

***FINAL REPORT***

**“A buggy walking group offering peer support and increased activity”**

**Building Community Capacity Project**

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**Date of Submission: June 2013**

**Word Count: 2189**

## **Introduction**

Postnatal depression is a devastating illness affecting between 10 and 15% of women having a baby and is the most frequent reason that women will require the universal plus level of service provision (Department of Health 2012). If left untreated it can have detrimental and long lasting consequences on the cognitive and emotional development of the child (Pawlby et al 2001).

Postnatal depression is prevalent across all types of families and socioeconomic backgrounds and is a significant public health challenge (World Health Organisation 2012). There is much evidence on the health benefits of exercise. Norman et al (2010) found that many women want to participate in exercise postnatally to improve their mood and improve their fitness levels. The National Institute for Health and Clinical Excellence (NICE 2007) in England recommended that people with persistent sub-threshold depressive symptoms or mild to moderate depression should be advised of the benefits of exercise. Gentle exercise has been shown to increase well being and have a positive effect on mood. A study by Armstrong and Edwards (2003) showed that after 3 months, mothers who had undertaken a programme of exercise and social support within a group had improved their fitness levels and depressive symptoms, significantly more than the control group.

The area in question has large areas of deprivation, with a significant amount of social housing. Using the Index of Multiple Deprivation (IMD), the East of England Public Health Observatory (2011), lists the area as in the 10% most deprived wards in the east of England and nationally using the Index of Multiple Deprivation (IMD). The IMD measures specific areas such as unemployment, education, housing, health access to facilities and families in receipt of benefits to measure deprivation. The recently published 2010 results show that this area is now higher up the rankings at 2295 (compared to 2487 in 2007) out of 32,482 areas in England. This suggests a very high and increasing level of deprivation. The area is in a rural setting with large areas suitable for walking.

NICE (2007) also recommend that treatment for postnatal depression should be combined with social support and a healthy lifestyle. Buggy walks address the needs of new mothers at risk from social isolation and postnatal depression, by providing an opportunity to be physically active with other new mothers in a positive and supportive environment.

Recent research conducted by the Cowley et al (2013) identified that the service vision for health visiting involved being a champion of wider health and wellbeing, identifying and protecting public health, and building family and community capacity. Buggy walking will meet this vision at a community level and make use of resources available to us.

Another aim of the buggy walks is reducing obesity. A key area of public health is prevention of obesity, and the Healthy Child Programme (2009) indicates that health visitors should lead on obesity prevention. Cowley et al (2013) recommend that families and children who are at risk of obesity are identified and that health visitors should work in partnership with families to set goals and offer support. Barlow et al (2010) found it is important to be sensitive when engaging with families with obesity, and health visitors needed to engage with mothers empathetically and sensitively in encouraging a healthy lifestyle. Buggy walking will enable health visitors to deliver a universal service which provides additional care as needed, thus avoiding stigmatisation.

### **Aims of the Project**

- To encourage mothers to participate in exercise, therefore encouraging a healthier lifestyle through physical activity.
- To promote a reduction in social isolation and improve emotional well-being through a group activity.
- To provide mothers with the opportunity to socialise with other mothers with newborn babies in a positive and supportive environment.
- Improve community interaction and social cohesion.

### **Outcomes of the Project**

Community - The project builds community capacity by providing support to parents, creating a culture of collaboration and action, and promotes social bonding. It empowers the community and will be sustained by the community.

Professional development – This project enhances and reinforces our leadership skills and provides us with the experience of managing change. We will be collaborating with the community and professionals, and will be facilitating a multi-agency approach to building

community capacity. The project encourages networking and the building of links within the community in which we work.

The Organisation/Sector – This project meets the key strategic objectives of decreasing obesity, increasing emotional wellbeing and promoting social capital by encouraging physical activity and reducing social isolation. It addresses the key objectives identified in the Community Health Needs Assessment commissioned by Thetford Healthy Town.

## **Methodology**

In 2010 Thetford Healthy Town Programme commissioned the University of East Anglia to undertake a community health needs assessment in the town. It was found that the town's physical environment and infrastructure influenced the ability of individuals to be active and have a healthy diet. The geographical location of recreational facilities was influential in terms of access, and people in Thetford considered lack of transport and prohibitive costs inhibits access to services and activities related to improved health outcomes. The assessment emphasised the need for family centred and affordable activities, and that it was essential to have instructors who are sensitive to the needs of participants. Issues related to lack of confidence and self-esteem created barriers to accessing activities. This project will encourage mothers to participate in an activity that is free, accessible and informal, but which will promote social support and an increase in activity levels.

A Community Health and Lifestyle Survey carried out by Smithurst (2011) showed that the majority of people surveyed in Thetford identified walking and gardening as the most popular types of activity. All those who mentioned having a health problem commented that they would like to engage in increased physical activity but seemed unclear about how to go about this. Thaler and Sunstein (2009) suggest that people are gently nudged to make the considered decisions for themselves and their families, encouraging people to make positive decisions that improve health. As health visitors we were aware of the impact that this can have on a mothers mental health and therefore the child.

To begin with we explored clients perceptions of the activities in Thetford that promote an active lifestyle after several mothers identified that they wanted to lose weight and improve their mental well being. In conjunction with the health needs assessment and a lack of

physical activities for mothers to engage in we decided to introduce fortnightly buggy walks in the local town.

We searched for a way to gain experience and knowledge of leading walks, and made contact with Active Norfolk, an organisation who regularly organise health walks in the county. Through this organisation we established links with Walking for Health, as they are specialists in leading walks, and by working in partnership with a group that specialised in this area we were able to gain a wealth of advice from current walk leaders and trainers.

We attended a training course to become walk leaders which was run through Active Suffolk. This covered how to risk assess the walk and learning how to make sure the walk was set at the right pace. The training helped us to plan the walk routes according to differing fitness levels and route conditions, whilst making sure the walks were buggy friendly and safe. Active Norfolk also gave assistance with walk routes by supplying maps of walks that were suitable for pushchairs.

As part of the preparation for the initiation of the buggy walks, we walked various routes and tried to find areas where mums could rest and have a chat to other mums. We wanted the walk to be enjoyable and as sociable as possible so the mums would return. It became clear that there were not many facilities available during or at the end of walks, so we decided to book a room at the local Children's Centre and incorporate this on our routes in order that walk participants could have refreshments and an opportunity to socialise further. Facilities would also be available for the children to play and interact.

### **Actual Outcomes**

The Community – Buggy walks commenced on the 24<sup>th</sup> April and are running fortnightly. The participants have increased from 2 mothers and 3 children on the first walk, to 7 mothers, 1 grandparent and 9 children on the latest walk. Through mothers meeting on the buggy walks a baby-signing group is due to commence on 17<sup>th</sup> July, and a church led story and song-time group is also being planned. Two of the mothers have agreed to lead the buggy walking group once the health visitors have withdrawn, and they will receive support from the local health trainers. Therefore the project has built community capacity by providing support to parents, creating a culture of collaboration and action, and has promoted social bonding. It has empowered the community and will be sustained by the community.

Your Professional development – project management, leadership and time management skills have been strengthened.

The Organisation/Sector – Links have been established with the local library and the health trainers, enhancing collaborative working. This project is addressing the key strategic objectives of decreasing obesity, increasing emotional wellbeing and promoting social capital by encouraging physical activity and reducing social isolation. It addresses the key objectives identified in the Community Health Needs Assessment commissioned by Thetford Healthy Town.

### **Reflection on the Project (Johns Model of Reflection 1995)**

Description of the experience – The buggy walking project has commenced through effective use of project management skills. The project has been adapted and improved because of continuous evaluation of the strengths and weaknesses that were identified.

Influencing factors – The evidence base supporting buggy walks provided the rationale for the project, as did the knowledge gained from the Thetford Healthy Town study. The voluntary walk leader training was extremely beneficial, and walks were identified and risk assessed using the knowledge gained in the training. The lack of publicity initially meant that the walks were poorly attended.

Could we have dealt with it better – It would have been beneficial to have extended the publicity prior to the walks commencing, rather than mainly targeting mothers at the postnatal review. The project has tested our time management skills, and the implementation of the project would have been enhanced if we had used our allocated protected time to the full extent.

Learning – Our leadership and project management skills have been strengthened through the implementation of this project. Important links have been established with the local library, which were previously not considered. We have established that it is really important to have a source of local knowledge when walking, and for this it was apparent that the mothers attending the walk were the experts. We have also learnt that it takes time to build social cohesion and networks, and active promotion of the walks by participants themselves was important in building community capacity.

Reflection – This project has succeeded in its aim of building community capacity and it is hoped that this will continue. We have developed and adapted the project successfully although it remains in the early stages. This project has been beneficial in terms of developing our professional practice, and has increased our confidence and knowledge in initiating further groups.

## **Conclusion**

The project remains in the early stages as only 5 walks have so far occurred, and therefore the long-term success of the project has yet to be evaluated. The numbers of participants is increasing at each walk, and the baby signing group and church led group are due to start in the near future. Both of those groups will be led by parents, as will the buggy walks, so the project aim of building community capacity has been achieved. Negotiations with the health trainers are on-going but it is hoped that they will have a role in facilitating the buggy walks in the future, alongside the parent volunteers. Although a parent volunteer is leading the buggy walks the health visitors are still facilitating them, but will withdraw fully once the health trainers become actively involved. The health trainers will also offer extra support to those participants who wish to address health issues such as obesity.

A number of the participants have either had a diagnosis of postnatal depression or have previously suffered with it. They have become regular participants of the buggy walks and have given verbal feedback on the positive effects that the walks have had on their emotional wellbeing. A full evaluation is still required, but the early indications are that the project has addressed the overall aim of offering peer support and increasing activity through community capacity.

## **Recommendations**

- To encourage more parents to lead the walks and facilitate the buggy walking group.
- To continue to publicise the group with leaflets in prominent community locations.
- To work more collaboratively with partner agencies such as GP's and the health trainers in the area to extend reach.
- To fully evaluate using participant surveys.

- To review days that walks are undertaken, considering other group activities that are occurring in the area.
- Identify potential sources of funding for refreshments at the end of or during walks.

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## **Appendices**

Appendix 1	Project Proposal
Appendix 2	Buggy Walking Leaflet
Appendix 3	Graph of participants

## Appendix 1 – Building Community Capacity Proposal

<b>Work-based Project Proposal</b>
<b>Names:</b> Kate Panting and Sharon Higgins
<b>Project Title:</b> A buggy walking group offering peer support and increased activity
<b>Individual or Group Project:</b> Group
<b>Brief Rationale and Focus of the Project:</b>  <p>Postnatal depression is a devastating illness that if left untreated, can have detrimental and long lasting consequences on the cognitive and emotional development of the child (Pawlby et al 2001). It is prevalent across all types of families and socioeconomic backgrounds and is a significant public health challenge (WHO 2012). There is much evidence on the health benefits of exercise. Sampsel et al (2006) found that many women want to participate in exercise postnatally to improve their mood and improve their fitness levels. The National Institute for Health and Clinical Excellence (NICE) (2009) in England recommended that people with persistent sub-threshold depressive symptoms or mild to moderate depression should be advised of the benefits of exercise. Gentle exercise has been shown to increase well being and have a positive effect on mood. A study by Armstrong and Edwards (2003) showed that after 3 months, mothers who had undertaken a programme of exercise and social support within a group had improved their fitness levels and depressive symptoms, significantly more than the control group.</p> <p>The area in question has large areas of deprivation, with a significant amount of social housing. Using the Index of Multiple Deprivation (IMD), the East of England Public Health Observatory (2011), lists the area as in the 10% most deprived wards in the east of England and nationally using the Index of Multiple Deprivation (IMD). The IMD measures specific areas such as unemployment, education, housing, health access to facilities and families in receipt of benefits to measure deprivation. The recently published 2010 results show that this area is now higher up the rankings at 2295 (compared to 2487 in 2007) out of 32,482 areas in England. This suggests a very high and increasing level of deprivation. The area is in a rural setting with large areas suitable for walking. Buggy walks address the needs of new mothers at risk from social isolation and postnatal depression, by providing an opportunity to be physically active with other new mothers in a positive and supportive environment.</p>
<b>Aims</b>

To encourage mums to participate in exercise therefore encouraging a healthier lifestyle through physical activity.

To promote a reduction in social isolation and improve emotional well being through a group activity.

To provide mothers with the opportunity to socialize with other mothers with new born babies in a positive and supportive environment

Improve community interaction and social cohesion

**Outcomes/Objectives**

Identify mothers who are socially isolated, at risk of depression or mothers who would benefit from increased activity. Mother and families will then have a local knowledge of pushchair friendly walks in their community.

Create a reduction in social isolation and improved emotional wellbeing.

Improve social capital and social cohesion

**Perceived benefits for:**

Your Professional Development: This project enhances and reinforces our leadership skills and provides us with the experience of managing change. We will be collaborating with the

community and professionals, and will be facilitating a multi-agency approach to building community capacity. The project encourages networking and the building of links within the community in which we work.

The Organisation/Sector: This project meets the key strategic objectives of decreasing obesity, increasing emotional wellbeing and promoting social capital by encouraging physical activity and reducing social isolation. It addresses the key objectives identified in the Community Health Needs Assessment commissioned by Thetford Healthy Town.

The Community: The project builds community capacity by providing support to parents, creating a culture of collaboration and action, and promotes social bonding. It empowers the community and will be sustained by the community.

### **Project Methodology**

#### Investigate the project topic, gather information and data

In 2010 Thetford Healthy Town Programme commissioned the University of East Anglia to undertake a community health needs assessment in the town. It was found that the town's physical environment and infrastructure influenced the ability of individuals to be active and have a healthy diet. The geographical location of recreational facilities was influential in terms of access, and people in Thetford considered lack of transport and prohibitive costs inhibits access to services and activities related to improved health outcomes. The assessment emphasised the need for family centred and affordable activities, and that it was essential to have instructors who are sensitive to the needs of participants. Issues related to lack of confidence and self-esteem created barriers to accessing activities. This project will encourage mothers to participate in an activity that is free, accessible and informal, but which will promote social support and an increase in activity levels.

A Community Health and Lifestyle Survey carried out by Smithurst (2011) showed that the majority of people surveyed in Thetford identified walking and gardening as the most popular types of activity. All those who mentioned having a health problem commented that they would like to engage in increased physical activity but seemed unclear about how to go about this. Thaler and Sunstein (2009) suggest that people are gently nudged to make the considered decisions for themselves and their families, encouraging people to make positive decisions that improve health.

We explored client's perceptions of the activities in Thetford that promote an active lifestyle after several mothers identified that they wanted to get fit and lose weight. These mothers were not attending any of the group activities available in the area, but were taking their babies out in their pushchairs on their own. In conjunction with the Health Needs Assessment and a lack of activities for new mothers to engage in, the idea of introducing buggy walks was conceived. This idea was then explored via informal interviews with mothers at their postnatal review, and the views and opinions of colleagues within the integrated team were sought.

#### Motivate and engage colleagues and stakeholders

This project meets the key strategic objectives of decreasing obesity, increasing emotional wellbeing and promoting social capital by encouraging physical activity and reducing social isolation. As one of the stakeholders, the employing trust may have concerns regarding the cost implications of any changes, especially in the current financial climate, but the project will have minimal costs and will be sustained by the community.

The proposal addresses the key objectives identified in the Community Health Needs Assessment commissioned by Thetford Healthy Town. The Integrated Children's Centre Team have been regularly consulted and informed of progress on the project, as Wright (1998) believed that for public health nursing to be able to develop, practitioners have to be included in the change process so that there is increased readiness to change and resistance is minimised.

#### Manage change

Cleverly (2003) believes that change is dependent upon the willing co-operation of participants in a three step process of accepting the need for change, making the changes and actualising the new belief, attitude and behaviour. Lewin (1994) as cited by Cleverly (2003, pp. 54-56) provides a framework for planning a change that has three steps. Step one is unfreezing, where existing beliefs have to be changed before present attitudes can be changed. The desired outcome is that resistance to change is overcome and there is a determination to change. The actions that facilitate change include communication, promotion of staff participation and keeping staff up to date with relevant information.

Step two of Lewin's change theory involves changing and for this the proposed change must be seen as necessary and the desired outcome is a readiness to change and to try out the new proposal. The Community Health Needs Assessment identified that the population of Thetford do want to engage in physical activity but are restricted by access and costs. This project will be easily accessible and free to participate in. Mothers have already expressed an interest in the proposal.

The third step is refreezing, where there is a commitment to permanent change. The desired

outcomes here are that there will be a conviction that the change will be of benefit and that there is confidence in the change. An action that will facilitate the change will be to reinforce the change with positive feedback, and the authors propose a monthly review in order to evaluate the benefits and, if necessary, any negative effects on any of the professionals involved or on the service users.

#### Implement the project

This project will use the assets already available in the community. Marmot (2010) describes assets are any resource, skill or knowledge which enhances the ability of individuals, families and neighbourhoods to sustain their health and well-being. Facilitators of the buggy walk will be able to access free Volunteer Walk Leader training through Walking for Health. Maps for suitable walks will be provided by Active Norfolk. Advertising will be provided free of charge by Walking for Health and Active Norfolk, via their website.

#### Evaluate the impact of the project

Attendance on the walks will be monitored via registers. Verbal feedback will be gathered informally at the end of walks, and it is proposed that semi-formal interviews will be carried out at the 10month developmental reviews.

### **Feasibility**

#### Size

Health visitors have already identified mothers that they feel would benefit from buggy walking. These mothers will be supplied with an information leaflet with appropriate details, as will those who express an interest in getting fit or have, or are at risk of, postnatal depression. Guidelines from Walking for Health advocate a maximum of 20 walkers per walk leader, which gives a maximum of 40 participants for this project.

#### Timescale

We anticipate that the first walk will occur on 25th April, with health visitors leading the walks until the end of June.

Costs

With the funding available for the BCC projects, we propose purchasing two backpacks for walk leaders, a first aid kit, and refreshments for those attending the volunteer walk leader training and at the end of walks. Walking for Health will provide relevant paperwork, high visibility jackets, whistles, walk leader manuals, clipboards and pens free of charge to those who attend their training. Active Norfolk and Walking for Health would be willing to advertise the buggy walks on their websites, and this will be explored.

Your role and workload

We will lead the walks initially, and then will identify mothers or volunteers who would like to become walk leaders. We will then facilitate their training and hand over the buggy walks to the community. In the early stages of the volunteers commencing as leaders, we will support and facilitate the transition in order to assist with any challenges that occur. Those attending the walks will be made aware that they remain responsible for their own safety, and for the safety and welfare of their children.

**Resources**

Leaflets and posters will be designed and there may be a small cost in printing these (although an approach will be made to Thetford Healthy Town, or the costs will be met through the Building Community Capacity fund of £300). Distribution of leaflets will be through the Integrated Children’s Centre Team. Active Norfolk will provide the volunteer walk leader training in Thetford, and the Children’s Centre training room would be used for this.

The project has been agreed by the parties below to affirm that it is appropriate and realistic and will contribute a valuable contribution to the participant’s professional development and to building community capacity as well as the development of the organisation.

Permission is granted for the project to be used as part of an impact evaluation and shared with communities of practice.

	Signature	Date
Participant		
For the Organisation		

## Appendix 2 – Buggy Walking leaflet





Appendix 3 – Graph showing buggy walk participants

