Summary research report regarding the effective engagement of families in targeted child and family weight management programmes

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What did the research set out to explore?

This research project sought to answer the question 'What needs to be in place for family weight management programmes in the Cwm Taf Health Board area to effectively engage families?' and, based upon the research evidence gained, aimed to provide a model for future family weight management interventions. The consultation engaged with 43 family groups who were participating in community based healthy living services. Within focus groups and interviews, researchers explored what families felt was needed for services to effectively engage them within weight management programmes. Researchers also undertook phone interviews with professionals and practitioners to discover identified good practice in delivering weight management programmes and identify problems within current provision.

This report uses a wide definition of 'weight management initiatives' to include any programmes of activities delivered at a community level, which directly relate to health living. These included prevention programmes, such as community cookery clubs, exercise and healthy living clubs, and responsive programmes that involved specific weight management and health monitoring.

Key findings

The opportunities for engaging families within responsive and preventative weight management programmes rely upon three main criteria which enable community members to overcome barriers to engaging on healthy living programmes and in implementing healthy living lifestyles. The three criteria are:

1. *Understanding the families' perspective and actively enabling them to become involved in the programme*

Professionals and practitioners can be most effective through working with the motivating factors that families have to join a programme which are:

- wanting to be active with children
- having personal ill health
- wanting better personal wellbeing
- having the support of wider family and social networks
- to create more positive family dynamics
- good referral processes about the initiative

Once families are engaged within a programme, practitioners and professionals can motivate families to maintain their attendance, through ensuring they are:

- learning new things
- socialising
- undertaking positive group facilitation
- good worker interpersonal skill and knowledge
- providing incentives and keeping it low cost

Families suggested that the use of methods that will engage the whole family and their own participation in the design, content and delivery of programmes, enable them to learn and change habits. Additionally, they identified that programmes must be relevant to their specific circumstances and their local community.

2. *Working with other organisations to ensure good partnership approaches that include consistency of messages and clear referrals into, and out of, specific time limited programmes*

Most joint working between organisations was reported very positively. However, there were some problems expressed regarding matching strategic direction to service delivery and between organisations providing a specialist service and those working directly in the community. This is unsurprising given different work cultures and constraints between different sectors. However, joint working is imperative in order to maximise the effectiveness of weight management initiatives; particularly in relation to referrals into and out of programmes and in delivering clear consistent healthy living messages. Additionally, there needs to be a joint approach to healthy living between mainstream and specific healthy living services. Families felt that healthy living messages start with mainstream services such as health visitors, schools, community services and physical activity (e.g. community based classes).

Services and families have different definitions of 'healthy living'. Whilst practitioners and professionals perceive healthy living to refer to nutrition, diet, exercise and sometimes weight loss, families have a wide definition that includes positive family dynamics, positive body image and emotional wellbeing.

Services need to work more closely together to ensure delivery of consistent messages, enable clear referral paths from mainstream services to specific services and to follow up services that deliver support at group and individual level after attendance on a programme. The content of programmes needs to maintain a focus upon nutrition, cooking skills and exercise but also include positive family dynamics, healthy body image and emotional wellbeing.

3. *Structuring weight management services so that a time limited programme does not represent the entirety of healthy living services*

It was clear from the research findings that the impact of healthy living programmes is reduced if programmes are time limited. The suggested service model outlines stepped services that ensure time limited programmes are maintained but addresses the need for follow up services to enable participants to embed what they have learnt. Change in habits can take time to implement and, therefore, planning incremental lifestyle changes and ensuring that programmes are applicable to family life and the local community is critical to creating a sustained impact. Referrals after programmes can be either to mainstream services or follow on services, but support is needed to enable families to implement learning. Additionally, support does not have to be only from group programmes and, therefore, the model suggests drop-in services, child focused programmes and one to one family support.

Support to overcome barriers

These three criteria can enable services to support families to overcome the various barriers that they face when engaging with weight management services as well as when implementing healthy living lifestyles. The barriers families face were discussed by professionals and families within the research and fall under 3 categories:

Practical barriers

- Work times and shifts
- Clash with other family commitments
- Lack of childcare for babies/very young children
- Inaccessible/ unknown venue
- Poverty and financial barriers

Personal barriers

- Fear of unknown people and workers
- Low motivation
- Lack of existing knowledge of healthy living

Procedural and structural barriers

- Poor or unclear referral processes
- Poor branding
- Poor staff knowledge/role models
- Medicalising

Conclusions

Families identified areas of good practice and spoke about what is effective to engage them in weight management programmes. The service model builds on these identified areas of good practice and suggests a planned approach in terms of joint agency working in structure, a participative and stepped approach in process and a highly relevant family and community focused content. In combination, these elements should enable a sustained impact from healthy living programmes and effectively enable families to implement lifestyle changes that prevent or reduce childhood obesity. There should be clear exit points from healthy living programmes with referrals back to mainstream services and follow up services to enable families to implement their learning from participating in specific healthy living services.

A service model for reducing overweight in childhood

A model for the delivery of childhood obesity preventative and responsive services is detailed below. It can most easily be explained through breaking down the model into component parts of structure, content and process. The model is based upon all of the elements of the research findings and aims to maintain current good practice whilst also addressing gaps identified.

Structure of the suggested service model

Step 1 services

These are mainstream services and non-specific healthy living services, which families are already in contact with and have relationships with. These services will have an element of healthy living. Families themselves identified these services as the instigators of healthy living messages and include services such as:

- schools: safe routes to schools, PE, health schools, elements of the curriculum, content of school meals and dinner staff knowledge, school nurse
- parenting classes: food and behaviour, treats and rewards, positive family dynamics at mealtimes, food fads and child behaviour
- early years: weaning, moving to solids, cooking for babies, dealing with behaviour, routines, childcare settings, parent and toddler groups
- GP: all aspects of personal health
- play and leisure: youth clubs, play schemes, leisure centres
- community services: e.g. regeneration, community employment support

Step 2 services

These are specific preventative and responsive weight management services. Examples include:

- targeted programmes e.g. MEND
- community cooking and nutrition courses and exercise and cooking skills courses

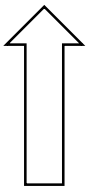
Step 3 services

These act as follow on services to ensure learning becomes embedded. This could include follow up one to one support as suggested by professionals, community days and events as suggested by families, and volunteering and mentoring opportunities in the courses. Volunteering and mentoring would enable new participants to have the peer support that was found to be invaluable, as well as past participants to embed what they have learnt. Children could also mentor each other, similar to buddy schemes operated in some schools.

Service model for delivering weight management programmes to reduce childhood obesity

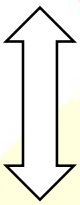
Step 3 Services: providing explicit follow on support.

- Volunteering and mentoring in programmes
- Moving on services e.g. growing schemes, play streets,
- One to one support



Step 2 Services: 3 potential different strands all with specific focus upon healthy living

Responsive: Weight management programmes	Preventative: Community based healthy living programmes (incl. a weight loss component)	New services: Drop in support for advice, shift workers, one to one follow up whilst attending other step 2 services Non targeted child food and play sessions



Step 1 Services: mainstream and non specific healthy living services e.g.

- Schools
- Early years and family support
- Sport play and leisure

Content of suggested service model

Step 1 services

The content of healthy living will vary within step one services because they have a number of different aims and purposes, but they have a key role to play in signposting and verbal referrals to step 2 services. Consistency of message regarding healthy living needs to be implemented across step 1 services.

Step 2 services

Preventative programmes vary in content with a focus upon any of the following- cooking, exercise, nutrition, and changing lifestyle habits. Responsive services also include weight loss information. Families asked for more learning regarding weight loss and information about healthy body image, focusing upon practicalities rather than giving medicalised information. Suggested content for step 2 services is a fivefold focus:

- nutrition
- cooking skills
- exercise
- motivation and behaviour change
- healthy body image and weight loss.

The content of step 2 services needs to be relevant to family life and the local community.

Step 3 services

These need to provide follow up from the learning and experience of attending a step 2 service. Step 3 services would reduce repeated attendance on step 2 courses and be targeted for implementation of knowledge. The content of these services is to provide incremental learning and involvement in healthy living, to continue peer support and deliver peer learning. To this end, the services could include involvement in local food cooperatives, community growing projects, play streets, volunteering and mentoring as well as further learning opportunities regarding motivation and behaviour changes.

Process of suggested service model

Step 1 services

These are services that participants are already familiar with. Step 1 services need to be equipped with a conversation for families regarding how to recommend healthy living programmes and explain how the programmes follow on from work already undertaken within step 1 services in order to increase referrals and create clear pathways to step 2 services.

Step 2 services

Participants need to know what the process is for joining a programme, what they can expect when they come through the door, if they can bring family members (and if so, which ones), if they can bring a friend and if they will know any of the workers. They need to involve the whole family and undertake participative practice in design, delivery and evaluation. There should be some movement between preventative and responsive programmes, but in either case clear movement to step 3 services or back to step 1 services at the end of a programme. If step 2 services implement good participation and build on

motivation factors, step 3 services, or a return to step 1 services, will feel like an incremental progression. There could be drop-in services as well as regular courses, or flexibility between step 2 programmes, to accommodate community members who have childcare difficulties or work shift patterns.

Step 3 services

Step 3 services are wide ranging, but must continue with involvement in the service, acknowledge what families have achieved and include an element of one to one support, even if through buddying volunteers, to sustain implementation of learning. They need to be able to refer back to step 1 or step 2 services, but with clear rationale, not because there is no other provision.