and 'overweight'. Positive language is used during sessions so as to remove the stigma towards taking part in WISH. The experience

of running 'universal' promotional activity in schools, without singling out qualifying children, was particularly successful in promoting the healthy lifestyle message to the target age group.

Adapted to local needs

The 10-week MEND programme has been adapted to suit local needs, based on the experience of WISH trainers delivering continuous cycles over a three-year period. Reducing the intense time commitment required was an early change, needed to make the programme more achievable for families. The core curriculum and learning objectives remain the same, but some materials have been adapted with creative and fun ways of helping children understand and remember

topics covered during the workshops. Children are given targets such as eat daily breakfast, drink more water, which link to the topics discussed that week, and are set at different levels so that each child can work towards a realistic target.

Food tasting was brought in to more of the MEND sessions, with the aim of tackling fussy-eating, introducing families to nutritious foods, which are then taken a step further in subsequent phases of the programme.

Recruitment and retention

A variety of techniques have been used to incentivise course completion including group trips (Ten Pin Bowling, Wolf Mountain and Dudley Zoo) gift vouchers for each WISH

Case study: Merridale Primary School

With child weight management a major issue for Wolverhampton, and healthy lifestyle choices and reducing childhood obesity important agendas for schools, head teacher Simon Lane welcomed the opportunity to bring WISH to Merridale Primary School. Juniors were introduced to the programme through fun packed physical activity sessions with a view to encouraging progression to the weekly child/parent course. The promotional activities proved popular and three WISH courses were run over the lifetime of the programme.

Each cycle was evaluated and adapted to meet the needs of families, which resulted in changes and parents also taking part in group exercise – measures that led to greater uptake. The healthy lifestyle message delivered to parent and child together is particularly liked by the school, which has also received assistance from WISH as part of CAF (common assessment framework) interventions for some children. Understanding the school environment, being flexible in approach and good communication has facilitated a successful partnership and positive outcomes for the families involved as well as the school.

Three Year Summary	No.	%
Total Qualifying Children Registered	27	
Parents achieving 50% + attendance	14	52%
Children Reducing BMI in 10 week programme	19	70%
Children Reducing BMI in 24 week programme (of 8)	5	63%
Children Reducing BMI in 46 week programme (of 8)	2	25%
Children Reducing/Maintaining BMI in new 20 week programme (of 6)	6	100%

Phase, with bonuses for those children most improved. Children have been given WISH diaries, so that they can record their progress and talk about how they are feeling. If families miss their normal weekly session, they are able to join another group so they don't fall behind.

Specific reasons for non-completion or early drop out are often unknown, but can often be due to parents' busy and hectic lifestyles, denial about the seriousness of the problem, other family priorities that take over, or as in the first year of WISH, the time commitment of 4 hours per week, which was unachievable for many families.

Over the lifetime of the programme, 25 WISH promotional activity sessions were held in schools. These were run entirely by WISH trainers, with teachers present as observers. All primary schools in Wolverhampton were contacted with letters to head teachers or social inclusion managers. The promotional activities led to 152 children registered on the programme, the most successful recruitment method.

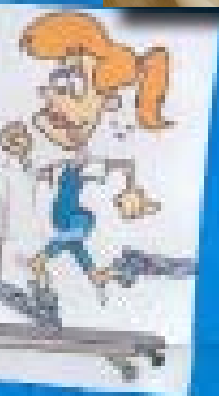
Awareness of the programme has also been boosted by attending community events such as: West Park City Show; Diabetes UK & MEND Roadshow; Great Tesco Run; Bilston Fire Station Funday; Our Lady & St. Chads Family Day; "Light Up the Night" (All Saints Church) Mosque event; amongst others.

The programme and families have also benefitted from links that WISH has made with other organisations and support interventions such as Health Trainers, Wolverhampton Walking for Health Community Trust and Re-think.



Bantock Primary School was awarded a £100 prize for achieving the highest attendance on phase 2 activities. A total of 98 hours was achieved by 10 children attending the 12 week, phase 2 programme.





Case study: Patveer, aged 11

Kuldip first found out about WISH from the nurse at her son's primary school. She'd been concerned about Patveer's weight for some time and as the programme is free and run locally, they signed up to attend weekly sessions at Fallings Park Fire Station in 2011.

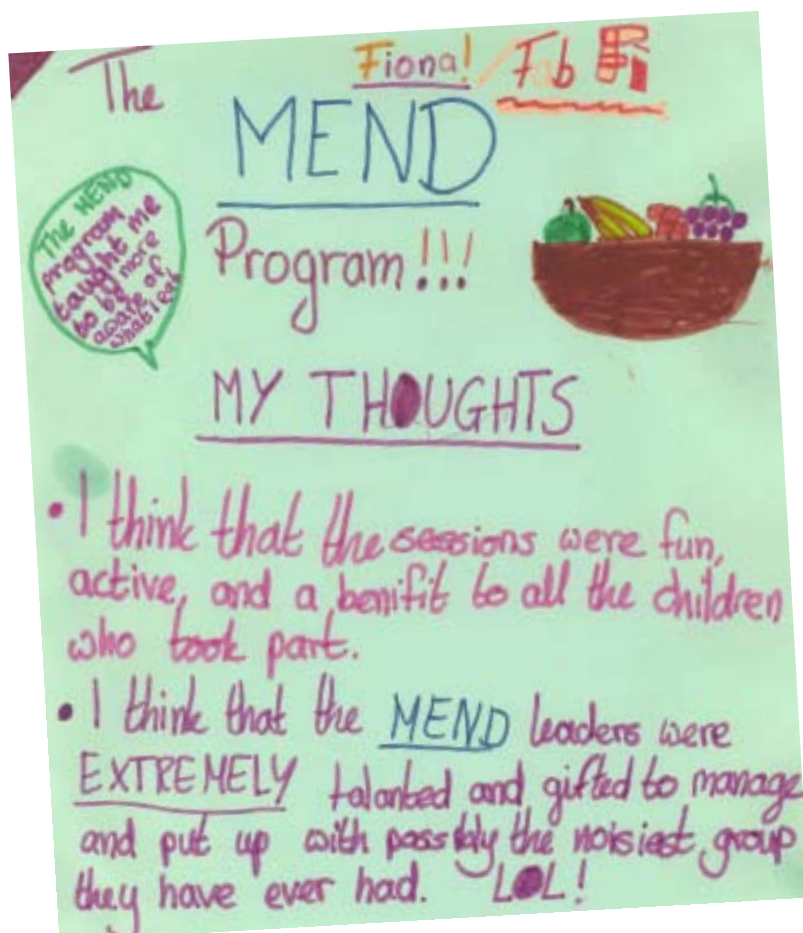
Although Patveer enjoyed the sessions, which resulted in some weight loss, Kuldip thinks he wasn't ready to commit to the programme first time round and therefore struggled to complete and gain the full benefit.

A year on, now at secondary school, Patveer tried again. He really looks forward to the weekly physical activity sessions where he plays football and dodge ball with his new friends, having successfully re-started and completed stage 1 in 2012.

Although he has older sisters, Patveer is able to mix with children his own age outside of school and Kuldip has noticed that his confidence has increased - family and friends are starting to comment on his weight loss which makes him feel happy. Kuldip has also learned about healthy food choices and how to read food labels. As a result, Patveer now eats more fruit, walks to school everyday and wishes he could go to the exercise sessions twice a week!



Above: Patveer playing dodgeball



Case study: Alessia, aged 9

Nicky, learnt about WISH from the school nurse. She was concerned about her daughter, Alessia, who was no longer able to wear clothes for her age range. Nicky had noticed Alessia was looking at the labels and trying to squeeze into clothes too small for her size.

Although the family ate a healthy diet and Alessia was reasonably active, Nicky was open to suggestions and new ideas to improve habits and show Alessia that there were other children like her.

WISH group discussions on portion sizes and reading food labels were a real eye opener for Nicky and Alessia. Demonstrations of fat and sugar content in crisps and fizzy drinks were particularly powerful.

"When we go food shopping we now look at the food labels together and understand what's good and what's bad. Alessia's lunch boxes no longer contain crisps and she is more inclined to snack on fruit or vegetables than ask for a chocolate bar. Little changes like these have made a difference," says Nicky. "The cooking sessions were also useful for picking up ideas for healthy snacks and introducing Alessia to new foods. Worksheets to complete at home and weekly targets such as drinking more water have really helped too."

By the end of the programme, Alessia reduced her waist measurement by 8cm and also lowered her BMI.

"WISH has enabled Alessia to make positive choices for herself. It was also good to be able to talk to other parents in the same situation as me, share ideas and give one another advice. I'm determined to keep the changes going," says Nicky.

Since completing WISH, Alessia has increased her physical exercise by continuing with the Shock Gym at Wolverhampton Swimming Baths, as well as swimming, dance and other activities:

"I learnt that exercise can be going for a walk when the weather's nice, a bike ride, or trampolining in the garden; it's not just something you do at an exercise club." Alessia goes on to say, "I was dieting before WISH but it wasn't working. I've got more confidence now and I would recommend WISH to other children as it helps you to achieve your targets."



Above: Alessia cooking fruity American pancakes

Case study: Daniel, aged 9

Daniel was eight when he started WISH. Joanne, who also struggles with her weight, liked the parental involvement that WISH offers and enrolled them onto the course after finding out about the programme at a local leisure centre.

"Daniel really enjoyed the physical activities and it was great to have a young male trainer running the sessions - a good role model for Daniel," says Joanne.

Prior to WISH Daniel was very active already, doing an hour's exercise on most days such as football, swimming and table tennis. "Through the WISH sessions, I realised that portion control was probably where we needed to make the biggest change. I stopped sandwiches before evening meals and also brought smaller plates to reduce our portion sizes. We eat a lot of fruit anyway, but we stopped buying crisps and sweets and started eating more pasta and fish."



Above: Daniel boxing with WISH trainer Joe Meakin

A year on, Daniel has a healthier BMI and his fitness has improved.

"I feel happier now and wear my shorts more. I used to wear a jumper to cover up a bit but now I'll wear a t-shirt," says Daniel.

Joanne has lost weight too and the changes have had an impact on the whole family.

"Our food shopping habits have changed. We're no longer using food as a treat. If we snack we stick to fruit and yogurts. It's something you have to keep track of daily.

"I was always fearful of having a letter sent from Daniel's school about his weight – I feel better knowing that I've done something to help him. Everyone at WISH has been so supportive and very sensitive in how they work with children on this issue. Each child is different, with their own needs."

Case study: Jasmine, aged 10

Whilst offering free health checks at the annual Wolverhampton City Show, the Wolverhampton PCT team found Jasmine's BMI was higher than average for her height and age. They suggested WISH could help.

Jasmine started attending WISH on Saturday mornings with her parents, Annette and David. "The mix of exercise and talks was fun and not overly serious and having the sessions at the weekend enabled us to take part as a family. Discussions with other parents were useful, we were able to share similar experiences and challenges and take something away each week - replacing a bad habit with a good habit," says Annette.

"I work in the health service and although familiar with much of the advice, it was a useful refresher as was the structured delivery to put into practice what we learnt. We liked the handouts and the food tasting, giving us alternatives to crisps and other snacks. I'm more conscious of what we're buying now and the visual exercises of measuring fat and sugar has stayed in our minds. Jasmine stopped having McDonald's after discovering what was in the burgers."

The session on portion sizes for children of different ages and genders had the biggest impact. The whole family lost weight during the programme and they managed to sustain their healthy eating habits whilst on holiday. They also watch less TV and exercise more. Swimming, gym, dance and zumba are now regular activities for Jasmine:

"I liked the exercise and weekly targets like drinking more cups of water and the healthy food swaps. I enjoyed coming every week," says Jasmine.

"I was concerned about Jasmine's weight but had all sorts of conflicts over what was best; a growing child not wanting to restrict her diet and also conscious that we needed to do something about her BMI. WISH helped with that and gave us practical things we could do," says Annette.



Above: Jasmine urban rebounding

Case study: Chas, aged 9



Above: Preparing breakfast pancakes, Chas with mum Toni

Chas's weight had been creeping up with his age. His mother, Toni, had heard about the MEND programme from a friend and went online to search for local support when she came across WISH. Keen to help Chas stabilise his weight, Toni registered for the next available course.

"Chas really enjoyed coming each week and being set new things to try and do," says Toni. "He was asked to drink lots more water and still does that now. He's completely stopped drinking sugared drinks and is more careful about what he eats. He will even refuse foods like pizza in favour of more healthier options, whereas before it would be difficult for him to make those kind of positive choices. Chas even won a prize for food tasting."

Toni is really pleased that Chas has stopped gaining weight through poor diet and exercise. He now has a regular routine of going to the gym and playing football, tennis, badminton and swimming.

"It was nice to have children with similar weights and ages on the programme together. We're managing to stay in touch with other families. It was also interesting to meet families from different cultures and listen to their way of life and share ideas."

"Although my other son, Ross, aged 15, didn't attend the sessions, he's felt the benefit too. Both have switched from white to brown bread, but also reduced bread intake generally. It's been really good for us all. These types of family friendly programmes to promote healthy lifestyles are really needed in Wolverhampton."

4. Has WISH achieved its objectives?

4.1 WISH impacts

Programme objectives, as contracted by Wolverhampton PCT, were:

1. To raise awareness of the healthy eating and physical activity through 'MEND' activities to enable the child to develop a healthy weight.
2. To provide information to families for local opportunities to increase physical activity and where further support can be obtained.



The programme has achieved both of these objectives. WISH families, local schools and delivery partners have identified the following impacts of the programme, which are borne out by the headline figures (4.2):

- Improved confidence and self esteem of children
- Improved family health
- Reduced or maintained BMI scores for children
- Engagement across ethnic groups
- Not stigmatising or labelling children as 'fat' or 'obese'
- Improved nutrition and healthy eating habits
- Changes in attitude towards healthy lifestyles
- Breaking of bad habits
- Families preparing healthier meals
- A supportive and non judgmental environment for parents
- Children working towards achievable targets
- Increased motivation to sustain health improvements

4.2 Headline figures

A summary of programme delivery and results achieved are summarised below:

Recruitment and retention

- A total of 47 courses have been delivered by the WISH Consortium over the contract period. 14 in year 1, 20 in year 2 and 13 in year 3.
- 434 qualifying children have been registered for the WISH programme, of which 280 completed Phase 1. A further 77 siblings and friends have accessed WISH across years 1 - 3.
- Figures across the three years show that the programme has consistently achieved or was close to meeting Phase 1 completion targets of 70%, with 74%, and 67% for years 1, 2 and 3 respectively.

- Sustaining engagement and meeting targets for Phase 2 was more challenging. Phase 3 has had mixed success, with the target being fully met in year 1 (40/40) to just 24 completers in year 2, falling significantly below the target of 57.
- Under referrals from school nurses contributed to low recruitment figures for Year 1.
- The most successful method of recruitment to the programme has been through school promotional activities, with 152 children joining the programme through this route - 35% of total registrations.

Demographics

- The figures show that WISH has engaged with a fairly even gender split - males (47%) and females (53%).
- WISH has engaged families resident in all 20 wards that make-up Wolverhampton, and delivered courses in each of the 8 MAST areas.
- Beneficiaries living in West Park (13%) closely followed by Blakenhall (12%) and Graisleigh (11%) have accessed the programme most frequently.
- For all years of delivery, WISH exceeded the PCT target to work with at least 70% of primary school children aged 7-11 yrs.

Health improvements

- 77% of children who completed Phase 1 reduced or maintained their BMI score in year 1, 63% in year 2 and 81% in year 3. Of those who progressed to Phases 2 and 3, the numbers that continued to reduce or stabilise BMI were much lower, particularly in year 2.
- In year 1 and 3, around 80% of children improved eating habits and nutrition as indicated by parent responses to the questionnaire completed at the beginning and end of Phase 1. The figure was 77% in year 2.
- In year 1, 83% of children either increased or maintained their emotional health score upon completing the programme. These figures were 64% in year 2 and 72% in year 3.
- Noticeably, in year 2, 28% of children had an emotional health score which was lower at Week 10 than at Week 1 - a much higher percentage than was recorded for year 1 (19%) and year 3 (20%).
- Children who increased their physical activity by the end of Phase 1, were exercising, on average, for an additional 32 minutes per week in year 1, 26 minutes in year 2, and 29 minutes per week in year 3.

Programme satisfaction

- Of the 240 children/parents who answered the programme satisfaction questionnaire, the majority said they were satisfied or very satisfied with the programme. No respondents said they were unsatisfied or very unsatisfied.

4.3 Key successes

WISH has been through a continuous cycle of development and improvement. The key successes of the programme can be summarised as:

- A well developed and tested family based healthy lifestyle programme, which benefits the whole family not just children
- Adapted to meet the needs of local families and schools and caters for a range of ethnic groups/diet
- Successful track record of working with schools and running well attended programmes with good completion levels.
- Providing a much needed motivator for many families, which keeps them going until they break bad habits and start forming good ones.

4.4 Added value

Common Assessment Framework (CAF)

By delivering WISH within the school environment, the programme has directly benefited children who are being supported under CAF interventions. Teaching staff have recognised the value that the programme can offer and WISH staff have participated in meetings to support families.

Special needs

The programme has catered for children with special needs and learning difficulties, whose parents have reported positive results in terms of behaviour whilst in the WISH environment.

Siblings and WISH buddies

In addition to the 434 qualifying children on the programme, WISH also supported a further 77 siblings and friends to join the activities so as to make children feel at ease and increase their chances of completing the course.

4.5 Learning

The WISH programme has developed a considerable bank of learning in community based child weight management interventions, including:

1. Taking a whole family approach to child weight management, recognising that poor diet and lack of exercise are habits which can span three generations in some households.
2. Being realistic about the time that families can commit to after school interventions. Completion rates improved once the attendance requirement became more manageable for families.
3. The external motivation that weekly programmes can provide for some families.
4. Promoting the programme as a universal healthy lifestyle programme, open to all, rather than targeting those children who are obese or overweight.

5. Ways forward

Presented below are reflections on the report findings from TLC College, together with recommendations on ways forward for child weight management programmes in Wolverhampton.

There is no comprehensive plan in the city to strategically take forward the learning, experience and infrastructure that has developed locally over the last nearly three years.

Tackling obesity in Wolverhampton needs certain key areas to be developed further:

1. An inclusive approach that removes stigma, improves referrals and builds a positive wider culture of healthy lifestyle. Programmes should be designed to discretely encourage overweight children to engage and not in an exclusive manner that will noticeably “label” children. The careful inclusion of “healthy-weighted” children can introduce “healthy role models”. An inclusive approach will also address wider issues that can affect children of any weight, including fussy eating, sedentary behaviour, and comfort eating which could develop into future health problems.
2. Develop robust links with schools that provide an after-school service which can address key life skills for children, engage with parents, spot lifestyle issues and provide appropriate signposting. Effective programmes should plan carefully with each school to accommodate curriculum enhancement, school holidays and customised support for some children. This approach would facilitate a lasting legacy through the school.



3. Effective use of community venues to provide a service in local neighbourhoods, be accessible to hard to reach groups (women-only; ethnic minorities) and available outside of school holidays. Families would be able to link to many community facilities as well as indoor and outdoor gyms that are available but underutilised.
4. Ownership of a Local Healthy Lifestyle Programme which demonstrates an understanding of local family needs and also value for money. Many other local areas including Birmingham and Telford have tried national programmes but have now developed their own local programmes. Other programmes have had comparable results to MEND but at an affordable rate.

In Wolverhampton, WISH has had a unique opportunity for market research, whilst working on a city-wide three year project that engaged with 434 families. There has also been valuable feedback from delivery staff, consortium partners, PCT, HEPA, schools, health professionals, school nurses, women only-groups, minority ethnic people and those with learning difficulties.

Some of the suggestions have been for:

- Continued focus on physical activity sessions

- Shorter and more interactive theory sessions
 - Less bureaucracy with registration/evaluation flexible attendance to allow focus on more relevant issues
 - Additional parental focus on their needs as an individual rather than just a parent.
5. Improved engagement and understanding of how Wolverhampton's various health initiatives and professionals can work more effectively to complement each other's work and create a suitable culture for change is needed. This is particularly important given recent changes which have seen the closure of the PCT and Public Health moving into the Local Authority, and with the establishment of the Clinical Commissioning Groups. A wider collaboration with schools, workplaces, neighbourhoods, leisure and food industries is also recommended for a more comprehensive approach to tackling obesity.
 6. As per Government Strategy "Putting Local Communities at the Heart of Public Health" – TLC aims to build positive relationships with Local Commissioning Groups and Local Public Health Authorities to enable an innovative, integrated and dynamic local approach. New commissioning processes need to ensure where staff turnover takes place that there is a seamless handover that reduces the opportunity for misinterpretation of originally agreed targets and work practice. Contractual arrangements need to ensure a simple and adequately cash-flowed payment process. Contractual arrangements need to ensure a simple and adequately cash-flowed payment process. We need to reduce bureaucracy, have simpler registration forms (originally 27 pages) and have smarter information systems; this project struggled with the burden of three separate administration systems (PCT, MEND and TLC). As part of the contract, the management and review process should be centered on the child and family and allow responsive change as per their needs.
 7. From the family/stakeholder feedback and WISH experience, TLC has created a locally based healthy lifestyle programme that meets local needs. Based on three years of local delivery, and the findings of this report, TLC has a valuable role to play in the city's efforts to address obesity and lifestyle issues. TLC is well positioned to work with commissioners and health services to create a positive change in the lives of local children and their families.



Wolverhampton Inspiring and Supporting Health

A family friendly healthy lifestyle programme for 7 - 15 year olds in Wolverhampton

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