

# Healthy Families: Growing Up



Group Programme  
5 to 12 years old



## Service Level Evaluation

# Contents

There are three sections to this report:

**Introduction:** this section provides outcomes at a glance, information on HENRY, the *Healthy Families: Growing Up* programme, and the vital importance of supporting families for future health and wellbeing.

**Overview:** the second section provides an overview of the programmes delivered.

**Outcomes:** the third section analyses the impact of these programmes and presents outcome data across a range of measures.

Additional information e.g. demographic data can be found in the [Appendices](#).

<b>Introduction</b> .....	<b>1</b>
Key outcomes at a glance .....	1
A healthy childhood: laying the foundations for a brighter future .....	2
Recruitment & retention.....	3
Online and face-to-face delivery.....	3
Participant feedback.....	4
<b>Outcomes</b> .....	<b>2</b>
Family lifestyle score .....	3
Growing up healthy score .....	4
Confidence score.....	5
Setting limits score .....	6
Confidence to raise sensitive issues.....	7
Emotional wellbeing .....	8
Eating behaviour score.....	9
Consumption – fruit and vegetables .....	10
Consumption – water .....	11
Consumption – Energy dense snacks .....	12
Consumption – Sugary drinks .....	13
Physical activity and sedentary behavior – parents.....	14
Physical activity and sedentary behavior – children.....	15
<b>Appendix 1: Demographic information</b> .....	<b>16</b>
<b>Appendix 2: Data and data analysis</b> .....	<b>17</b>
<b>Appendix 3: HENRY's evidence base</b> .....	<b>18</b>
<b>Appendix 4: Child obesity rates in primary school</b> .....	<b>19</b>

## Introduction

This is a service level evaluation on delivery of HENRY's *Healthy Families: Growing Up* group programme, completed by HENRY's internal Data & Evaluation Team. It covers programmes delivered from the early post-pilot days of the programme in 2021, through to the end of 2022. It uses data submitted by Facilitators trained to deliver this programme to parents (with children in the age range of 5-12 years) from local authorities and NHS trusts partnering with HENRY.

## Key outcomes at a glance

Each outcome is summarised as a percentage change from baseline to completion. Where suitable validated measures exist, HENRY uses these so that changes can be externally benchmarked. Against all such indicators the p-value is shown. A p-value of <0.05 is considered to be statistically significant. All p-values below show a high degree of statistical significance, meaning the changes are highly unlikely to be down to chance. Outcomes compare favourably to and often better than our early years programme.

Measure	Outcome	p-value	% change	0-5 programme % change
Family lifestyle score	improved	<0.001	42%	53%
Growing up healthy score	improved	<0.001	35%	n/a
Parenting confidence	improved	<0.001	11%	7%
Parenting efficacy	improved	<0.001	11%	10%
Confidence raising issues	improved	<0.001	11%	n/a
Emotional wellbeing score	improved	<0.001	13%	11%
Healthy eating score	improved	<0.001	8%	9%
<b>Consumption</b>				
Parents: Fruits & vegetables	improved	<0.001	20%	21%
Parents: Water	improved	<0.001	17%	10%
Parents: Energy dense snacks	improved	<0.001	-22%	-14%
Parents: Sugary drinks	improved	<0.001	-35%	-21%
Children: Fruits & vegetables	improved	<0.001	19%	29%
Children: Water	improved	<0.001	17%	14%
Children: Energy dense snacks	improved	<0.001	-19%	-8%
Children: Sugary drinks	improved	<0.001	-33%	0%
<b>Physical activity and sedentary behaviour</b>				
Parents: Daily exercise	improved	n/a	13%	n/a
Parents: Strength-based	improved	n/a	22%	n/a
Parents: Screen time	improved	n/a	-26%	n/a
Children: Daily exercise	improved	n/a	12%	n/a
Children: Strength-based	improved	n/a	28%	n/a
Children: Screen time	improved	n/a	-29%	n/a

Throughout the report, where there are directly comparable measures and data, we indicate how outcomes compare to our evidence-base early years programme over the sample period.

**Overall, outcomes are very similar to those on our early years programme. In fact, on diet-related outcomes, particularly consumption of energy-dense snacks and of sugary drinks, improvements are stronger than the already positive outcomes from our early years programme.** This may be a reflection of the age group (i.e. older children are likely to have more energy-dense snacks and drinks than young children) or of the fact that for parents joining this programme they are mostly invited once a weight issue for their child(ren) has been identified.

## A healthy childhood: laying the foundations for a brighter future

The evidence is compelling – what happens at home, from when children are born to the start of adolescence, is critical to their long-term health, wellbeing, learning and social development.

It is also clear that while the influence of peers grows throughout primary school, parents are still the key influencers, caregivers and best potential agents of behaviour change during this stage of children's lives. HENRY's *Healthy Families: Growing Up* programme therefore focuses on supporting parents to create the healthiest and happiest home environment they can for their children.

The start of primary school also presents a clear, practical opportunity to identify those children carrying excess weight, through the National Child Measurement Programme (NCMP), and to contact their parents – who are likely to be those in greatest need of support for lifestyle behaviour change. Not all families will be receptive, but for many the formal identification of excess weight can be the nudge they need to see the need to take action in their own families and take up the offer of support.

Sadly, current PHE data shows that those children identified as living with obesity at Reception are highly likely to remain so at Year 6 and beyond, with just 1 in 20 returning to a healthy weight during primary school. At HENRY, however, we don't believe this needs to be pre-determined, and we don't want to give up on these children. Our *Healthy Families: Growing Up* programme represents a real opportunity to beat the odds and develop a healthy, happy lifestyle for the whole family.

### HENRY and *Healthy Families: Growing Up*

HENRY is the UK's leading charity supporting parents and carers to give their child a healthy, happy start in life. HENRY is transforming traditional approaches to obesity treatment and prevention through successful support for whole-family behaviour change before children reach adolescence.

The *Healthy Families: Growing Up* group programme is a unique 8-session intervention that offers the parents (of children aged 5 to 12) a chance to share ideas and gain new skills and tools to address lifestyle issues in a supportive and fun environment. The programme builds on the success of our early years programme and is underpinned by HENRY's proven and holistic approach.<sup>1</sup> It focuses on five research-identified risk factors for child obesity: parenting efficacy, family lifestyle habits, emotional wellbeing, nutrition and physical activity. This approach, both to a healthy childhood and to supporting parents to change what happens at home, helps children to flourish throughout childhood and beyond.

HENRY has a strong track record of delivery in 70 local authority areas right across the UK and a reputation for high quality family support with proven long-term impact. Several independent studies have shown that HENRY is effective: families make statistically significant and sustained lifestyle changes against these research-identified risk factors and **children of parents who join a HENRY programme had a trend for BMI z-score reduction** towards an ideal weight, whereas in the control group there was an increase in BMI z-score. More information on HENRY's evidence base is presented in the [Appendix](#) with more detail available at [www.henry.org.uk/evidence-base](http://www.henry.org.uk/evidence-base)

---

<sup>1</sup> Bridge et al (2019) The impact of HENRY on parenting and family lifestyle: Exploratory analysis of the mechanisms for change, *Child*

## Overview of delivery

This section provides an overview of *Healthy Families: Growing Up* group programmes delivered in 2021 and 2022. It covers recruitment and retention, data return and participant feedback.

The tables on the following page provide a breakdown of the programmes delivered.

131 programmes were delivered from this period. Data return is discussed in more detail in [Outcomes](#).

**131** programmes delivered

**577** parents participated

**929** children reached

## Recruitment & retention

The start of this period of time coincided with an era when the UK was still emerging from lockdowns and many parents were still not fully vaccinated against Covid-19. This shows up in the relatively high proportion of programmes during this period that were delivered online, with a trend towards more face-to-face delivery towards the later part of this reporting period. It also helps explain why the retention rate of 73%, while still quite strong, is lower than the retention rate on our early years programme from the pre-pandemic period of 83%. During this reporting period (2021-2022) retention on our early years programmes was also lower than pre-pandemic.

Participants who attend at least two sessions are considered 'starters'. Participants who attend at least five sessions are considered 'completers'.

577 participants started the programme, with 424 completing, a retention rate of 73%.

**73%** retention on programmes

The programme reached the families of 929 children of primary school age or older.

## Online and face-to-face delivery

52 programmes were delivered online, with 152 participants completing.

**52** programmes delivered online

65 programmes were delivered face-to-face, with 267 participants completing.

**65** programmes delivered face-to-face

14 programmes were not listed as either online or face-to-face. Of these, only one returned attendance data, with 5 participants completing.

## Participant feedback

Feedback on the programme over this period was very positive, with high approval ratings and comments which highlighted the impact of the programme on those who took part.

### Approval ratings

Respondents are asked to rate, on a scale of 1 to 5, how likely they are to recommend the programme and how they feel about the programme overall.

95% of respondents felt that the programme was 'Good' or 'Great', while 87% would 'Definitely' recommend the programme to other families.

This compares with 97% 'Good' or 'Great' on our early years programme over the same period.

**95%** of respondents rated it 'Good' or 'Great'

### Respondent comments

Respondents' comments emphasise how much they enjoyed the programme and how it supported them to make a wide range of positive changes to their family lifestyle.

*"This programme is just perfect and empowers parents to take the right decisions and raise kids confidently."*

Parent feedback

*"I really appreciated the weekly interaction with everyone, the highly relevant content and educational aspect. The trainers were also the best I have seen on any programme, health or otherwise."*

Parent feedback

*"All the content is very essential for a healthy family growing up."*

Parent feedback

*"I enjoyed my time here and it gave me ideas on how to change my lifestyle and improve the way I do things. It's important to see how we can learn from each other. I want another group like this."*

Parent feedback

*"The Healthy Families programme completely changed my lifestyle."*

Parent feedback

*"I honestly think the programme is so amazing – it genuinely makes me feel a lot more organised and positive."*

Parent feedback

# Outcomes

This section reports on the impact of the *Healthy Families: Growing Up* programme on families who attended, focusing on outcomes in five research-identified factors that are key to creating a healthy and happy home environment.

- Parenting skills
- Emotional wellbeing
- Eating behaviours
- Eating well
- Activity & screen time

## Data return

The outcome data analysed in this section is self-reported by participants via digital questionnaires. Respondents answer a series of questions about their lifestyle at the start of the programme (baseline) and again when they complete the programme (completion).

Data may be considered invalid and excluded from analysis if questionnaires are spoiled in some way or if non-standard or obsolete questionnaires are used.

## Sample size

Out of 424 participants who completed the programme over this period, 246 returned valid baseline and completion questionnaires.

**246** maximum respondents in this sample

**Please note:** Not every respondent answers every question, so sample size may vary between outcomes. For more information on how data is collected and analysed, please see the [Appendix](#).

*“I liked feeling comfortable and welcomed by the facilitators – they’re amazing! It was great getting lots of useful information and help. Learning new strategies and feeling more confident. It helped being able to speak freely to people who understand and being able to laugh or cry together.*

*I have been improving things for myself and my family. We have less screen time and do more activities. We’re swapping some snacks and drinks for better choices. I’ve found new ways of dealing with situations – we listen equally to each other now, and I allow ‘me-time’ to feel more revived, focused and confident.”*

Parent feedback

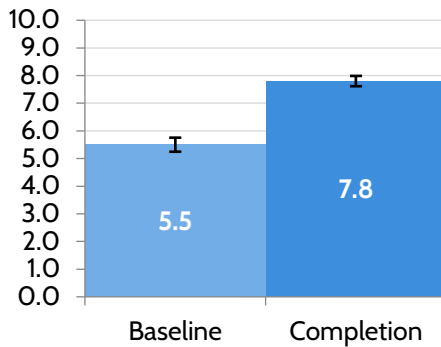
## Family lifestyle score

Overall, how healthy do you think your family's lifestyle is?

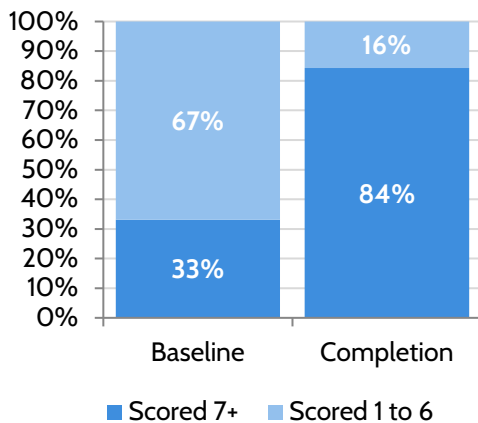
Sample size = 242

- 42% increase in average family lifestyle score. This compares with 53% on our early years programme over the same period
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 86% of respondents felt family lifestyle had become healthier after completing the programme

Average family lifestyle score



% respondents rating their family lifestyle as 'healthy' (7 out of 10 or higher)



*"It was good to share ideas with other parents and the challenges that face them. I got lots of ideas about how to help my family and make healthier choices for us all.*

*I am a lot more mindful about the snacks and meals my children have, incorporating fruit and vegetables where I can and cutting back on processed snacks. I am more aware of the portion sizes they require.*

*I try to listen more attentively and be patient with them, allowing the children to communicate what they are feeling. Finally, we try to move about more, taking advantage of parks on the way home from school."*

Parent feedback



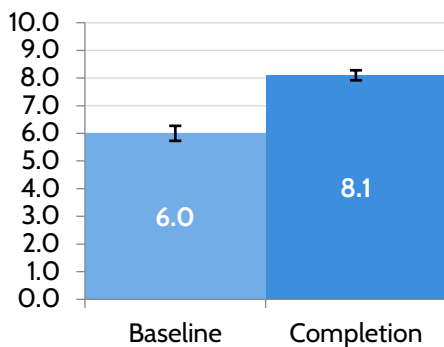
## Growing up healthy score

How well do you feel you are doing, as a parent, to help your school-age children to grow up healthy?

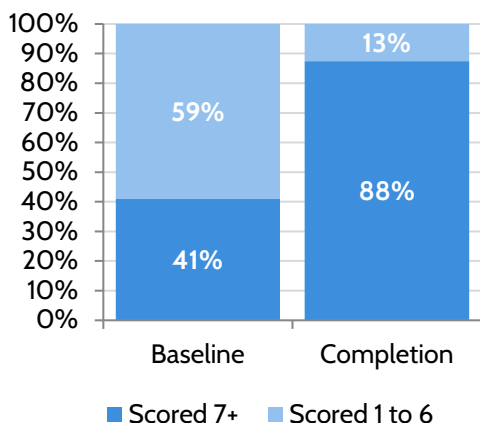
Sample size = 224

- 35% increase in average score
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 82% of respondents felt they were doing better to help their school-age children to grow up healthy after the programme

Average growing up healthy score



% respondents rating themselves at 7 out of 10 or higher



*"It was great learning different things to help my family be more healthy. We have more family time now and eat more healthy food."*

### Parent feedback

*"I loved the interactive energy, getting to share views and not being ignored. Getting to know more of a healthy way and how to take care of ourselves. Now I'm learning to listen to the children while making boundaries for them."*

### Parent feedback

## Confidence score

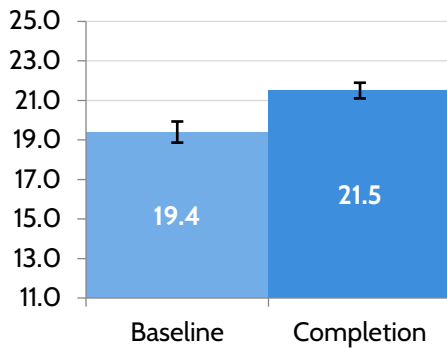
Do you agree or disagree with the following statements?

Sample size = 226

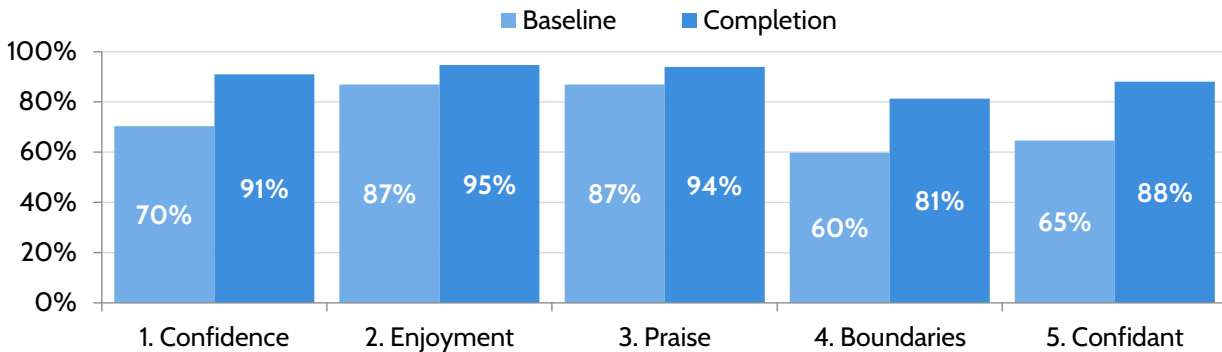
1. I feel confident as a parent
2. I enjoy spending time with my child
3. I often praise and encourage my child
4. I can hold clear boundaries as a parent
5. My child talks to me when something is bothering them

- 11% increase in parenting confidence score. This compares with 7% on our early years programme over the same period
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 77% of respondents felt more confidence as parents after the programme

Average confidence score



Parenting confidence - % scoring 4 or 5 out of 5



*"It's changed my life. I feel confident."*

Parent feedback

*"I enjoyed getting healthy eating tips, family mealtime ideas, ideas for healthy food swaps and negotiating with kids, etc. Now I am being more intentional with healthy eating, giving non-food rewards and praising the kids more."*

Parent feedback

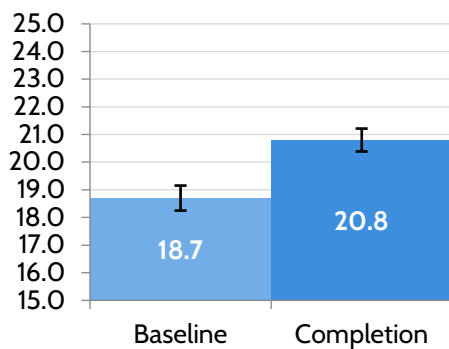
## Setting limits score

I feel confident to agree limits with my primary school-aged children... Sample size = 246

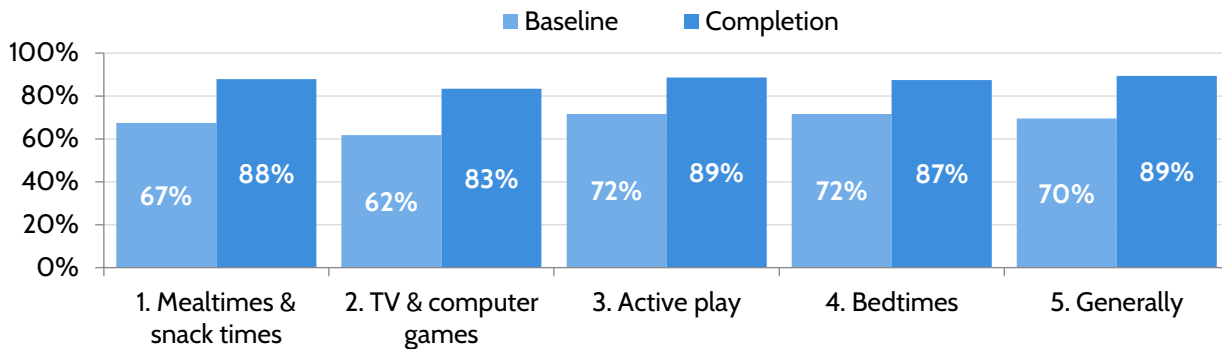
1. ...at mealtimes and snack times
2. ...around TV and computer games
3. ...around active play
4. ...at bedtimes
5. ...generally

- 11% increase in setting boundaries score. This compares with 10% on our early years programme over the same period
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 72% of respondents felt more effective at setting limits with their children after the programme

### Average setting boundaries score



### Efficacy setting limits - % scoring 4 or 5 out of 5



*“I have learned about myself, reflecting and realising where I am going wrong and how that affects my children. I’m taking the time to listen to my children now.”*

#### Parent feedback

*“I have started setting boundaries consistently, adding more healthy choices to meals, not using food as rewards.”*

#### Parent feedback

## Confidence to raise sensitive issues

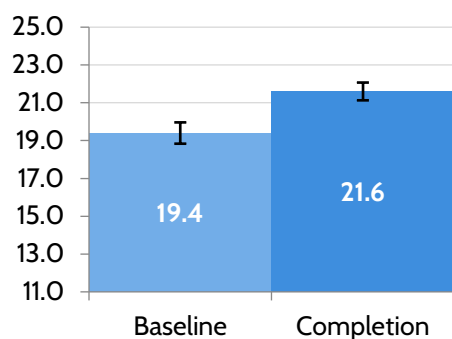
I feel confident talking to my primary school-aged children about...

Sample size = 226

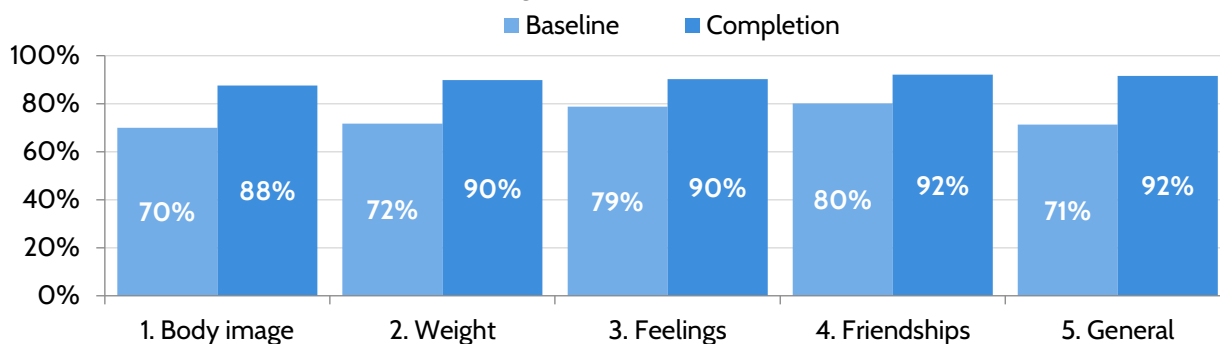
1. ...body image
2. ...weight
3. ...feelings
4. ...friendships
5. ...sensitive issues in general

- 11% increase in average score
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 64% of respondents felt more confident to raise sensitive issues with their children after completing the programme

Average confidence to raise sensitive issues score



Confidence to raise sensitive issues - % scoring 4 or 5 out of 5



*"I appreciated the session on body image. I have more discussions with the kids now, reading with them and talking to them about healthy eating. I reward them with stickers or a visit to the park – not chocolate or sweets."*

### Parent feedback

*"I am learning how to communicate better with my daughter. Making more family time, cooking together and eating together. Promoting a healthy body image and self-confidence. And we're making healthy food swaps and managing screen time too."*

### Parent feedback

## Emotional wellbeing

The measure used is the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

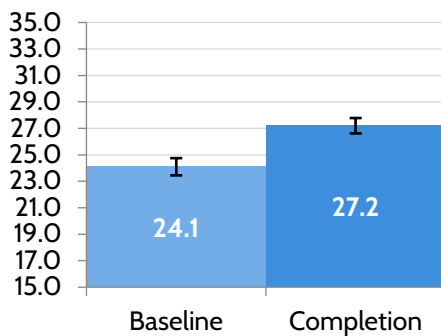
Below are some statements about feelings and thoughts. Please select the option that best describes your experience of each over the last 2 weeks.

Sample size = 246

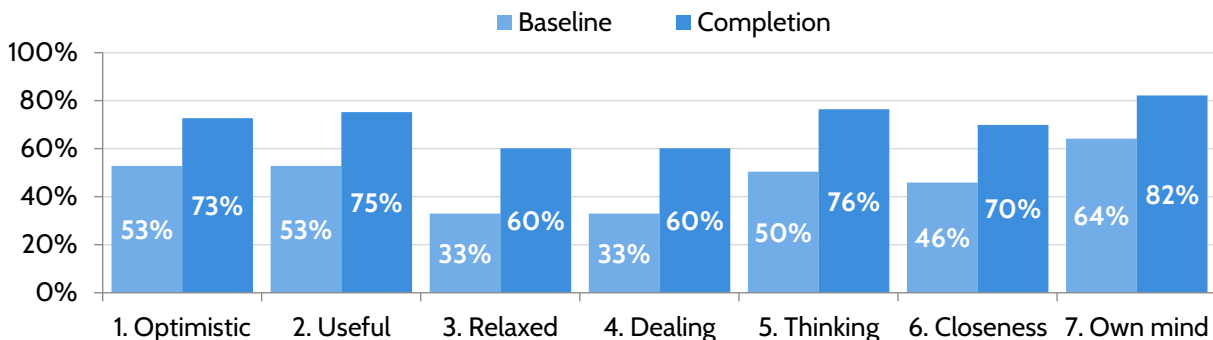
1. I've been feeling optimistic about the future
2. I've been feeling useful
3. I've been feeling relaxed
4. I've been dealing with problems well
5. I've been thinking clearly
6. I've been feeling close to other people
7. I've been able to make up my own mind about things

- 13% in average emotional wellbeing score. This compares with 11% on our early years programme over the same period
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 82% of respondents reported improved emotional wellbeing after completing the programme

Average emotional wellbeing score



Emotional wellbeing – % Often or All of the time



*“Before the programme, I felt like I had lost my strength to fight against everyone at home. I was hoping to get some support in this and get back on track, and it was really good to talk and listen with other parents and get ideas to cope with difficulties.*

*I feel more patient now. I am being more mindful when listening and talking. And we’re eating more healthy meals.”*

Parent feedback

## Eating behaviour score

Have a think about your meals and meal times over the last 2 weeks.

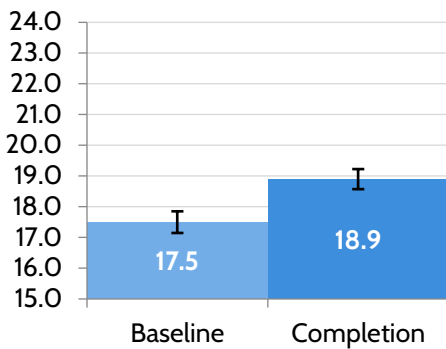
Sample size = 227

How often has your family done the following?

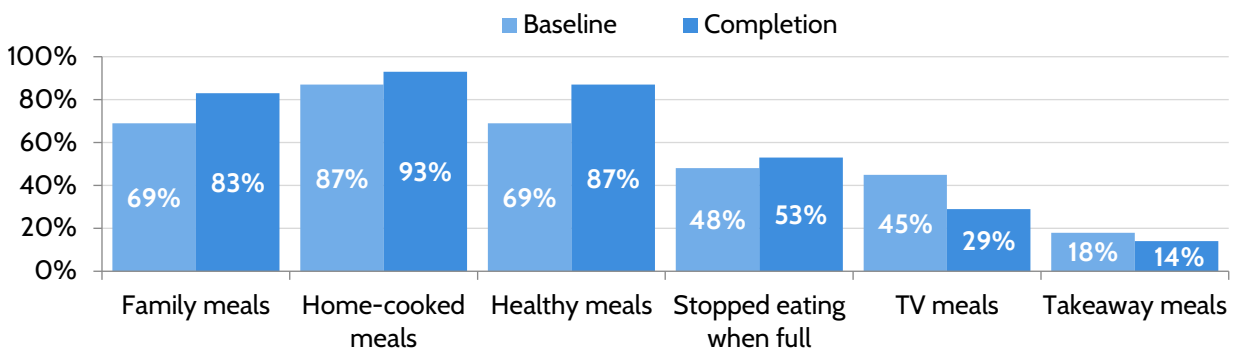
1. Sat down together for a meal
2. Eaten takeaway food
3. Had the TV on at meal times
4. Eaten a home-cooked meal
5. Stopped eating even if food is left on the plate
6. Chosen to eat meals you know are healthy

- 8% increase in average score. This compares with 9% on our early years programme over the same period
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 90% of respondents reported improved family eating behaviours

### Average eating behaviour score



### Family eating behaviour – % Often or Very Often



*“The family rewards system and learning about portion sizes have made a big difference for my children. I don't ask them to clear their plates anymore – it's a relief for them and I don't worry as much about whether they're eating enough or not.”*

### Parent feedback

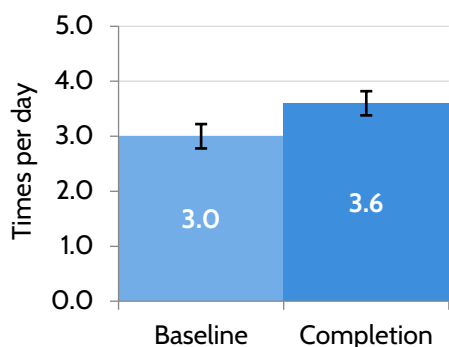
## Consumption – fruit and vegetables

On average, how many times do you and your children eat fruit and vegetables each day?

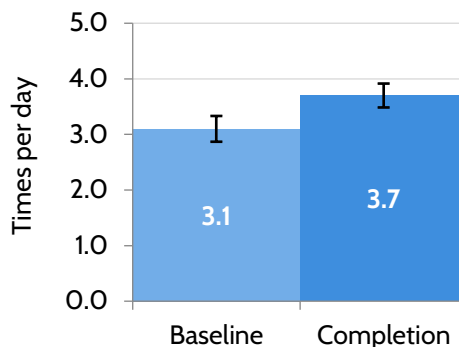
Sample size = 246 and 246

- 20% and 19% increases in average daily consumption. This compares with 21% and 29% on our early years programme over the same period
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 52% of parents and 51% of children were eating more fruit and vegetables after the programme

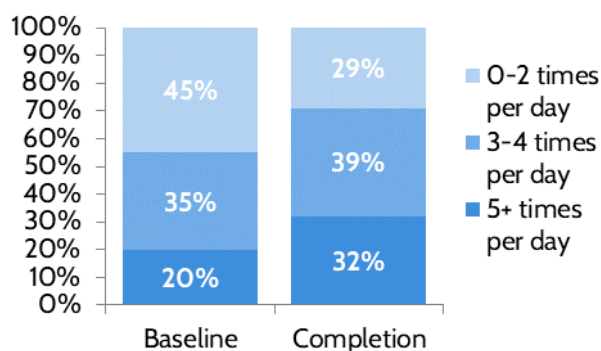
Average daily f&v consumption (parent)



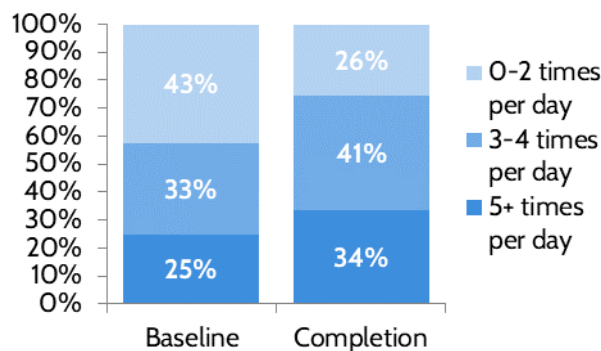
Average daily f&v consumption (children)



5-a-day consumption (parent)



5-a-day consumption (children)



*“It was great getting out and talking to other people. I would come to the group stressed and within ten minutes I felt better and was smiling.*

*We are eating more healthier meals together as a family now. We are doing more activities together. My child is talking to me more often now. I’ve reduced the portion sizes of our meals and the children are used to this. I am promoting more vegetable intake with them too.”*

Parent feedback

*“I enjoyed learning about healthy food. I’ve made changes to eat healthy foods like veg and fruits.”*

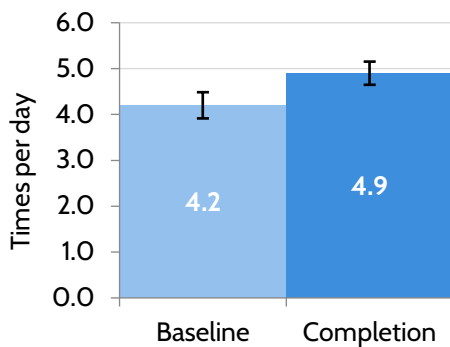
Parent feedback

## Consumption – water

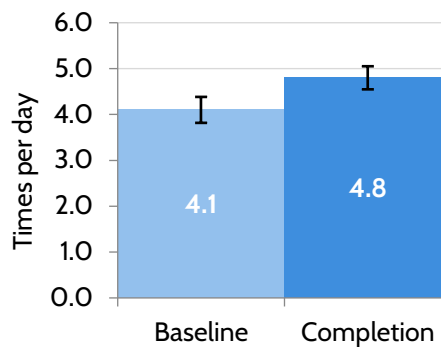
On average, how many times do you and your children drink water each day? Sample size = 246 and 246

- 17% and 17% increase in average consumption. This compares with 10% and 14% on our early years programme over the same period
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 48% of parents and 48% of children were drinking more water after completing the programme

Average daily water consumption (parent)



Average daily water consumption (children)



*“The programme was amazing. I loved getting knowledge about healthy living. We are sleeping more and drinking more water.”*

### Parent feedback

*“This programme has helped and my family, I’m happy with it. We eat more fruits and vegetables and drink more water now.”*

### Parent feedback

*“I loved learning about food labels, portion size, how to manage my child's behaviour, the iceberg activity and the group discussions. I've reduced my snacking, made healthy swaps, reduced fizzy drinks and we're drinking more water.”*

### Parent feedback



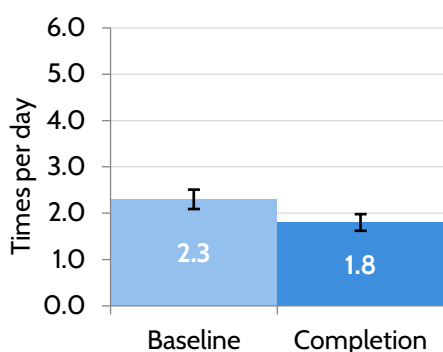
## Consumption – Energy dense snacks

On average, how many times do you and your children eat high fat and sugary snacks each day?

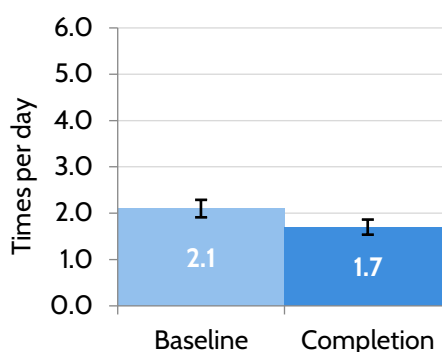
Sample size = 246 and 246

- 22% and 19% decrease in average energy dense snack consumption. This compares with 14% and 8% on our early years programme over the same period
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 48% of parents and 41% of children were eating fewer energy dense snacks after the programme

Average daily snack consumption (parent)



Average daily snack consumption (children)



*“It was really useful learning how to cut sugary foods and replace them with fruit. We are eating dinner together and walking more.”*

Parent feedback

*“The healthy eating chart given to us has really helped because anything the children eat now, they refer to the chart to see if it’s healthy.”*

Parent feedback

*“We’ve changed our portion sizes – we measure them and try to eat smaller portions. We’ve stopped the sugar and the takeaways. We try to not eat snacks and sweets. We spend time together and listen to each other, we do activities – we are happy and we smile.”*

Parent feedback

*“It was great learning new strategies and about the food app. I’ve cut down on sugary snacks, cut down on screen time. We have a better bedtime routine and I’m setting limits.”*

Parent feedback

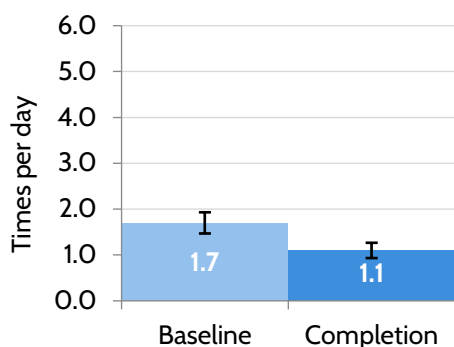
## Consumption – Sugary drinks

On average, how many times do you and your children drink sugary drinks each day?

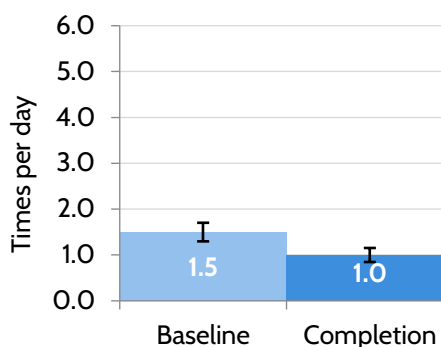
Sample size = 246 and 246

- 35% and 33% decrease in average sugary drink consumption. This compares with 21% and 0% (children's consumption was low and remained low at 0.6 times per day) on our early years programme over the same period
- This outcome was statistically significant. *Note: the bars show the possible margin for error, based on the sample size*
- 42% of parents and 37% of children were drinking fewer sugary drinks after the programme

Avg. daily sugary drink consumption (parent)



Avg. daily sugary drink consumption (children)



*“I enjoyed meeting new people and talking about healthier options. Now we eat more together, have smaller meal sizes, give two healthy options and drink less sugary drinks.”*

Parent feedback

*“We’re trying to replace the fizzy drinks with water and do more activities together.”*

Parent feedback

*“I really liked that the facilitators understood what a family is going through. Now we are more active, stick to boundaries, understand what the kids’ portion size should be, and buy fewer sugary drinks and snacks.”*

Parent feedback

*“I feel more in control, more able to cope – I feel I have some good tools to use now. We are having healthier snacks and foods, more appropriate portion sizes and are being more active.”*

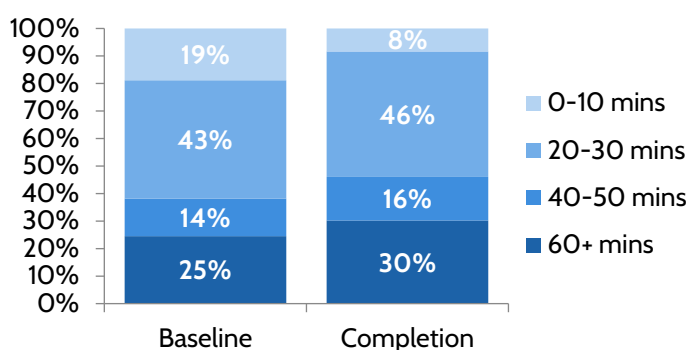
Parent feedback

## Physical activity and sedentary behavior – parents

Sample size = 228 (activity & strength-based) and 214 (screen time)

- 63% of respondents reported increased levels of exercise after the programme
  - 43% were doing more daily physical activity
  - 43% were doing strength-based physical activities on more days of the week
- The proportion of respondents being active in line with UK guidelines (at least 20-30 minutes per day for adults) increased from 81% to 92% (a 13% increase)
- The proportion of respondents doing strength-based activities in line with UK guidelines (at least 2 days a week) increased from 68% to 82% (a 22% increase)
- 54% of respondents reported a reduction in sedentary behavior, based on their daily screen time
- UK guidelines recommend adults get no more than 2 hours of screen time outside of work each day. The proportion of respondents exceeding this limit fell from 58% to 43% (a 26% decrease)

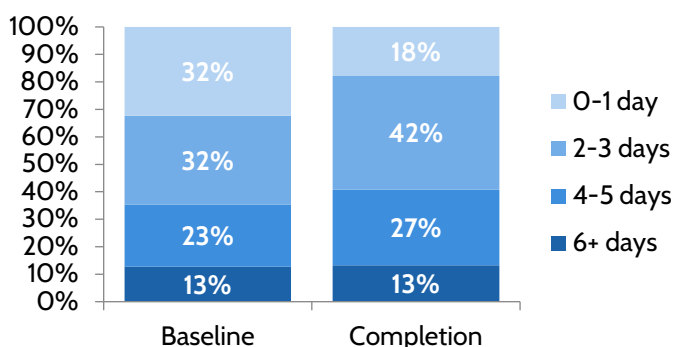
### Daily active time (parent)



*Anything that gets your heart beating and your breathing faster.*

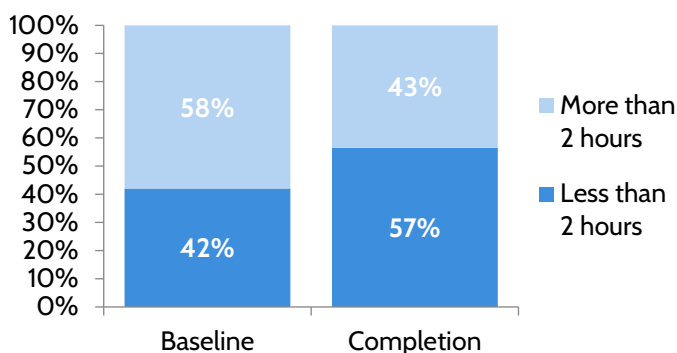
*Things like: brisk walking, jogging, pushing a buggy, as well as activities like running, swimming and sports.*

### Strength-based activities – days per week (parent)



*This can include: carrying or moving heavy loads (like the groceries or a young child), exercising with weights, or similar activities.*

### Daily screen time (parent)



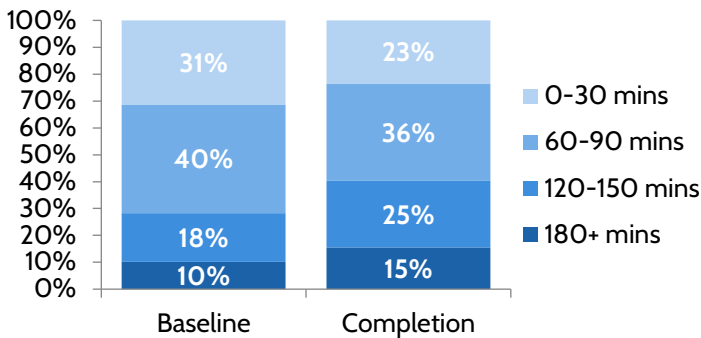
*This includes TV in the background, DVDs, computers, smart phones and tablets, etc.*

# Physical activity and sedentary behavior – children

Sample size = 226 (activity & strength-based) and 217 (screen time)

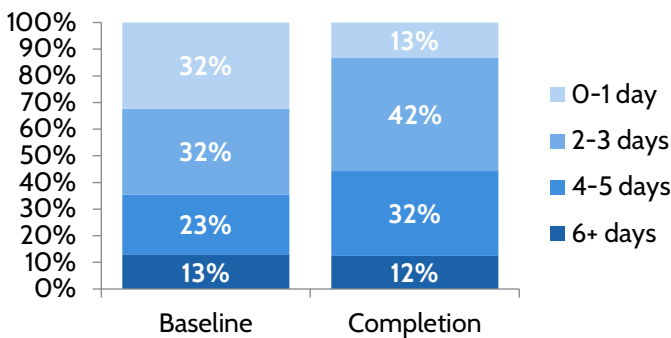
- 68% of respondents reported increased levels of exercise for their children after the programme
  - 42% were doing more daily physical activity
  - 46% were doing strength-based physical activities on more days of the week
- The proportion of children being active in line with UK guidelines (at least 60 minutes per day for 5-18 year olds) increased from 69% to 77% (a 12% increase)
- UK guidelines recommend that children aged 5-18 years do a variety of strength-based activities throughout the week. The proportion of children doing strength-based activities at least 2 days a week decreased from 68% to 87% (a 28% increase)
- 47% of respondents reported a reduction in their children’s sedentary behavior, based on their daily screen time
- The proportion of children getting more than 2 hours of daily screen time fell from 52% to 41% (a 22% decrease)

Daily active time (children)



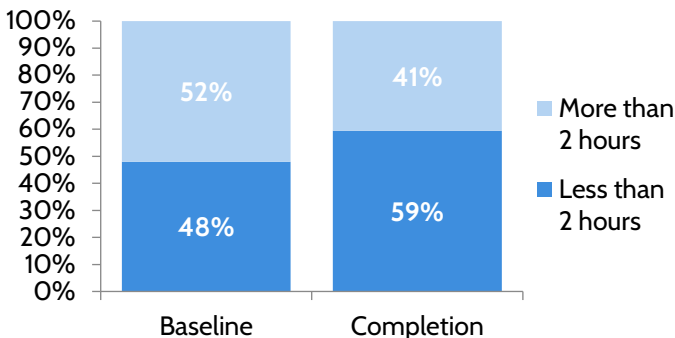
*Things like: playground fun, cycling, running around, as well as sports like swimming or football.*

Strength-based activities – days per week (children)



*This can include things like: hopping and skipping, sports like gymnastics and tennis.*

Daily screen time (children)



*This includes TV in the background, DVDs, computers, smart phones and tablets, etc.*

## Appendix 1: Demographic information

Detailed breakdown of the gender, age and ethnicity information of respondents (parents/carers) and age & number of children, as reported by respondents from the early post-pilot days of the programme in 2021, through to the end of 2022.

Gender (respondents)	#	%
Woman	226	91.9%
Man	16	6.5%
Other	0	0.0%
Prefer not to say	4	1.6%
	<b>n= 246</b>	<b>100.0%</b>

Age group (respondents)	#	%
Under 18	0	0.0%
18-24	3	1.2%
25-29	27	11.0%
30-34	48	19.5%
35-39	71	28.9%
40-44	57	23.2%
45-49	20	8.1%
50-54	13	5.3%
55-59	0	0.0%
60-64	0	0.0%
Over 65	1	0.4%
Prefer not to say	6	2.4%
	<b>n= 246</b>	<b>100.0%</b>

Age group (respondent's children)	#	%
0-4	132	22.1%
5-7	194	32.4%
8-11	160	26.8%
12+	112	18.7%
	<b>n= 598</b>	<b>100.0%</b>

Ethnicity (respondents)	#	%
White	127	51.6%
English/Welsh/Scottish/ Northern Irish/British	99	40.2%
Irish	3	1.2%
Gypsy or Irish Traveller	0	0.0%
Any other White background	25	10.2%
Black/Black British	59	24.0%
African	52	21.1%
African Caribbean	5	2.0%
Any other Black background	2	0.8%
Asian/Asian British	40	16.3%
Bangladeshi	7	2.8%
Chinese	0	0.0%
Indian	6	2.4%
Pakistani	25	10.2%
Any other Asian background	2	0.8%
Mixed/Multiple	7	2.8%
White and Black African	4	1.6%
White and Black Caribbean	2	0.8%
White and Asian	0	0.0%
Any other Mixed/Multiple ethnic background	1	0.4%
Other	5	2.0%
Arab	2	0.8%
Any other ethnic group	3	1.2%
Prefer not to say	8	3.3%
	<b>n= 246</b>	<b>100.0%</b>

## Appendix 2: Data and data analysis

### Data collection

The data in this report was self-reported by participants on HENRY's *Healthy Families: Growing Up* group programme from the early post-pilot days of the programme in 2021, through to the end of 2022. Participants are asked to complete a confidential online questionnaire at programme start (baseline) and at completion. Participants are considered to have completed the programme if they attended at least 5 out of 8 sessions.

### Tools and measures

Where available, appropriate validated tools are used in HENRY's questionnaires. Parent confidence and efficacy setting limits are assessed using 4- and 5-point Likert scales. Emotional wellbeing is assessed using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS).<sup>2</sup> Healthy eating habits are assessed using a selection of items modelled on the Family Eating and Activity Habits Questionnaire.<sup>3</sup>

### Data return

Respondent numbers may be limited by several factors. In some cases, resources may not permit data collection from parents who do not attend both the first and final sessions of the programme. Other data may be excluded from analysis if HENRY deems that questionnaires have been invalidated in some way: for example, if outdated or non-standard questionnaires have been used, or if they have been spoiled. Where multiple answers have been summed to produce an overall score (as is the case for parenting self-efficacy and confidence, emotional wellbeing and healthy eating habits), respondents who did not answer any one of the relevant questions have been excluded.

The enduring effects of the Covid-19 pandemic are also likely to affect respondent numbers. Smaller group sizes on average (recommended for online delivery and considered likely for face-to-face groups due to lingering caution about group events) influences respondent numbers in turn. Unfamiliarity with digital systems introduced in 2020 for secure and more efficient online data collection among participants and facilitators is also a limiting factor on response rate. The impact of both factors should diminish with time, and active measures are being taken to support improved data return.

### Data validation

HENRY carries out regular validation of random data to ensure accuracy and that missing or irregular data are rectified where possible.

### Data analysis

During analysis, respondents' baseline and completion responses are compared to assess what changes, if any, participants made to their family's lifestyle over the course of the programme.

---

<sup>2</sup> (Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.)

<sup>3</sup> Golan M and Weizman A (1998) Reliability and validity of the family eating and activity habits questionnaire, *European Journal of Clinical Nutrition*, 52 (10). 771-7

## Appendix 3: HENRY's evidence base

HENRY is an innovative intervention to promote a healthy childhood and prevent obesity. It was developed in response to the need and evidence in the report commissioned by the Department of Health in 2009: *Tackling Child Obesity through the Healthy Child Programme: a Framework for Action*.<sup>4</sup>

### Evaluation of HENRY and our suite of *Healthy Families* programmes

Independent studies have shown that:

- Families participating in a HENRY programme make and sustain statistically significant changes in five research-identified risk factors for child obesity: parenting efficacy, family lifestyle habits, emotional wellbeing, nutrition and physical activity. This includes reduced consumption of high-fat, high-sugar foods, and increased consumption of fruit and vegetables.
- Children whose parents attended a HENRY programme had a trend for BMI z-score reduction towards an ideal weight, whereas in the control group there was an increase in BMI z-score.

Key published evidence for the effectiveness of HENRY training and programmes is listed below. For a full summary of HENRY's evidence base, please visit: [www.henry.org.uk/evidence-base](http://www.henry.org.uk/evidence-base)

- Bryant et al (2021) Cluster randomised controlled feasibility study of HENRY: a community-based intervention aimed at reducing obesity rates in preschool children, *Pilot and Feasibility Studies*
- Bridge GL, Willis TA, Evans CEL, Roberts KPJ, Rudolf MCJ (2019) The impact of HENRY on parenting and family lifestyle: Exploratory analysis of the mechanisms for change, *Child*
- Rudolf MCJ, Perera R, Swanston D, Burberry J, Roberts KPJ, Jebb S (2019) Observational analysis of disparities in obesity in children in the UK: Has Barking & Dagenham bucked the trend? *Pediatric Obesity*
- Willis TA, Roberts KPJ, Berry TM, Bryant, M and Rudolf MCJ (2016) The impact of HENRY on parenting and family lifestyle: A national service evaluation of a preschool obesity prevention programme, *Public Health*
- Roberts KPJ (2015) Growing up not out: The HENRY approach to preventing childhood obesity, *British Journal of Obesity*
- Willis TA, George J, Hunt C, Roberts KPJ, Evans CEL, Brown RE and Rudolf MCJ (2014) Combating child obesity: impact of HENRY on parenting and family lifestyle, *Pediatric Obesity*
- Brown RE, Willis TA, Aspinall N, Hunt C, George J, Rudolf MCJ (2013) Preventing child obesity: a long-term evaluation of the HENRY approach, *Community Practitioner*
- Willis TA, Potrata B, Hunt C, Rudolf MCJ (2012) Training community practitioners to work more effectively with parents to prevent childhood obesity: the impact of HENRY upon Children's Centres and their staff, *Journal Human Nutrition and Dietetics*, 25(5), 460-468

---

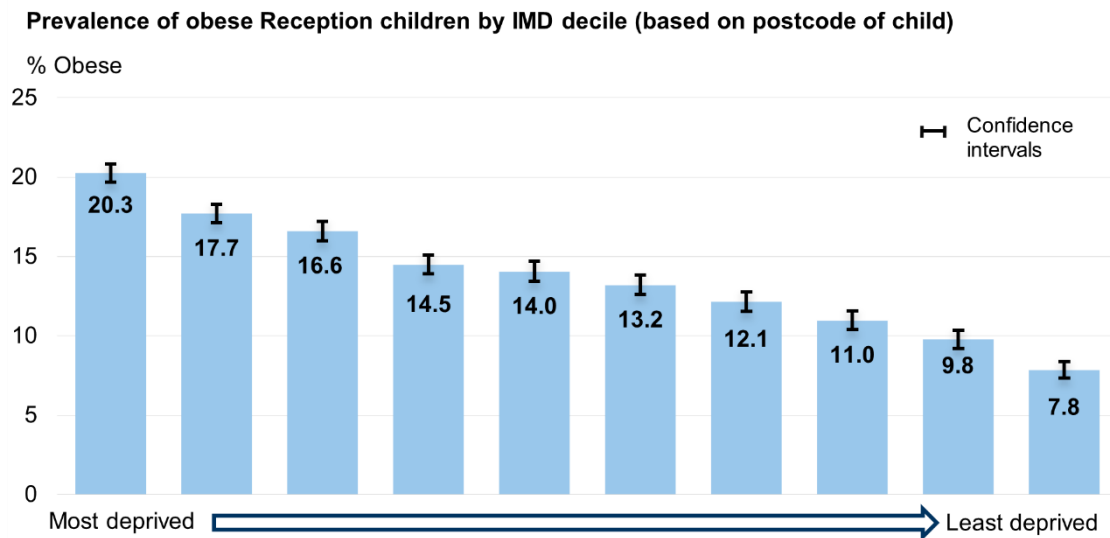
<sup>4</sup> Rudolf M (2009) *Tackling Obesity through the Healthy Child Programme – a framework for action*. This document is available on the HENRY website: [www.henry.org.uk](http://www.henry.org.uk)

## Appendix 4: Child obesity rates in primary school

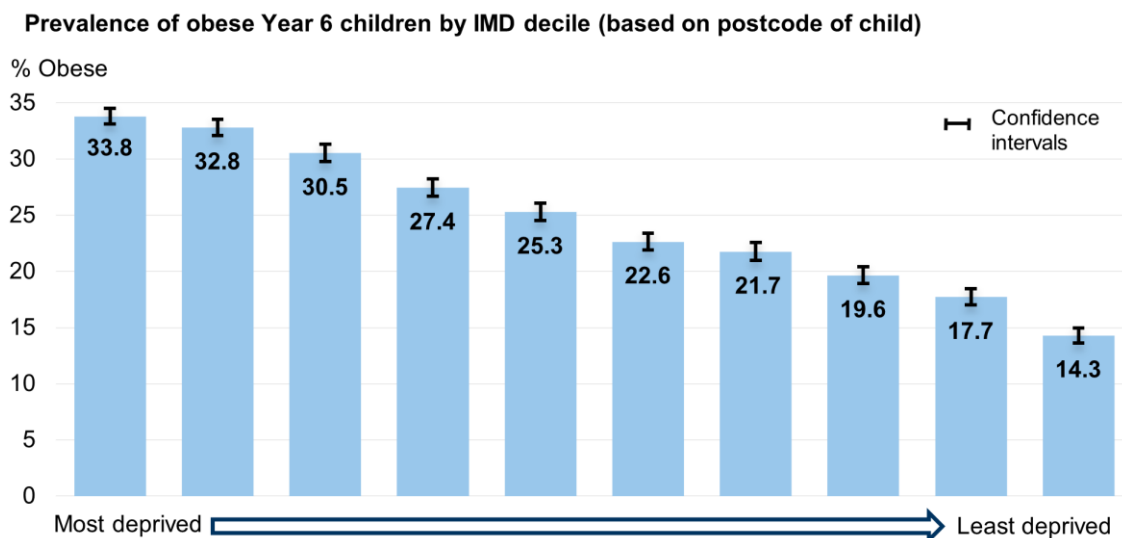
Now that the pandemic has eased, obesity is perhaps the UK's greatest public health crisis. Rates are high at the start of primary school and increase significantly by the end.

The Covid-19 pandemic has worsened an already acute problem with a 50% increase in obesity rates at Reception. It has also widened health inequalities:<sup>5</sup>

- Post-pandemic, nearly 15% of five-year-olds are already obese when they start school
- In the most deprived areas, more than 1 in 5 children are already obese by the age of just five



- By Year 6, 1 in 4 children nationally is now obese, compared to 1 in 5 prior to the pandemic
- Again, this masks inequality: 1 in 3 children in the most deprived areas is obese by Year 6
- Studies show that obesity in teenagers overwhelmingly tracks into adulthood,<sup>6</sup> meaning the foundations for adult obesity are very often laid down in childhood



<sup>5</sup> National Child Measurement Programme, England 2020/21 School Year. <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year#>

<sup>6</sup> Whitaker et al (1997) Predicting obesity in young adulthood from childhood & parental obesity, *N Engl J Med*