



September 2018-September 2019

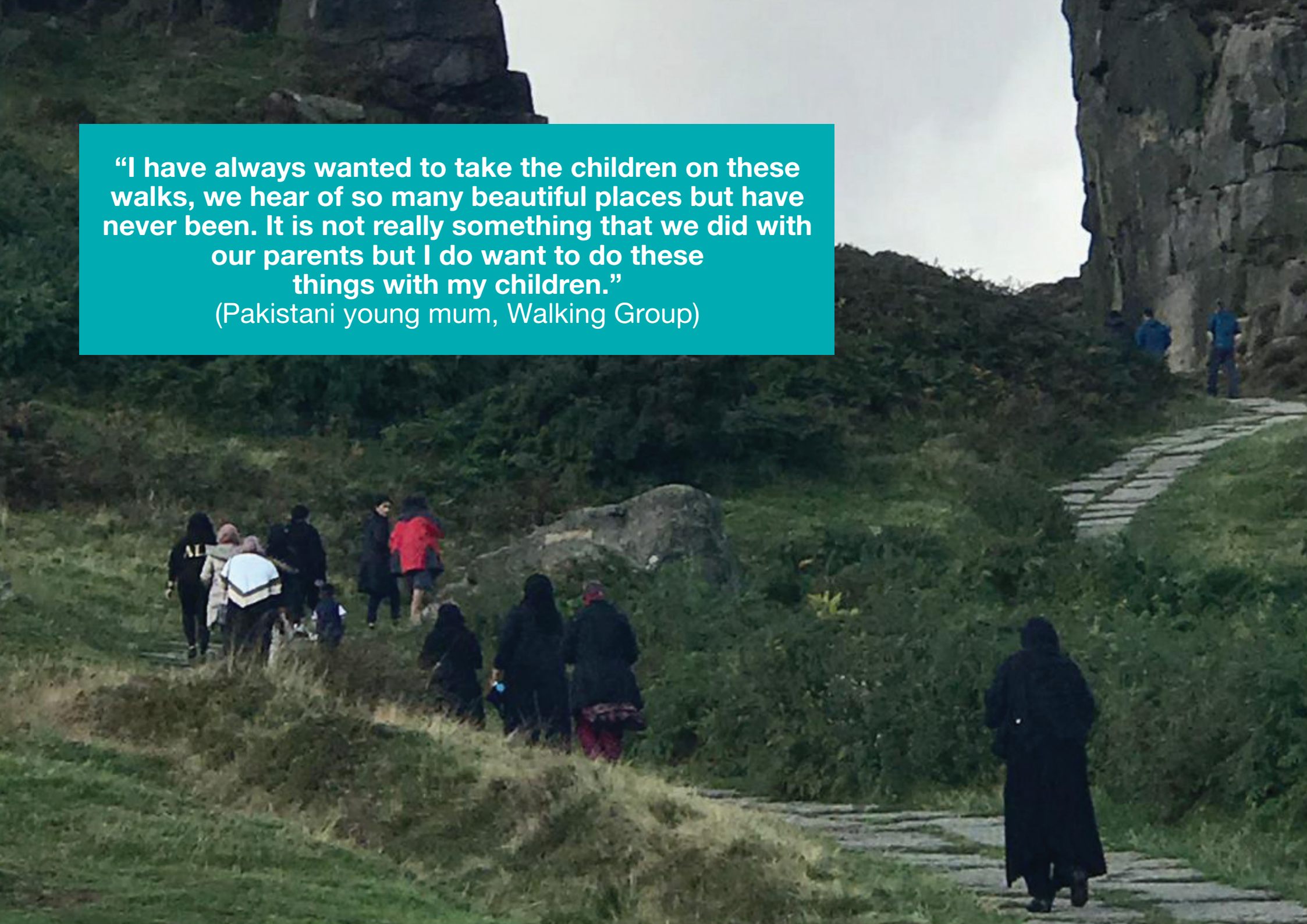


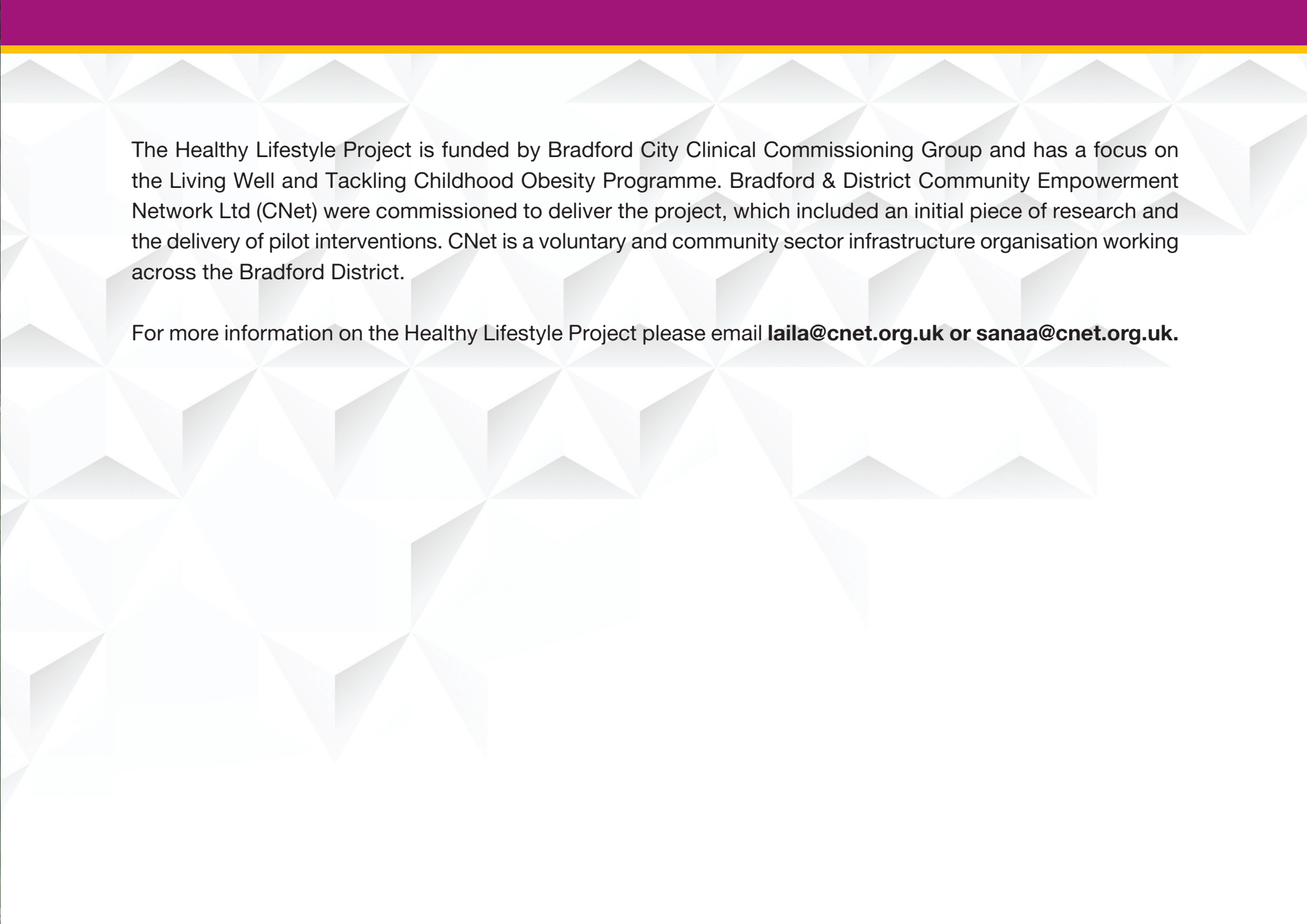
HEALTHY LIFESTYLE PROJECT REPORT

CNet (Bradford & District Community Empowerment Network Ltd.)

Phase 2 - Pilot Intervention Projects

“I have always wanted to take the children on these walks, we hear of so many beautiful places but have never been. It is not really something that we did with our parents but I do want to do these things with my children.”
(Pakistani young mum, Walking Group)





The Healthy Lifestyle Project is funded by Bradford City Clinical Commissioning Group and has a focus on the Living Well and Tackling Childhood Obesity Programme. Bradford & District Community Empowerment Network Ltd (CNet) were commissioned to deliver the project, which included an initial piece of research and the delivery of pilot interventions. CNet is a voluntary and community sector infrastructure organisation working across the Bradford District.

For more information on the Healthy Lifestyle Project please email **laila@cnet.org.uk** or **sanaa@cnet.org.uk**.

Contents Page

Acknowledgements	4
Background and Context	6
Pilot Interventions	13
Walking Groups	16
Weight Management Sessions	18
Sports Sessions	20
Health Monitor and Badminton Sessions	22
Health Activities for Young People	24
Cook and Eat Sessions	26
Participants Direct Quotes	28
Conclusions	31
Demographic Data	34

Acknowledgements

BIASAN

Bangladeshi Youth Organisation

Bradford Health Resource Library

Bradford Allstars

Bradford Deaf Community Association

Blooming Buds

Geoff Binnington & Shearbridge Council Taxi Depot

Grange Interlink

Great Horton Church Cricket Club

Madrasah Madania Tahfeezul Quran (MMTQ)

Mary Magdalene CIC

Nafs Womens Group

RIS London Junior Football Club

Ravenscliffe Community Association

Sunnah Sports Academy Trust

Women Zone

Zahida Hussain-Living Well Team



**“It’s made me feel more active,
strict schedule - feels good”**
Young People’s Activity - Young Pakistani Male

Background and Context

The Bradford City Clinical Commissioning Group (CCG) asked CNet to deliver a project around healthy lifestyles, which would support the CCG to better understand the challenges faced by families in their area and to identify projects to deliver, based on the findings.

CNet were asked to work alongside relevant Public Health Officers and identify ways in which to enhance and support the existing Healthy Bradford Obesity Programme.

The objectives for this piece of work were to:

- Identify the challenges that families face when making choices around healthy eating, their lifestyle and what influences their decisions
- Identify new ways to educate and influence women, families and wider communities
- Develop tools and approaches that are acceptable or “owned” by communities and that will support them to make healthy eating and lifestyle choices
- Use an asset-based community development approach throughout the project

Phase One of the project involved speaking to people about the challenges they face when making healthy living choices and what influences their decisions.

The target group were people living in the Bradford City CCG footprint area - BD1, BD2, BD3, BD5, BD7, BD8 and BD9.

Phase One was completed in Autumn 2018. **486** respondents from across the Bradford City CGG footprint postcode areas, aged between 14 and 40 years took part in the research.

In general people were quite open and willing to share their thoughts and feelings around health and wellbeing. Facilitators had no problems in recruiting people for either focus groups or questionnaire sessions in their community venues. It was left with facilitators to decide which method would suit their members best.

As a result, some venues completed questionnaires, some focus groups and a small number combined both methods. The response rate was higher than initially expected, with only six people refusing to complete the questionnaire.

A total of **267** people completed face to face questionnaires. The facilitators completed questionnaires with members of their groups or organisations. CNet staff also contacted all GP surgeries in the Bradford City area and held six sessions in GP practices to complete questionnaires with patients.

A total of 22 focus groups were completed, with **219** people participating. CNet staff delivered three focus groups, Farrow Medical Centre delivered two and the facilitators from VCS groups delivered a total of 14.

The trained facilitators delivered focus groups in their own venues and with their members. The strength in this approach was that the facilitators had already built a relationship of trust and confidence with the participants and the questions were based on a conversation model approach.



To ensure that our participants reflected the demographic make-up of the Bradford City CCG area and that seldom heard groups were offered the opportunity to share their opinions, we invited organisations working with the following groups and communities to be part of this work:

- South Asian communities - mainly Pakistani, Bangladeshi and Indian
- White communities - who mostly live on social housing estates
- Disabled people - including people with visual impairment, people who are D/deaf and people with impaired mobility
- New arrivals to the UK - from Africa, the Middle East and Eastern Europe
- African Caribbean communities
- Young people aged 14-24

Stress, family and work commitments, lack of time, followed closely by **habits** and **lack of motivation** were the reasons given for not living a healthier lifestyle. Stress, anxiety and depression were frequently mentioned factors and this theme cut across different demographic groups (whether male, female, Asian, white, able bodied or disabled).

Key differences between Asian and white groups are listed in the Healthy Lifestyle Project Report, February 2019. **90% of all respondents** wanted activities to take place in their local communities and the requested venues are listed in the full report.

An invitation was sent out to CNet members and Bradford District Assembly forums to find out which organisations were interested in being part of Phase One and including their members in the early stage of the project.

Two briefing sessions were held, one on the afternoon of the 4th October 2018 and a second on the morning of the 11th October 2018. A total of nineteen projects and groups came to these sessions.

“Taking part in those sessions has made me realise that eating healthier makes you feel better”

Cook and Eat - Pakistani Young Mum



The information from Phase One research formed the basis in identifying a series of quick hit pilot initiatives which were then delivered in 2019. The main aim was to work with women and families to develop ways of breaking down the barriers preventing healthier lifestyle choices.

These included:

- Weight management sessions
- Preparing culturally appropriate food including nutritional awareness
- Sports and family based sports sessions
- Walking group
- Health Check stations for male members of the community
- Health activities targeted at young people aged 14 – 24 years of age
- Methods using arts based activities to engage people and encourage discussion around healthy lifestyles

In spring of 2019, one to one sessions were held with 18 main volunteers and paid staff around the evaluation processes and methods we would use to assess which pilot activities would motivate and mobilise communities most at risk of unhealthy lifestyles. These included:

- Equality monitoring templates
- Individual “BLOB” © sheets to explore and capture feelings and intentions. These sheets are an aid to group discussions and conversations
- Individual survey baseline sheets completed by individuals at the start and end of projects



**“I need to vary my diet -
eat more fruit and not biscuits”**
Art Session - African Female



Phase 2 - Pilot Interventions

“It is in localized contexts that impact assessments are more easily undertaken, and where the evidence base is at its strongest... A concerted approach enables a detailed understanding of local demographics and population needs and facilities targeted and sustainable interventions.”¹

29 pilot interventions were delivered from March - September 2019 with a total of 1027 participants

- Three Walking Projects were delivered in Bradford City Centre, Manningham and Ravenscliffe
- Four Weight Management pilots were planned, two went ahead in Manningham, one in Barkerend and a fourth in Ravenscliffe ran for a number of sessions before folding due to changes on their committee. Some focused on healthy eating and others had a focus on mindfulness and wellbeing
- Family Fun Sports Session - a total of six sessions were held in community centres and parks in Manningham, Ravenscliffe and Barkerend
- Young Peoples Activities - a total of nine activities focused on the 14 - 24 year old age group. Three activities focused on young girls and are listed below, a further three activities took place with young men and boys. Three activities were held for D/deaf young people
- Four Cook and Eat programmes were delivered in Manningham and Barkerend. One of these was focused on the D/deaf community and a second was for an all-male group
- One Sports Leadership programme was held in Manningham with an all-female group
- Girls only Sports Sessions - rounders, cricket, fencing and self-defence were delivered within faith supplementary school settings in Lidget Green and Manningham

¹ Quote from James, Parkhurst and Paxman, 'Tackling obesity – What the UK can learn from other countries'

- A total of four open Badminton sessions were organised for taxi drivers in the Bradford City CCG footprint area
- Two Health Check Monitors were placed in venues accessed by community (one general and one targeted at males)
- Two Creative Arts projects focusing on healthy eating and a second project focusing on young women's mental health and bullying were held in Manningham and Lidget Green respectively
- Two Netball Pilot Programmes were delivered in Bradford 3 and Ravenscliffe
- Two Healthy Eating sessions were delivered in Manningham and Lidget Green faith supplementary school setting

Individuals taking part in the pilots interventions were from the most seldom heard groups in the Bradford City CCG footprint. These included people from the following backgrounds, aged 14 – 40 years of age and resident in the Bradford City CCG footprint area (BD1, 2, 3, 5, 7, 8 & 9):

- Pakistani, Bangladeshi, Hungarian, Syrian, Eritrean, Iraqi, Iranian, Congolese and English/Irish
- White and Pakistani residents who are D/deaf
- Ahmadiyya Muslim females
- Bangladeshi females (some born and educated in England others are new arrivals through marriage)
- Congolese and Eritrean males
- South Asian males (Pakistani, Bangladeshi, Pathan and Indian)
- Young people (males and females)

All activities included a cost per activity, per participant. Having knowledge around healthy lifestyle practices and applying that knowledge are two distinct things. During Phase One people talked about how they had difficulty applying healthy behaviours into practice. The pilot interventions were targeted at specific groups and provided the “nudge factor” to equip and empower individuals, families and communities to become motivated to adopt healthier lifestyles.



Walking Groups

“Lots of our women and men face the same issues and suffer from depression. Motivation levels are low and some days getting people out of bed is difficult, let alone being on time. However once people did turn up, they got a lot from the session.” (Asylum/Refugee Group volunteer)

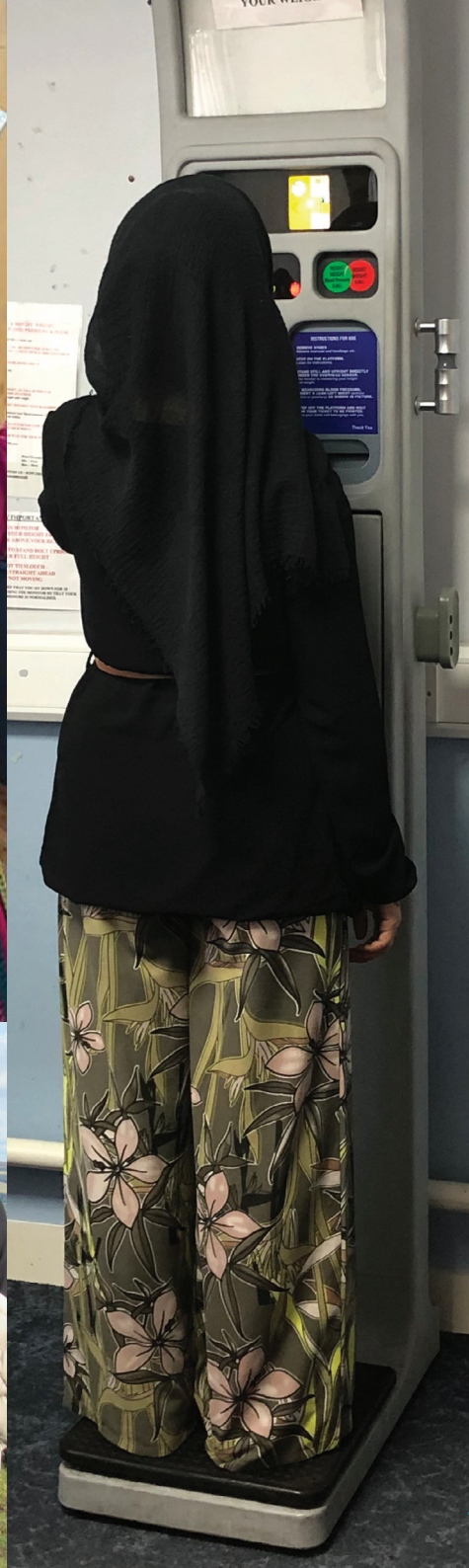
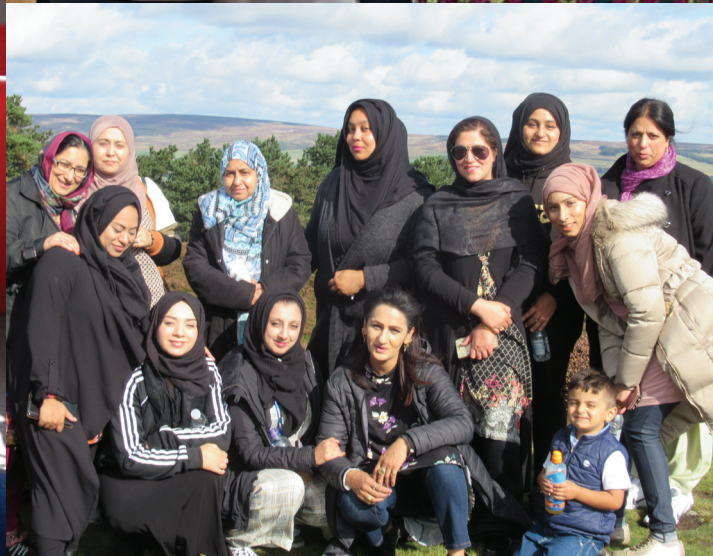
Three walking groups were organised, one in Ravenscliffe, one in Manningham and one in the City Centre. There were a minimum of four sessions per group. A total of **47 people** including children took part.

South Asian young mums had wanted to take their children on walks in Ilkley and Haworth. Whilst they had heard of the places, never having gone there before, they were unsure of walking routes. Sessions were organised for Backstone Beck, the Cow and Calf Quarry, Darwin Gardens and Blue Lagoon. A Walking Guide booklet was produced for parents to use for local walks and beauty sites.

Walking groups were also organised for men and women who were new to Bradford and had arrived from countries such as the Congo, Eritrea and other parts of Africa. These walks involved visiting key landmarks in Bradford City Centre and Little Germany.

Benefits noted in the participants evaluations included feeling more energised, calmer and less stressed. Parents also said that they now intended to do these walks with their children and families.

Outcome: People are healthier and making walking a regular part of their lives (for themselves and their children). There is an increase in motivation and self-confidence.



Weight Management Sessions

“This was not new information, but with being part of the group and sharing our experiences and stories, that is the beauty of these sessions. I am now really starting to lose weight!”

(Pakistani mum)

A total of four projects were delivered. Two in Manningham (one targeting Pakistani females, a second targeting Bangladeshi females), a third was delivered in Barkerend and the fourth on Ravenscliffe Estate.

Each project ran for a minimum of 8 weeks with one being extended to 12 weeks. A total of **62 women** took part in these. The sessional content and programmes were co-designed with participants and included:

- Group discussion and peer support
- One group focused on mindfulness from an Islamic perspective (guided meditation, breathing and gratitude exercises) and using self-care checklists
- Preparing nutritious, cheap, hot meals
- Portion control and nutrition

Women reported feeling brighter, more alert and generally less stressed. Led and delivered by local women, these sessions took a combined format of discussion around healthy eating, an in-depth look at peoples eating patterns and habits and also womens emotional responses regarding foods.

Outcome: Increased awareness of current physical activity advice, nutritional information and importance of reducing saturated fats, salt, sugar and calories. Women were introduced to a behavioural approach model using mindfulness techniques to improve states of anxiety and depression. Women from seldom heard groups were themselves helping create a healthy and active community.



**“First time playing team sports,
hard to believe it is so energentic,
never been so exhausted”**
Sports Activity - Pakistani Young Mum

Sports Sessions

“Really enjoyed this session, made me realise exercise doesn’t have to be really difficult or too difficult to start with, gives me ideas of new ways I can exercise.”

(White mum)

A variety of sports sessions were delivered, each with a slightly different focus based on the findings from Phase One research.

Two Netball Pilots were delivered, one in BD5 and a second in BD9 with a total attendance of **47 women** (more than half were from a South Asian background). Four single sex women’s sports sessions were held with a focus on team sports, attended by **79 women**. These included netball, football, yoga and Zumba.

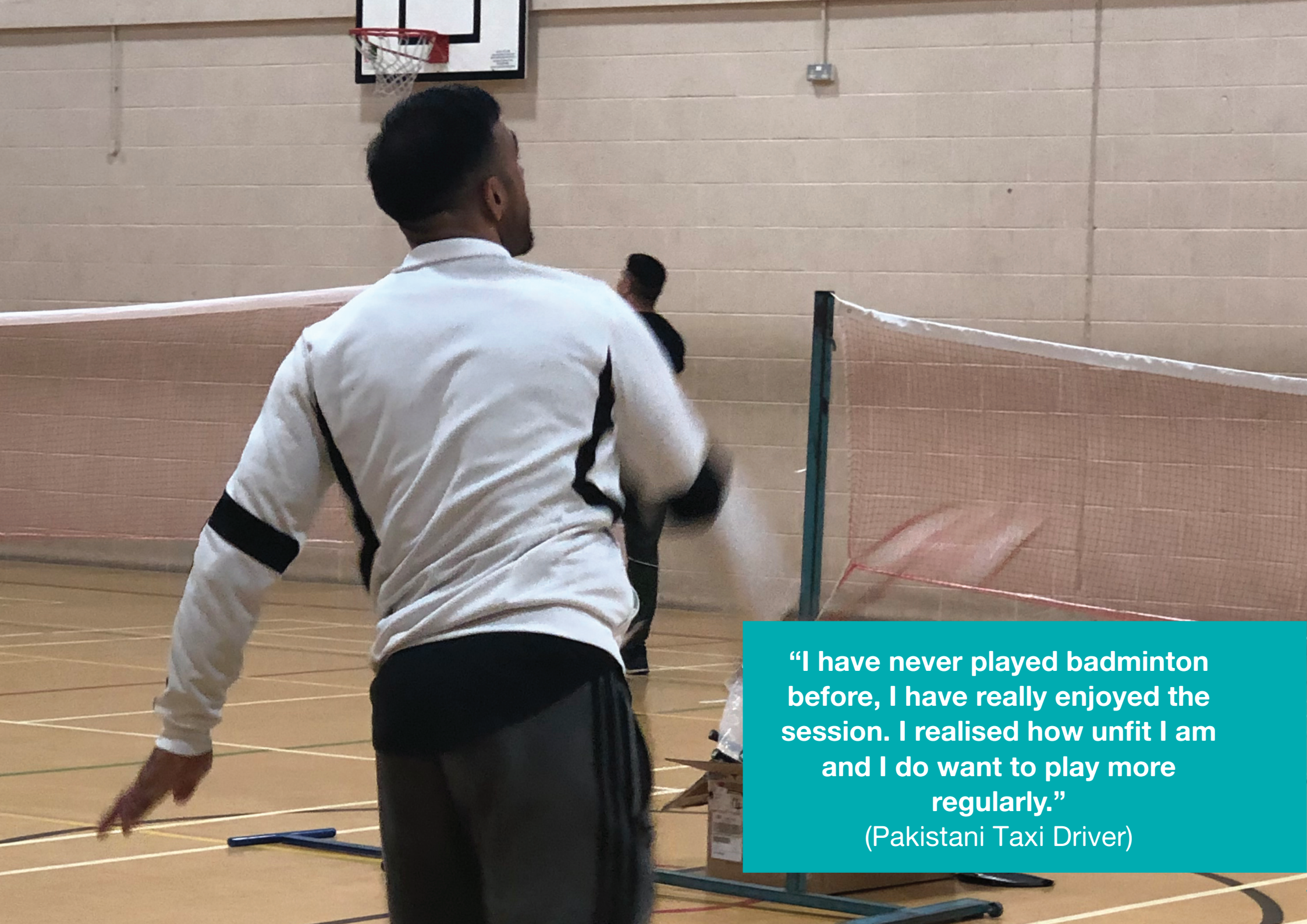
Eight family fun events were organized across the Bradford City CGG footprint. These were held in community centres and parks over the summer months. These were well attended, particularly by younger families. One sports leadership course was held for South Asian Women and was attended by **19 women**.

For the women and girls sessions, the venues for delivery included known community centres and also in faith based organisations.

Outcome: Increased exercise and activity levels, with a particular focus on women who had not played any team sports since childhood. This was the case for women regardless of ethnicity. The family fun sessions and one of the netball sessions brought mums and children together in physical activity. For sustainability the family fun sessions were held in free venues (i.e. parks), for the team sports sessions local venues were booked by the women. Women said that this was the first time in a long time they had run, jumped, generally got out of breath and worked up a sweat. Doing this alongside their daughters was seen as a bonding experience.

“I feel ok and excited, reminds me of my childhood on the streets ... which has long gone now.”

(South Asian mum)



“I have never played badminton before, I have really enjoyed the session. I realised how unfit I am and I do want to play more regularly.”

(Pakistani Taxi Driver)

Health Monitor and Badminton Sessions

“Being a taxi driver, it is very hard for me to keep healthy. This initiative is excellent (health monitor). I felt fat but this ticket has given that in writing – that makes me want to change.”
(Pakistani taxi driver)

Two Health Check Monitors which measure BMI, height, weight, blood pressure and pulse readings were placed at Shearbridge Taxi Depot waiting room (where drivers are issued with licenses) and a second at CNet Offices where it was made available for use by community groups, networks and forums.

A total of **642 people** used the health monitor, 402 of these were men. Posters from Bradford Health Resource Library were placed in the taxi depot waiting area (around weight, healthy eating, dealing with stress) and the health monitor was placed between two sweet and drinks vending machines. The waiting area was not staffed.

Some pilot Badminton Sessions were organised at Grange Interlink. A poster was devised and promoted via the Council Vehicle Licensing email database.

The first session had a low take up, however the second and third sessions saw a small group of drivers starting to spread the word and bring along colleagues. These men varied in terms of age and ability; the main discussions were around them being time poor and aware that their current lifestyle habits were not congruent in terms of their health.

Some talked about their long working hours in jobs that offer little flexibility in terms of when they work, making it difficult to find time for family life and still less to exercise or go out.

Outcome: Raised awareness of the importance of healthy BMI and hypertension factors. Increased motivation on starting to make healthy lifestyle choices.

Note: this was the only pilot activity with no cost charge



“We helped each other, I loved the teamwork and we were able to feel safe and strong.”

(Pakistani female aged 15
at the Self Defense session)

Health Activities for Young People

“I chose to do this (outdoor activity) because I am getting to my goal with the help of others. People always put me down because of my weight. I lack confidence.” (Pakistani 16 year old male)

A total of eight single session activities were delivered with young people aged 14 - 24 years of age, with a total of **113 young people** taking part. 53 of these were young women and girls based in local faith supplementary school settings.

Activities were agreed after discussions with a key volunteer contact who had established relationships of trust with the parents of the younger women. These included fencing, self-defense, cricket, a healthy eating workshop and a poetry discussion group on bullying and mental health.

Activities for the young men included taking them out of Bradford for outdoor activities (a first for the majority of the boys) and also cricket and football sessions.

For the D/deaf young people, swimming sessions and a soft play outdoor activity were arranged off site. A staff member at the Deaf Community Association had stated that the centre had struggled to reach younger people in the South Asian community for the past twenty years, despite undertaking outreach work with publicly. As a direct result of this activity she has now recruited younger deaf people from the local area.

Most of the young people were accessing no sports activities whatsoever, several had weight issues and parents were very keen for them to take part as isolation and loneliness were common factors. These young people have now become members of the centre.

Outcome: Increased levels of physical activity to tackle sedentary lifestyles. Created pockets of active communities and support development of positive role models within local neighbourhood.



Cook and Eat Sessions

“Couldn’t believe how quick some of the recipes were and made me realise it is possible to make healthy food really quickly. I always thought it would be really expensive but it was really cheap too.”

(White mum)

Healthy Eating Courses - culturally appropriate and bespoke design for each community of interest (i.e. portion control, alternatives to take away, cooking on a budget, preparing culturally appropriate foods, preparing healthy food on a budget).

Four projects were delivered, one with an all-male group, one with mixed gender, one with a predominantly white group at Ravenscliffe, a third with the D/deaf community and the fourth with South Asian women. These sessions ran for a minimum of four weeks. A total of **47 people** took part in these sessions, 16 of these were men.

All provided information and training on:

- shopping on a low budget
- preparing healthy culturally appropriate foods
- discovering alternatives to take away food options
- raising awareness around nutritional value
- dangers and health impact on diets high in saturated fats, sugar and salt

Outcome: Provided information and training on: Shopping on a low budget; preparing healthy culturally appropriate foods; discovering alternatives to take away food options; raising awareness around nutritional value; dangers and health impact of diets high in saturated fats, sugar and salt.

“I am trying to cook and eat healthy at home now and I’m losing weight which is what I want.”

(Pakistani mum)



“The sessions (Weight Management) have given me ideas to do at home, I feel emotionally and mentally healthier.”
(Pakistani young mum)

Participants Direct Quotes

“I have started to increase my steps to 10k per day, I have just been diagnosed as pre-diabetic.”

(Pakistani mum - Weight Management Group)

“For me personally the one thing that stands out is not only the results of this project on the participants but also on their parents. Constantly worrying about your children, whatever their age, is not conducive to a happy, healthy life. In addition, there was a lot of running around and strenuous activity so that they were having fun and getting fit.”

(White female, D/deaf community)

“I liked the walking, it was sociable. I liked the country and green spaces, it’s quiet and refreshing, peaceful. I can think less and worry less - I can sort my head out. I think I overeat as I think so much.”

(Female, Iraqi Walking Group)

“I am very unfit as I am tired after 1 hour!”

(Pakistani Taxi Driver)

“I have started to focus on my own health. Realised I took on too much stress from the whole family. I now want to start walking and make some changes for my own health. I think I overate because I had severe depression. I think ladies from Pakistan have lots of mental health issues.”

(Pakistani female Weight Management Sessions)

**“I feel lonely, agitated and stressed. I came because my mates did, my motivation is low.
This (outdoor pursuits) has made me more active.”**
(Pakistani male, 17 years old)


“Made me realise that I am very unfit and need to make healthier life choices.”
(Bangladeshi mum, Sports Session)

“This (Weight Management) has encouraged me to be more active with my daughter. Am now walking more with her and more open minded about cooking different meals I would not usually make.”
(White young mum)

“Never tried (netball before) really enjoyed having a chance (to play) and forgot all my problems. Had a chance to play with my daughter, so much fun and great bonding.”
(Pakistani mum and teenage daughter, Netball Session)

“After work there is no time to do anything and I do need to take some activity.”
(Pakistani male Taxi Driver)

“I now eat healthier and have smaller portions and when I make food at the session I also make them at home. I also tell my family more about healthy eating.”
(Pakistani mum)

A woman wearing a dark blue hijab and a black and white patterned dress is smiling and hula hooping on a green grassy field. She is holding a green and black striped hula hoop. In the background, there are trees and other people, suggesting a park or outdoor event. A red text box is overlaid on the left side of the image.

**“I’m encouraged to exercise
more in a fun way”**
Family Fun Event - Arab Mum

Conclusions

- The aim for the pilot interventions was to empower local people with skills and knowledge around healthy lifestyle behaviours. They would then cascade this information within their communities and be armed with information and ideas with which to make changes in their own lifestyle and that of their families.
- Weight Management Sessions, Health Check Monitors, women and girls only netball and team sports based activity sessions, demonstrated clear short term changes in people's behaviour and in their starting to implement lifestyle changes. These pilot interventions achieved high levels of reach and implementation.
- Extensions were requested for the Weight Management Sessions and the Women's Team Sports Sessions due to high numbers and demand. Pre and post course surveys evidenced the change in intention and habits. The "push" or "desire" to lose weight had been triggered.
- The above mentioned pilots demonstrated a shift in motivation with participants gaining confidence and becoming more motivated to start identifying the behaviour changes they wanted to make and then planning how they would make these as part of their daily lives. Being amongst their friends and families and completing activities together was a key factor in the success of these pilots.
- Male taxi drivers whilst waiting for licences and without staff prompting did use the Health Monitor.
- The remaining pilots which also demonstrated positive intervention effects, albeit to a lesser degree, were the Walking Groups, Cook and Eat Sessions and Family Fun Sports Session. The Walking Groups highlighted a key fact that the parents themselves had not in general been taken on walks by their parents. Family walking groups proved particularly successful when taking place during the school holiday periods.

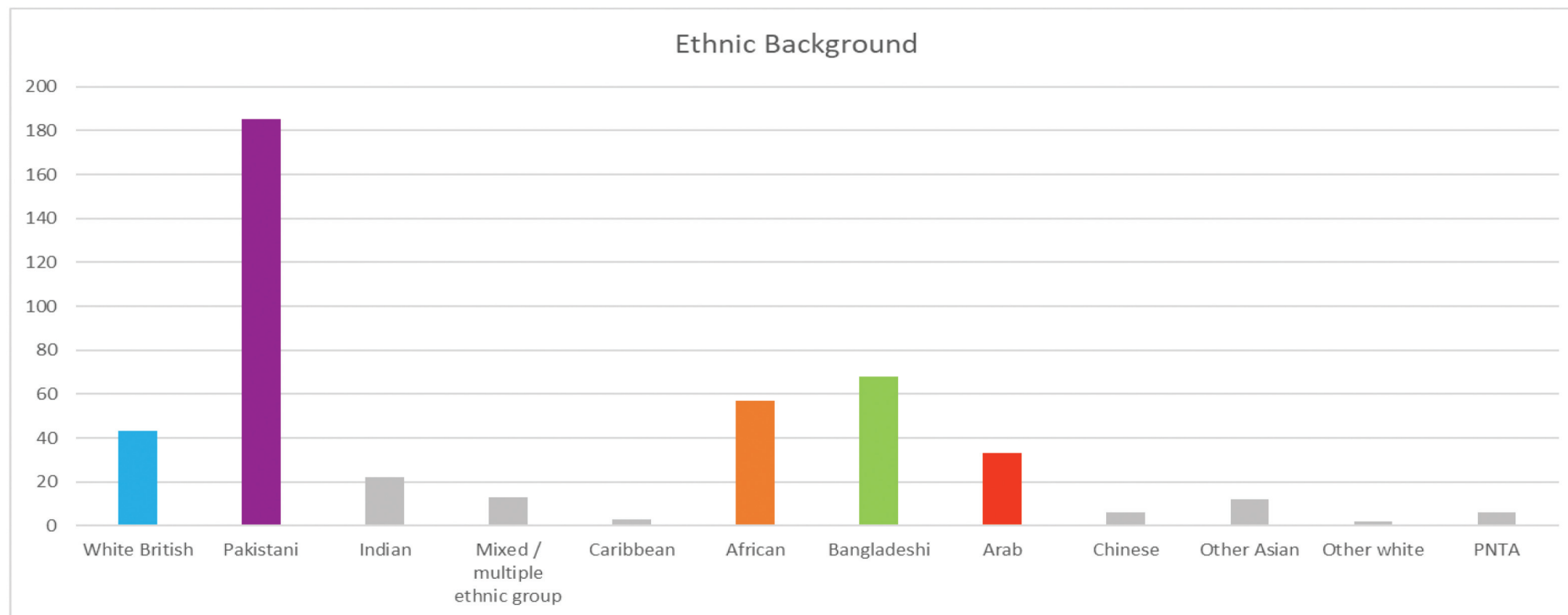
- Cook and Eat Sessions were designed to meet the needs of particular groups i.e. South Asian women focused on preparing traditional South Asian food staples and offering alternatives. The all-male session of asylum / refugee men focused on preparing hot meals on a budget and included all food groups for optimum nutritional content and white young mums focused on one pot slow cook meal recipes. D/deaf community groups focused on preparing meals for one as well as cooking on a budget.
- The organised Badminton Sessions for taxi drivers were initially slow to start. A social media and email call out was not sufficient in terms of recruiting so more labour intensive means were applied i.e. staff talking to taxi drivers about the sessions. However, once we had recruited some drivers they went on to spread the word amongst work colleagues and generated interest. With staff time allocated this would have potential to mobilise those who do not exercise or have not exercised for some time.
- The interventions which showed the least effect in terms of intention towards behaviour change were the arts based activities: Poetry, Bullying and Creative Arts Workshops. One project struggled to recruit numbers and a second was well attended, but evaluations highlighted the fact that participants focus was on the art rather than the healthy lifestyle messaging. A learning point for future projects would be to tie in the arts activity more closely with the healthy eating information messages.
- Due to the interventions being directly identified by people themselves there was a definite sense of ownership and greater participation. As for added value the deaf community group noted that their specific health intervention enabled them to attract younger South Asian members, something they had struggled to do for the past ten years.
- Rather than having a generalised approach to Weight Management Sessions, we found that the ones which combined a peer group sharing model and where the group themselves helped devise the programme, had a higher impact in terms of recruitment and behaviour change.

- An important note for similar pilots of this nature, is that the groups who had the largest numbers of participants were the same groups who struggled with evaluation paper work and required more support in gathering and completing these. At the same time, some of the individual assessment tools (feeling Blobs, individual surveys) supported the peer group discussions and helped people monitor their start and end behaviours, highlighting areas for change.
- A recommendation for future work would be to embed any planned activities within local communities at a micro level. Identifying a “trusted face” within neighbourhoods is a key factor in being able to take key health messages to people.
- Planning and delivery of all projects should also include an aspect where aspirational role models within local neighbourhoods are identified and supported.

Through the delivery of these pilot interventions we recognised that health project outcomes are ultimately sustainable when local residents are supported, given information and training to deliver healthy lifestyle interventions. High levels of motivation and energy were shown by people when the pilot ‘clicked’, this resulted in more people requesting to take part. People also started to share their stories with family and friends about their health based changes they were making on food choices and physical activity.

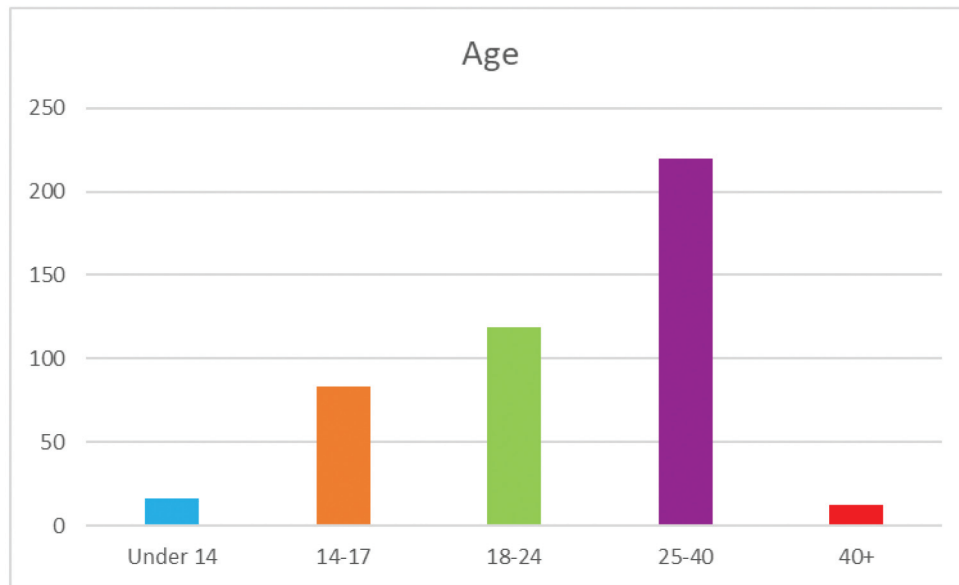
Demographic Data

Ethnic Background of Participants



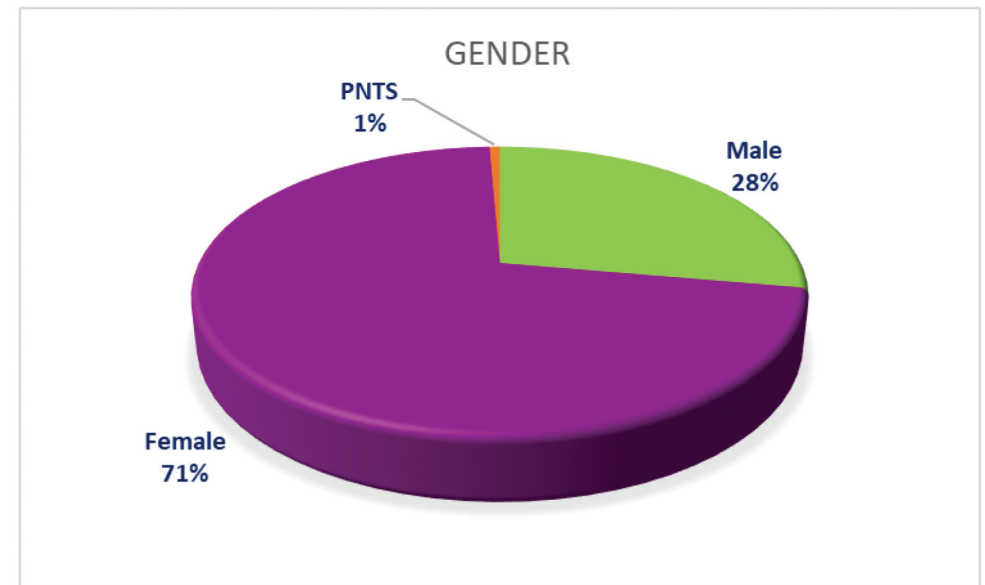
White British	Pakistani	Indian	Mixed / multiple ethnic group	Caribbean	African	Bangladeshi	Arab	Chinese	Other Asian	Other white	PNTA
43	185	22	13	3	57	68	33	6	12	2	6

Age of Participants



Under 14	14-17	18-24	25-40	40+
16	83	119	220	12

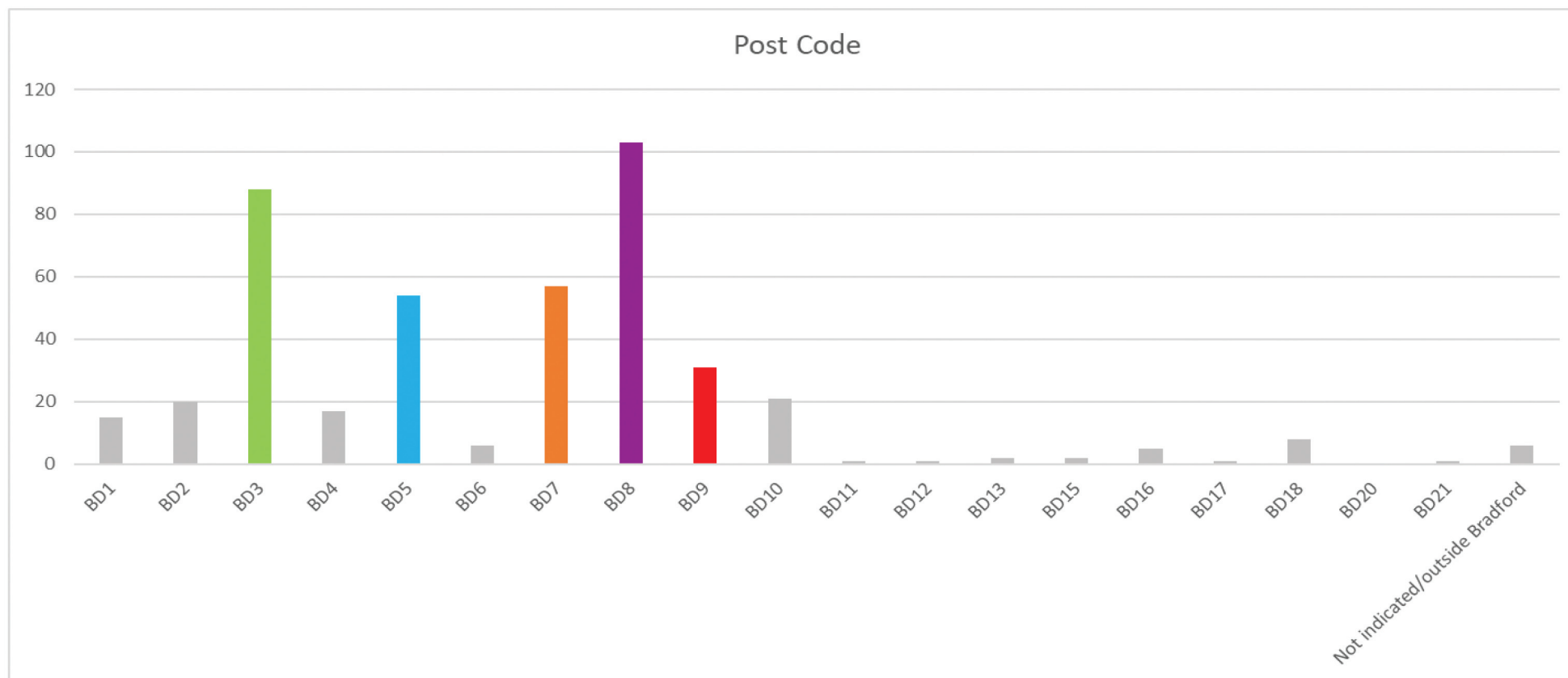
Gender of Participants



PNTS = Prefer not to say

Male	Female	Other	PNTS
125	322	0	3

Post Code of Participants



BD1	BD2	BD3	BD4	BD5	BD6	BD7	BD8	BD9	BD10
15	20	88	17	54	6	57	103	31	21
BD11	BD12	BD13	BD15	BD16	BD17	BD18	BD20	BD21	Not indicated/outside Bradford
1	1	2	2	5	1	8	0	1	6