

# "A Way Forward" Health Improvement Programme

## (AWF HIP) Pilot Project

## Impact Report Module 3

Helping women in Tower Hamlets, suffering from chronic pain and illness, who have exhausted available NHS treatment options.

Analysis & Presentation of Monitoring Data February 5th 2024 to August 5th 2024

Funded by:

National Lottery "Awards for All" & EECF ("The Housing Consortium")





In August 2024, Happy In your Body (HiYB) CIC in partnership with The Pathways Trust and Cranbrook Community Centre, completed our year-long PILOT of the "A Way Forward" Health improvement programme (**AWF HIP**).

From June to December 2023 we offered modules 1 and 2, which included health coaching groups and complementary therapy treatments. The impact of these modules are described in our 2 previous project reports.

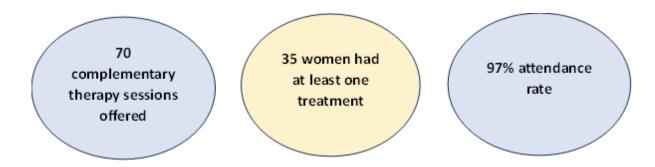
In Module 3, covered by this report, we offered a comprehensive mindfulness-based health improvement program. We offered:

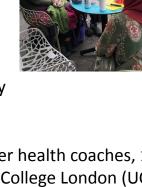
- 30 minute discovery call & enrolment/triage session for new participants
- 9 x weekly health education/coaching sessions
- 6 x monthly multibed complementary health clinics (acupuncture, craniosacral therapy, massage, reflexology, gua sha, tui na)
- 2 x Healthy lifestyle/coaching trips to Kew Gardens
  - An **AWF HIP** WhatsAPP group with regular and lively discussions

Our team included 1 facilitator/health coach, 2 volunteer health coaches, 1 volunteer researcher (Masters Student from University College London (UCL)) and 6 subject matter experts.

#### Module 3 participants

#### 1. Multibed complementary therapy session attendees





In addition to the 13 women enrolled on **AWF HIP**, we offered 22 local women a taster complementary therapy treatment.

We recruited multibed clients via:

- University of the 3rd Age
- Touching Safe Ground refugee project (https://www.globecommunityproject.org/touching-safe-ground)
- local GP surgeries
- Our own community outreach

African	1
Bangladeshi	2
Somali	1
Caribbean	1
Chinese	1
Nigerian	1
Peruvian	1
Spanish	1
Syrian	2
Turkish	1
Ukrainian	1
Uzbeki	1
White British	8
Total	22

#### **Ethnicity**

#### Feedback from taster sessions

Please see quotes overleaf.





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I feel so relaxed! I've never tried cranio before. It's fantastic. Please let me know if you are doing this again!

Multibed June 2024

Multibed 29/7/24 10:58 🕑 🖾 🛯 🛈 🛜 ut 💷 ← treatment Hiyb\_Mumtaz Ahmed Thank you Monica feeling much better after your Beautiful treatment 15:17 Hiyb\_Sharon Ann Miah Thank you, for a lovely treatment. 🙏 🤍 20:08 Hiyb\_Rossana Lucido Tbylph\_Bernadette Wright Yes Rossana. Yours at 4pm with Andrew according to the list. my appointment with andrew was as Awesome as always 😄 😅 I told him in person but just wanted to join the greatful words with the group 20:12 Hiyb\_linda That's really great Rossana! \* 20.50 Message 0 0  $\Box$  $\triangleleft$ 

"That acupuncture was

brilliant. My pain

has eased.

Where did you

find him?"

### 2. AWF HIP participants

We enrolled 13 women onto **AWF HIP** (module 3):

- 6 women completed modules 1, 2 & 3.
- 1 participant completed module 2 &3.
- 5 participants completed module 3 only.
- 1 participant enrolled in both module 2 and module 3 but did not attend.



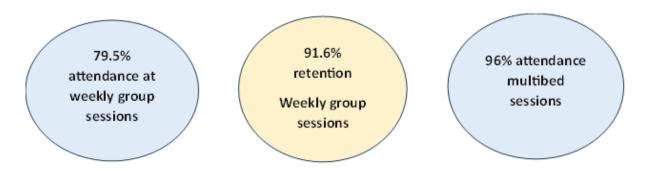
Ages ranged from 47 to 81 years.

7/13	recruited via local surgeries (Social prescribers and GPs)
8/13	Disabled
7/13	unpaid carers
13/13	reported suffering from associated mental health issues.

#### **Ethnicity**

African	1
Bangladeshi	2
Caribbean	1
Pakistani	1
Polish	1
Somali	1
Spanish	1
Vietnamese	1
White British	4
Total	13

#### Attendance and retention AWF HIP



We evaluated module 3 of our pilot program using a post course questionnaire and personal and group interviews.

Our research sample was 10 of the 13 participants:

- MS A Polish woman didn't attend the course due to a decline in her mental and physical health.
- SM A Pakistani woman started the program but dropped out half way through when I left London.
- Additionally, one participant did not attend the final evaluation session and was unable to be reached.

### Impact measures of the intensive program

#### The data in this report shows changes in the following areas:

- 1. Quality of life
- 2. Physical and mental wellbeing
- 3. Confidence in meeting health goals
- 4. Loneliness

Note: Our monitoring and evaluation was carried out by an independent, volunteer researcher on the final session of the program. We are aware that women were feeling very connected, supported and positive in this last session and that the hugely positive results may not be sustained over time without maintenance and support.

## Quality of life

Participants' self-reported quality of life was measured using the WHO-5 (World Health Organisation) Wellbeing Index. The scale consists of 5 statements rated from: 0 (at no time) to 5 (all of the time).

Responses are scored from 0-25, with a score of 0 representing the worst possible quality of life, and a score of 25 representing the best possible quality of life.

At the end of the program:

- 6/10 women indicated experiencing moderate to high levels of wellbeing (scores above 12). At the beginning of AWF HIP only one of these women had a score above 12. 5 women experienced what scientists call a 'clinically significant' improvement in wellbeing.
- The remaining 4/10 women reported low levels of wellbeing (scores below 12). However, these women reported being influenced by recent events and demanding responsibilities in their lives, which affected their wellbeing outside the program's influence.

### Mental and physical health

Mental and physical health were measured by asking participants to rate their happiness and physical wellbeing on a 5-point scale (1=not at all, 5=100% yes).

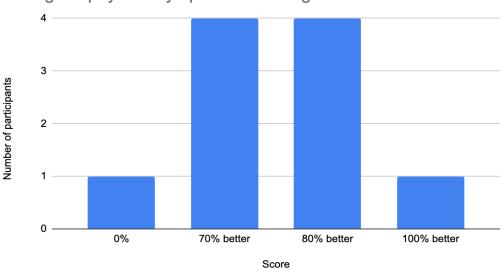
The same scale was used to examine if the course taught the women how to manage their physical and mental health.

- 9/10 women reported having a moderate to good level of happiness (average 3.3 out of 5).
- 8/10 women reported having moderate to good levels of physical wellbeing (average 3 out of 5).

• 10/10 women felt that the course effectively taught them how to manage their physical and mental health (average 4.4 out of 5).

Participants were also asked to rate if they had experienced any change in their physical symptoms on a scale from 100% worse to 100% better. A middle point of 0% indicates no change in symptoms.

- 9/10 participants reported having experienced positive change, while one participant reported no change in symptoms.
- The answers varied from 0% (no change) to 100% better, with an average score of 70% better. All answers are reported in the table below.



Change in physical symptoms following the course

Table 1. % change in symptoms following the lifestyle medicine course.

### **Confidence in meeting health goals**

Participants were asked to indicate on a 5-point scale (1=not at all, 5=100% yes) whether the lifestyle medicine course helped them to set goals for themselves. They were also asked if they felt confident in meeting the health and wellbeing goals they had set for themselves. Additionally, the women were asked

whether they felt able to use what they had learned on the course even after the course had ended.

- 9/10 women felt that the course had helped them to set goals for themselves (average score 4.5 out of 5).
  - 7/10 women answered "100% yes" when asked this question, reflecting the success of the program.
- 10/10 women felt that the course helped them to feel confident about meeting their health and wellbeing goals.
  - 5/10 women indicated feeling confident "more than half of the time".
- 10/10 women reported being able to use what they had learned on the course even after the course had ended (average score 4.5 out of 5).

### **Loneliness**

Many unpaid carers and people living with disabilities and chronic illnesses face loneliness due to restricted time and resources for socialising. The program's influence on loneliness was assessed on a 5-point scale (1=not at all, 5=100% yes) by asking

"I feel less lonely when I come to the course"



- 10/10 women answered feeling a moderate to high reduction in loneliness due to attending the course
- The average score of the group was 4.3 out of 5

This positive impact on loneliness was further highlighted during a group discussion in the final workshop of the course, in which the women decided amongst themselves to continue meeting weekly to maintain the social contacts formed during the intervention period. These meetings were not led by a program facilitator, which demonstrates how important the lifestyle medicine course was to the attending women.

#### In depth interviews

To explore the impact of the course in more detail, qualitative interviews were conducted with 2 participating women.

- Both expressed deep gratitude for having had the opportunity to participate in the course and highlighted that the course had had a significant effect on their mental and physical health.
- The biggest benefit that both women mentioned was having regular social contacts through the course and being able to spend time in an environment where they felt accepted.

Both interviewees also reported having learned a lot about healthy lifestyle during the course.

- One participant had quit smoking.
- One had improved their sleeping habits and cut out several unhealthy foods from their diet.

During the interviews the effect of the complementary multibed therapies were also explored further.

- One woman explained that the therapies had improved her relationship with herself as I was able to take time for self-care.
- Both women reported having experienced pain relief from the therapies.
- Both women found the complementary treatments influential to the management of their chronic conditions.

### In depth interview - Liane

#### Part 1: Exploring general feelings about the lifestyle medicine course

- 1. Could you tell me how you got involved in the Happy in Your Body course?
- Email from Tish telling me about the course.
- 2. What were your expectations before starting the course?
- None really, just desperate to get help with pain, expected to get help with pain.

#### 3. Did the course meet your expectations?

- Yes met expectations and more. It was better than I could've imagined

#### 4. Could you tell me more about the lifestyle medicine course?

- Even meeting people helped, just that helps
- I loved and enjoyed everything about the course and was grateful to have been a part of it. I made new friends and learned how to improve my lifestyle mentally and physically.
- The social aspect is massive, as an unpaid carer I don't have many friends so I got to meet people this way.
- The volunteers and staff are amazing, they really go above and beyond for us.

#### Part 2: Exploring strengths and limitations of the program

#### 5. Do you feel like the course was useful?

#### a. In what way?

- Yes, the course was very useful for me.
- My lifestyle has improved. I try to eat healthier and do more exercise.
- I also gave up smoking 6 months ago with the encouragement of the group.
- The group was very encouraging but not pressuring at all which helped me to decide to quit.

#### 6. Has the course helped you to make changes in your life?

- I have quit smoking- the group helped so much gently.

#### 7. What do you think was the best part of having the lifestyle medicine course?

- The best part was people's love, it is so genuine and everyone wants the best for you and the peer support from the group was invaluable.

## 8. Of the educational sessions, which in particular did you find helpful or impactful for you?

- All of them were really good, even if it wasn't new information you got a reminder of what you should be doing.
- I experience a lot of brain fog so the lessons were useful at reminding mehow to live and eat healthy.

#### 9. Are there any topics you would have liked more in-depth sessions on?

- There could be more information about what the healthy brands in supermarkets are, as there is so much variety in foods.
- I Want to learn more about the ingredients in foods in the supermarket, while also considering what is cheap and easy to buy.
- I want to learn how to buy more quality foods for less money.

#### 10. Is there something you would want to change for future courses?

 "No, I wouldn't change anything. Maybe sometimes more opportunity for chatting with others."

#### Part 3: Exploring other aspects of the intervention

- 11. Could you tell me about the complementary therapies you received on top of the Monday sessions?
- I took part with Andrew Burton, mainly acupuncture, first I was terrified but then grew to like it.

#### 12. Did you like having the therapies?

- I found the therapies helpful for pain.
- It helps you for a few days and then problem slowly comes back. But you really have to do your own bit to help yourself.

## 13. Do you feel like the therapies made a difference in your physical or mental health?

- They did make a difference, helped with chronic pain
- The person giving the treatment also went above and beyond
- "It's always so relaxed, you feel amazing"

- My mental health improved as well due to the treatments.
- you still have to do your own bit and not only rely on the treatments. For example walking and keeping active helps.

#### Part 4: Comparing the course to other treatments

## 14. Have you attended similar lifestyle medicine course sessions elsewhere? If so, was this within the NHS?

- "Never, these are free but normally these would cost a lot more, greatly appreciate Tish doing this for free"

#### 15. Did you know of any similar courses available and as accessible?

- "Never heard of anything like this, there is community courses in exercise and yoga, but not to this level, carers centre sometimes gives massages, but not to this extent"
- funding has been cut for carer centres, only volunteers doing reiki at the moment.
  That is why it is difficult finding someone to do these courses.

## 16. Do you feel the course is complementary to, better than or less than the NHS care you may have received?

 "NHS is useless, no help. In this course the staff actually cares what happens to us but no one at NHS cares the same way"

#### Part 4: Any additional information

## 17. Do you have anything else you would like to tell me about the course or complementary therapies that I have not asked you today?

- "No I think I have said everything, just want to say thank you so much this course has really changed my life"

## Reflection on the "A Way Forward" pilot project

### How can we grow better and stronger?



There is no doubt that this project was highly successful in terms of meeting key performance objectives.

As our monitoring and evaluation above shows, many of the women blossomed through the intensive coaching, lifestyle medicine education, social connection and complementary therapy program.

However, the project was run on a "shoestring budget" and this put a lot of stress and strain on Anna Robinson (Tish), the overall project manager and Director of Happy in Your Body.

Health coaching is not yet established in the United Kingdom, despite the research showing just how effective it can be as an intervention.

Lifestyle medicine and complementary therapies, also hugely effective, have more recognition and acceptance but are not always given the funding they require to be a wide scale effective intervention for people with chronic pain and illness.

The Pathways trust runs on a "shoestring budget" and we are learning together, through hard won experience, that underfunding does not work.

Tish and Jess both devoted a lot of voluntary time in their determination to make the project a success. Whilst the women were beautifully blooming, Tish moved towards personal burnout and Pathways Trust are struggling for financial survival.

- Tish is taking a sabbatical to nourish her own roots .
- Pathways trustees are looking at ways to ensure their wonderful community service can continue in a sustainable way.

Our projects offer effective, holistic treatments to people who would otherwise never be able to access these services.

#### What we would do differently

#### In future projects or iterations of this project, we need to apply for funds to cover the actual costs of the project and to safeguard the financial and emotional wellbeing of all staff.

Additionally, funding advisors have pointed out that our funders will not get an accurate picture of actual costs of programs if we under sell ourselves.

And this may disadvantage other applicants, who are setting a more realistic budget. Funders may wonder why we are cheaper and they are more expensive and we could unwittingly continue the cycle of under-resourcing ourselves and our projects.