



Department  
of Health

# High Impact Area 4: Healthy Weight

Health visitor programme

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# High Impact Area 4: Healthy Weight

Health visitor programme

Prepared by Emily Mattison

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# National: Using simple messages to promote baby exercise

## HIA 4: Healthy weight

**Julia Haynes**

'Born to Move' is a health visitor-led project which promotes the importance of child development and early sensory and movement experiences from birth.

Local health visitors wanted to motivate parents and carers to take a more active role and in so doing, help more children improve their physical, social and emotional skills in pre-school years. Changes in lifestyle mean that all too often, children are becoming more sedentary and parents are unaware of the impact this may have on core strength in the long-term and physical and emotional wellbeing. This programme is a cost-effective way to deliver consistent messages about the importance of physical activity to all families at universal contacts.

Health visitors lead a range of workshops with colleagues from other health care professions. This has had a huge impact on partnership working and 60 local district champions were trained to help inform other health visitors and make this system sustainable.

Part of the approach is about giving parents the information and support they need. A leaflet on '[Born to Move](#)' is now discussed at every new birth contact and reinforced at every subsequent contact. Health visitors have also led children's centre teams in promoting three key messages: the importance of awake tummy time from birth in preparation for crawling, eyes need to move too and chatter matters.

The project is having real results. It supports parental confidence and improves information-sharing among practitioners and parents/carers. More babies are crawling than would normally be expected by the one year universal contact after the first year of input. Across the pilot area, an improvement in crawling rate rose from 30 per cent to 94 per cent and has been sustained for the past two years.

'Born to Move Project' posters are proudly displayed in all 85 children centres across Kent and available in the 5 most spoken languages in Kent: English; Polish; Slovakian; Russian & Czech. In each district there are now local HV and children centre champions who have helped to cascade the workshops to over 1,600 early years frontline health visitor and Children Centre staff. The 60 'champions' are keeping momentum going across Kent and I've really positive feedback from the practitioners I was training just a few weeks ago which highlighted how practice has changed and we are definitely making a difference! It has given our workforce renewed passion in what we do and the parents love it, especially the dads.

# Nottingham: Improving nutrition

## Nottingham City Care Partnership

### HIA 4: Healthy weight

Vicki Watson

Across the UK there is increasing concern over the rise in obesity and poor nutrition for young children and the impact that has on their future years. Health visitors through working with families can help address the issue of obesity and poor nutrition through early intervention and therefore help prevent the impacts in later life.

Nottingham City has a high level of childhood obesity with levels well above the national average. Additional factors such as 42% of children being from a BME background, 39% of children living in poverty and fewer than 50% of mothers breastfeeding all add to the problem.

For many infants and toddlers in Nottingham, their diets include a high intake of processed snack foods, low vegetable intake, poor weaning practices, lack of cooking skills for parents and iron deficiency in children, all raising concerns across all early years workers about the future health of these children.

Nottingham's First Foods Education programme is an evidence-based programme that shows how health visitors can bring together partners in early years health provision and deliver a programme that builds confidence, knowledge and skills in parents promoting healthy nutrition and giving their children the best start in life.

The programme started with providing specialist training to both health visitors and other early years workers, empowering them to take on the task of supporting and educating parents.

With these professionals now confident in delivering and promoting key messages around nutrition and what contributes to obesity, they worked together to set up group for parents to attend, based in baby friendly venues thereby giving the opportunity for more parents to be involved.

These groups introduced good evidence-based weaning practices, food tasting and practical knowledge such as learning about how to manage choking to new parents - all with the aim of supporting parents to increase the number of babies being given homemade, nutritious food and demystifying and reducing fear about the transition to solid food.

In addition to the support groups, the programme developed a range of parent friendly, interactive nutrition resources and evidence based nutrition guidelines. The materials include: Sugar, salt and fat kits; Eatwell and multicultural foods kits; Oral health posters; Eatwell Early Years and 'Cook and Move' Facilitator Packs; Packed Lunch leaflet; and Healthy weight training.

Health visitors have all highlighted how effective the training and resources around weaning have been but the proof is in what parents involved have had to say:

*'I feel more confident about weaning and trying new foods.'*

*'I enjoyed the class and it put several myths right.'*

*'very informative I learnt new things that I didn't know before'*

*'Was nice to get some ideas from other parents.'*

# Bradford: Giant walking bus launches new community project to enhance family healthy lifestyle change

**Location:** Bradford

**Contacts:** Suzanne Convery, Bradford District Care Trust ([suzanne.convery@bdct.nhs.uk](mailto:suzanne.convery@bdct.nhs.uk))

Impact areas (6) covered:

Supporting Development of the Child	Breastfeeding	Supporting Early Attachment	Perinatal Mental Health	Reducing Hospital Admissions	Reducing Obesity in Children	Supporting Transition to Parenthood
X			X		X	

Additional Areas covered:

Improved Data collection	Improved Partner Working	Improved Learning and Development for HVs	Showcases leadership role of HVs	Showcases career progression for HVs	Supports workforce retention	Showcases good workforce development practices	Co-commissioning	Other
	X		X					

Written up by: Yorkshire & Humberside AT (2013)

## Summary:

The change in practice was implemented within a deprived semi-rural area of Bradford. It was important to ensure that the project would be meaningful for the local community, families and individuals. The HV team gathered information from listening to the public responding to the improving patient experience questionnaires and by reviewing the practice profile audit.

We identified the following:

- Many parents and their children would remain indoors due to safety concerns
- This led to a lack of physical activity, causing feelings of lethargy, low self-esteem, weight gain and isolation
- Many parents felt they were lacking in life skills; such as budgeting, preparation of foods and the cooking of meals
- School nurse information identified that there are increasing numbers of children commencing reception that are on the obese spectrum
- General practitioner statistics identified between 13.6 to 26 per cent of the practice population who are of child bearing age had a body mass index above 26.

This project is in line with the “community” section of the health visiting service vision. A giant walking bus, which was part of the Brake road safety charity national initiative, was coordinated to launch the project. The plan was to organise a walking bus with nursery children highlighting road safety, to continue following school drop off to the local children’s centre and be taught life skills in terms of the preparation and cooking of healthy meals.

**Background:**

**Achievements:**

I received support and guidance throughout the project from two work place advisors and two peers that had been selected for the Building Community Capacity programme.

The change was led with the support from team members – without this commitment it would have been very challenging. The change required strong leadership and management skills and the requirement to work smarter. I initially organised meetings with other agencies to inform them of my project proposal and present my action plan. The project was embraced by all as it supported shared objectives.

I was very fortunate to gain the assistance and support from the parental involvement worker.

Together we forged links with other partner agencies who agreed to support the project: the community police, fire service, road safety team, the road safety charity Brake, the children’s centre, the healthy living centre, school and the communications department.

The support from administrators was pivotal for the typing and designing of letters, timetables, assembly plans, lyrics for the chant, action plans, producing certificates... to name a few. We attended coffee mornings to discuss the project and gain the support of parents, the community police and traffic wardens who agreed to offer their support as there were concerns relating to road safety and traffic volume.

We hosted a school assembly which was informative and interactive. It highlighted the purpose of the giant walking bus and what would be happening. The event went well and the children were taught the principles of road safety and about the dangers on the road.

The event was a huge success and launched the commencement of the nursery walking bus and activities including socialisation for parents and their children, play at the crèche, exercise to modern music and cook and eat sessions (in association with the ‘Let’s Get Cooking’ initiative. Attendees received a £5 voucher for fruit and vegetables from the food co operative for their attendance.

**Key outcomes**

The project was developed in conjunction with the joint needs strategic health analysis, BDCT objectives and with the support of the public health department.

The project fulfilled the criteria for:

- Partnership working
- Supporting vulnerable children and young people
- Addressing the outcomes of every child matters
- Reducing obesity risks
- Addressing lifestyle change which is sustainable
- The promotion of mental wellbeing
- Community engagement
- Identifying and addressing the health needs of the community
- Improving readiness for school.

The measures used to demonstrate success of the change involved the creation of a simple evaluation form to be used prior to the commencement of the project and on completion. Questions were based on physical activity and diet. A final evaluation was completed.

Quotes from attendees included:

- *“I have found this walking bus and exercise class very good. I hope to do it again (excellent)”*
- *“I am trying to get more active at home for me and my daughter (very good)”*
- *“Lost weight, feel more better (very good)”*
- *“I wish the classes would run through the holidays they have motivated me to do more exercise (very good)”*
- *“Meeting new people, learning new skills and sharing what I know with others”.*

The project was part of the Building Community Capacity programme and has been embraced by BDCT. This has enabled health visiting teams and individuals to have the opportunity to lead and manage community projects, increasing their knowledge and skills within the public health area, community development and research preparation. Health visitors have been encouraged to attend training at university relating to motivational interviewing and solution focussed therapy.

Further benefits have included networking opportunities and developing strong links with other partner organisations and the community, which has proved invaluable.

### **Key aims:**

The objectives were:

- Sustainable healthy lifestyle changes
- The promotion of family bonding time
- Increased social opportunities
- Improved self esteem
- Improved safety.

Since starting the project, short term evaluations were completed prior to the project commencement and on completion prior to the school summer holidays.

Evaluations have been positive and lifestyle changes were recognised by attendees.

### **How it works:**

### **Key Challenges:**

The project required to be developed and implemented within a six month time schedule. This was a challenge, as it broke away from my deep rooted view of community development.

I realised that I would not have the time to organise focus groups, individual and group meetings to find out what was important to the local community and how I could assist with the setting up of a project to meet their needs. I came to realise that as a health visiting team, we actually had a wide resource of information at our fingertips. We had the caseload profile information, improving patient experience feedback and our own personal knowledge from listening to the view of our practice population.

I was aware that once the project idea was developed this was actually the easy part. For the project to be successful it was essential for the community, families, individuals, and agencies

to be involved with the planning of the project from the onset. Fortunately, the project was embraced by all concerned. Regular meetings, liaisons and clear plans of action ensured the smooth running of the project.

I learned the hard way regarding risk assessment: I thought I had covered for every eventuality. Unfortunately, the electric stoves did not work and the standby gas canister hob set alight during the cookery sessions. I had not anticipated this. Fortunately, the canister was dismantled and removed causing no harm to attendees. What I can share is:

- The importance of being adaptable, as venues and plans can change which are out of your control
- The importance of providing clear information and structure, so that individuals know what is expected of them
- Most of all remain positive: "Every cloud has a silver lining".

### **Key Learning:**

The team and I have been able to recognise how innovative ways of working can be very beneficial to communities, individuals and our own practice. The enthusiasm created from the project ensured that I was able to remain focussed, positive and driven to achieve my goal of providing an equitable and valued service.

I have been fortunate to build upon leadership and project management skills. I have learnt that it is pivotal to any success to have good communication, interpersonal and listening skills. Ensuring that everyone involved with the project is kept informed at key points, valuing others' opinions and building the foundations of solid relationships.

I now understand the importance of time management to another dimension. I have learned that the importance of safety risk assessments can never be over-emphasised and having the ability to adapt with short notice. It is important to be prepared for any eventuality and, most of all, to remain calm.

The project has been shared regionally at the Building Community Capacity event with other health visitors from the Yorkshire and Humber. The project has been showcased at the Bradford Integrated Pathway Forums.

The project was evaluated positively. The head teacher commented on the smooth running of the giant walking bus day and how much the children and staff had enjoyed participating at the event. The publicity received had been very much appreciated.

### **Sustainability:**

The attendees wanted the project to continue and the children's centre manager was so pleased with the success, he agreed to continue the exercise class and cook and eat sessions.