An evidence-based approach to tackling obesity in the early years

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Regional Manager (North)
1. Why tackle obesity in the early years?
2. The HENRY approach
3. Opportunities and challenges
What happens to children obese at age 5?

Girls and boys who were OBESE (including SEVERELY OBESE)

Graphic adapted from Changes in weight status of children between the first and final years of primary school. PHE 2017
If a child is a healthy weight at age 5 ....

Graphic adapted from Changes in weight status of children between the first and final years of primary school. PHE 2017
Practitioners
- 74% not comfortable discussing obesity
- 86% did not consider their advice effective

Parents reported
- Feeling judged or criticised
- Concerns were dismissed

Edmunds L Arch Dis Child 2007
Perrin E Obesity Research 2005
Redsell SA Mat Child Nut 2012
Atkinson L JMIDW 2016
I sit there giving her advice and I know she’s not going to follow any of it …

Health Visitor describing her work with the mother of an obese 3-year old
The HENRY approach

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<th>The messenger: creating the conditions for change</th>
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<td>• Parenting skills</td>
<td>• Building relationships based on trust and respect</td>
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<td>• Healthy family routines</td>
<td>• Working in partnership</td>
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<td>• A balanced healthy diet for the whole family</td>
<td>• Empathy</td>
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<td>• Active play, physical activity and sleep</td>
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<td>• Emotional well-being</td>
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HENRY for practitioners

Qualities:
- Non-judgemental
- Partnership
- Modelling

Skills:
- Relationship
- Empathy
- Raising the issue
- Strengths
- Solution-focused

Knowledge:
- Risk factors
- Whole family healthy lifestyle
- Healthy start
  - Nutrition
  - Activity
  - Parenting

Building confidence and motivation for change
Evidence: Confidence in Working with Families

e-survey up to 4 years later; n=354

85% < 12 months
91% > 12 months

Brown et al, Community Practitioner 2013
• Positive changes in practitioners’ lifestyles

• Enhanced confidence to approach and discuss lifestyle issues with families

• Healthier meals, snacks and portion sizes

• Persistent change and impact on the culture and practice of the wider team

I think they’re more confident in tackling & bringing up things … I’ve noticed that people are talking about lifestyle more, and are concerned about it

Willis et al, J Hum Nutr Diet 2012
HENRY for families

- 8-week programme
- Delivered in EY settings
- Group or 1-to-1
- 10,000 parents
- 37 local authorities
- Experiential and interactive
- Retention rate 81%
- Approval rate 99%
- RCT underway

I’ve realised I need to eat with him and eat healthier foods – who else is he going to copy?
A ‘statistically significant’ and sustained impact on:

- Parenting efficacy and confidence to make changes
- Family mealtimes and feeding behaviour
- What the whole family eats:
  - Increased consumption of fruit & vegetables
  - Decreased consumption of energy dense foods

- Willis et al, Pediatric Obesity, 2014
- Willis et al, Public Health, 2016

What works is you make small changes and the impact just grows.

www.henry.org.uk/evidence-base
### Eating behaviour

**Golan 1998**

**Family eating behaviour**

- Pre-course
- Post-course
- Follow-up

Mean score

- Family eating behaviour: *P < 0.001
- Children eating with adults: *P < 0.001
- Structured mealtimes: *P < 0.005
- Parental eating behaviour: *P < 0.001

Lower scores indicate desired behaviours.

**Willis et al, Pediatric Obesity**

- Eating together
- TV off for meals
- Home cooked food
- Take away food

*July 2013*
• Less than 17% of children nationally eat 5 a day

• 44% of children of parents completing HENRY programme eat 5 a day

• Average consumption up by 28%

I do stuff with him now, like we try different things like carrot sticks, and raw veg and stuff like that, and he is quite willing to try new things as well
Where are the challenges?

- Funding and infrastructure
- Practitioner time for training
- Procurement
- Short term planning
Where are the opportunities?

- Localised solutions
- Innovation and collaboration e.g. volunteering, sharing of staff
- New models of delivery
Multiple opportunities:

• Direct delivery
• Training and licensing
• Training for Trainers
• ‘Blended’ model
• Reciprocal trainer arrangements
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