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Fit for life: promoting healthy lifestyles for adults with learning disabilities

A weekly exercise group for people with learning disabilities was developed to promote fitness and healthy eating. Two community nurses explain how

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People with learning disabilities often experience health inequalities and poorer health than the general population. This article describes the development of an exercise group for people with learning disabilities in North Devon.

INTRODUCTION

The Fit for Life project came about following the realisation that people with learning disabilities often have poorer health than the general population and are known to die 10-15 years earlier (Disability Rights Commission, 2006).

Research has shown that diet and exercise levels are often poor in this group. For example, McGuire et al (2007) found diet among people with learning disabilities was poor and their level of physical activity was much lower than the general population. Another study found only 20% of people with learning disabilities exercised three or more times per week (Emerson et al, 2005).

Other factors may contribute to obesity in this group. Psychotropic medication causing weight gain may be a factor (Melville et al, 2007), and a tendency towards obesity may be exacerbated by inadequate health promotion and low awareness about healthy lifestyles (Sutherland et al, 2002).

BACKGROUND

We had previously been involved with a wellbeing support programme, which worked to ensure adults with severe mental illness have access to health screening.

The programme involved a series of consultations with trained wellbeing support nurses, who collected baseline information on physical health and lifestyle. Following

PRACTICE POINTS

Nurses considering a similar initiative should:

- Consider innovative ways of obtaining funding, including non-mainstream sources of funding or grants awarded specifically for innovative projects;
- Ensure their project meets current health priorities and consider potential cost saving benefits when approaching commissioners;
- Consider how it could continue if funding is not available in the long term;
- Ensure the initiative is linked to best or evidence based practice and that the need for it can be quantified.

this, they agreed small realistic achievable goals with clients on healthy living and eating.

The programme was extremely successful, although we had to adapt the paperwork to make the information accessible to people with learning disabilities by using Total Communication, a system which aims to enable people to communicate in any way they are able, for example through gesture, facial expression, photos, symbols, drawings and technological tools.

Health promotion information was produced that was accessible to our client group. A number of people lost weight simply by making a few small changes to lifestyle and considering healthy alternatives.

However, those who participated rarely took regular exercise. We encouraged clients to attend the local leisure centre and sought out times and places of local exercise groups and aerobics classes. The thinking at the time was that people with learning disabilities should access the same community based activities as the general population.

However, none took up this option and cited a number of reasons for this:

"I want someone I feel comfortable with taking the class"

"I feel self conscious about joining a class where I don't know anyone"

"I would not be able to afford to go every week"

"I might not be able to do the exercises"

"I can't always get to where the classes are held"

"The class might be too long – I can't do too much in one go"

This feedback highlighted the need for specific programme that would help clients gain the necessary confidence to access mainstream groups.

THE FIT FOR LIFE PROJECT

Our idea was to hold a weekly exercise group in a community setting, run by a fitness instructor with knowledge and understanding of the needs of people with learning disabilities and who could tailor the level of exercise to their needs. We also wanted to produce an exercise DVD that clients could use at home so they could do at least two sessions each week.

We aimed to promote good health, and hoped our attendance at the sessions would be an ideal opportunity for clients to have access to a nurse every week to discuss any health issues.

We felt a visual prompt to promote healthy eating and exercise would help, and had the idea of producing a calendar featuring lifestyle advice and a place to record "five a day" for fruit and vegetables and exercise taken.

Setting it up

We knew of a local qualified fitness instructor and personal trainer who used to work with our client group at a local gym before the day centres closed. We contacted him and presented our idea; he was keen to get involved and told us about a local village hall that could be hired cheaply for the sessions.

Our next challenge was funding the project. We did not have any finances

available but, while attending a conference, we heard about The Queen's Nursing Institute and its Fund for Innovation.

The application process involved completing a form giving details of the proposed project and, after the project was shortlisted, presenting the idea at the QNI in London.

We were fortunate enough to be awarded a place on the 2008 Fund for Innovation programme, which funded:

- The fitness instructor's time for a year;
- The cost of a video camera and associated accessories to make a DVD;
- Printing costs for the healthy living calendar;
- T-shirts for clients to give them a group identity;
- Hire of the hall.

We then contacted the fitness instructor and arranged a convenient day each week to hold the session, advertised the group and accepted referrals for 16 initial participants, from members of the learning disability team, GPs and people referring themselves. The group started in May 2008.

A year later, we had an established exercise class tailored to group members' needs. Attendance had been excellent throughout the year and all had progressed from a very basic level of fitness to being able to complete an hour of continuous exercise.

Initially, we had hoped to provide a circuit training type of approach but quickly realised that we needed to focus on a much more basic level to begin with, starting with work on flexibility, coordination and movement, which would then allow clients to progress to more complex exercises.

A small number of people had physical disabilities and we therefore invited a physiotherapist to attend and advise on specific exercises for them.

A number of participants progressed quickly and added swimming sessions to their weekly programme. A couple even recruited the fitness instructor as a personal trainer and have subsequently lost

BACKGROUND

- People with learning disabilities have often poorer health than the general population because they are less likely to consider the consequences of everyday lifestyle choices (Department of Health, 2004).
- The DH (2009) emphasised that good health begins with promoting wellbeing and preventing ill health, and that this applies to people with learning disabilities.



considerable amounts of weight and have developed fitness levels far exceeding our expectations.

During the first six months, we filmed some of the sessions to piece together a DVD that would enable people to continue exercises at home. This proved to be a labour intensive process when it came to editing footage and piecing together the final cut.

The first showing went well but after receiving feedback we had added extra time and voiceover instructions. Although the final product was well received, the time involved suggested it may have been better to recruit someone with more experience of producing this type of resource.

The calendar was a great success, and was packed with recipe ideas and accessible information on healthy living and eating. However, once again, we realised it may have been better to have it professionally produced from the start.

FEEDBACK

At the end of the year, we asked the group to complete feedback forms on the project. The general feedback was excellent and some examples of client comments include:

"The exercise is good for me and makes me feel good"

"It's been good to see old friends and do exercise with them"

"I enjoy going, it makes me feel good and has given me confidence to do more"

"I now feel that I can lift my arms higher and I feel fitter"

"This has been very good for me as I sometimes feel down in the winter and this year I haven't"

"I enjoyed making friends and having fun while exercising"

All wanted to carry on attending the group and, as the QNI was keen to ensure that a legacy of the award remained, it was important that we tried to ensure the programme continued. The costs of paying the fitness instructor and the hall hire could easily be met in the future by each member paying a small fee each week. The instructor was willing to continue and we still attend regularly to answer questions or offer support on health issues.

CONCLUSION

The group is continuing and 18-20 people regularly attend each week. Many group members report using the DVD often and we regularly receive phone calls from people interested in joining. The fitness instructor is now considering setting up a second weekly session because of demand.

In reviewing the project at the end of the funding, we generally felt extremely positive about it. We involved group members in the review process and included their feedback in our evaluation.

We felt we had achieved all our objectives and more, and that above all it had been of great benefit to those who attended. |

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