Supporting early years settings and families through the HENRY programme.

Kim Roberts, Chief Executive
Starting with the research

- Practitioner effectiveness
- A healthy family lifestyle:
  - Parenting
  - Eating and feeding behaviour
  - Healthy nutrition
  - Activity and sleep
  - Emotional well-being
- Establishing healthy habits and food preferences right from the start of life
Research into practice: the HENRY approach

- Training for health and early years practitioners
- 8-week family programme
- Structured one-to-one family intervention
- Peer support model
- Resources for practitioners and families
Practitioners
• Lack of confidence: 74% not comfortable discussing obesity P
• 86.5% did not consider themselves effective
• Inability to identify obesity

Parents reported
• Concerns were dismissed
• Feeling judged or criticised

Edmunds L Arch Dis Child 2007
Perrin E Obesity Research 2005
Redsell SA Mat Child Nut 2012
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
Effective practice

Qualities:
- Non-judgemental
- Partnership
- Modelling

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

Knowledge:
- Risk factors
- Whole family healthy lifestyle
- Healthy start

2 day training

Building confidence and motivation for change
Confidence in working with families

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

85% < 12 months
91% > 12 months

Very little impact
Significantly improved
### Changes to practice up to 4 years later

<table>
<thead>
<tr>
<th>Aspects of Course</th>
<th>Regularly, Often, All the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of empathy</td>
<td>76% (276)</td>
</tr>
<tr>
<td>Key parenting skills</td>
<td>72% (261)</td>
</tr>
<tr>
<td>Healthy nutrition</td>
<td>71% (256)</td>
</tr>
<tr>
<td>Working in partnership</td>
<td>70% (250)</td>
</tr>
<tr>
<td>Solution-focused support</td>
<td>70% (251)</td>
</tr>
<tr>
<td>How emotions effect behaviour</td>
<td>70% (251)</td>
</tr>
<tr>
<td>Eating patterns and habits</td>
<td>67% (240)</td>
</tr>
<tr>
<td>Physical activity</td>
<td>65% (238)</td>
</tr>
</tbody>
</table>

*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
Right from the start

- 8 week programme
- Group or 1-to-1
- Delivered in children’s centres
- Over 5,000 parents
- 36 local authorities
- Experiential and interactive
- Average retention rate of 80%
- RCT based on implementation optimisation underway

I’ve realised I need to eat with her and eat healthier foods – who else is she going to copy?
Parenting styles and feeding styles

- Authoritative
- Authoritarian/Dictatorial
- Indulgent
- Uninvolved/Neglectful

Responsive

in charge
<table>
<thead>
<tr>
<th>DICTATORIAL</th>
<th>AUTHORITATIVE</th>
<th>INDULGENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Here’s some carrot for your snack, eat up</td>
<td>Here’s some carrot and tomato for your snack …. you choose</td>
<td>What would you like for your snack?</td>
</tr>
</tbody>
</table>
Responsive feeding

Parent led

One last mouthful, just for me.

Child led

Looks like you’ve had enough.
Before I would want her to finish the last spoonful.
And that last spoonful would make her gag ...
I would really spend like an extra 10-15 mins trying to get her to have to the last spoonful.
And I would really stress myself out doing that.
And then that would make her upset, she’d get upset and I’d get wound up.

Now if she doesn’t want it, I’ll just leave it.
And that’s the thing, it’s meant to be fun.
Before I would think it’s like a chore, that I had to get her to finish her food, get her to eat.
Now I just relax and let her stop when she’s had enough.
Taking babies on a taste journey

• Window of opportunity to develop a baby’s palate
• Babies have an inbuilt preference for familiar tastes – as well as sweet and salty
• Start with vegetables
• Don’t be put off by some of the expressions!
• Repeated exposure
Mealtime atmosphere

• Sitting together with no distractions such as TV
• Sociable – chatting and encouraging
• Age-appropriate limits for behaviour
• Not rushing – going at their pace
• Parents eating and enjoying healthy food with their children
A healthy balance for the whole family

- Balanced plate
- Numbers of portions
- Portion sizes
- Water to drink
- Responsive feeding – follow fullness cues
- Fewer carbs and more fat than older children and adults
- 3 meals + 2 snacks
- Full-fat milk as part of 3 portions of dairy
Emotional dimension of food

• Bribes, rewards and comfort
• What messages do we communicate about food?
• Moderation in all things including moderation
• Don’t stop it, swap it – non-food praise, encouragement and comfort
Parental self-agency

Setting limits

<table>
<thead>
<tr>
<th>Sure of self</th>
<th>Doing a good job</th>
<th>Perseverance</th>
<th>Problem solving</th>
<th>Mealtimes</th>
<th>TV/computer</th>
<th>Active play</th>
<th>Bedtime</th>
<th>General</th>
</tr>
</thead>
</table>

*P<0.001
Eating behaviour
Golan 1998

Mean score

*P<0.001

Family eating behaviour
Children eating with adults
Structured mealtimes
Parental eating behaviour

Lower scores indicate desired behaviours
Food Frequency Questionnaire – Adults

Hammond 1993

- **Cooked veg**
  - Pre-course: 3
  - Post-course: 5
  - Follow-up: 7

- **Salads**
  - Pre-course: 2
  - Post-course: 4
  - Follow-up: 5

- **Fresh fruit**
  - Pre-course: 8
  - Post-course: 10
  - Follow-up: 12

- **Water**
  - Pre-course: 10
  - Post-course: 20
  - Follow-up: 25

- **Cakes, biscuits**
  - Pre-course: 12
  - Post-course: 8
  - Follow-up: 7

- **Sweets, chocolate**
  - Pre-course: 6
  - Post-course: 0
  - Follow-up: 2

- **Sweet drinks**
  - Pre-course: 14
  - Post-course: 10
  - Follow-up: 6

*Significant differences: *P<0.001, *P<0.02, *P<0.001, *P=0.007, *P=0.003, *P=0.005
Changes in children’s food consumption

Willis et al, Pediatric Obesity, July 2013

* $p<0.001$

* $p<0.02$

* $p=0.007$
• 21% children in families starting HENRY groups eat 5 a day

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

• Create the conditions:
  – The messenger
  – Parenting skills and confidence
  – Whole family approach

• Healthy eating habits and food preferences from the start:
  – Responsive feeding
  – Taste journey
  – Parental modelling
  – Healthy balance
  – Portion sizes
  – Family mealtimes
  – Non-food rewards and comfort
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