Case Study 12:
Working with early years education settings to inspire children and families to lead healthier lifestyles.

Understanding the problem

In Luton levels of tooth decay are well above the national average for reception aged children. In the latest National Child Measurement Programme data 21.4 percent of 4/5 year olds in Luton are either overweight or obese. There are higher levels of deprivation in Luton than the national average (24.9 percent). 22.4 percent (10,800) of children in Luton are living in poverty (Public Health England, 2015). There is a clear link between high levels of deprivation and poorer health outcomes.

The Family Food First programme was based on a similar programme called the 'Healthy Under 5s Programme' which had been delivered across Bedfordshire and Luton by the Oral Health Promotion team of Community Dental Services and the Nutrition and Dietetic services of SEPT, Bedfordshire for 16 years. The Family Food First programme is based on a World Health Organisation Health Promoting Schools framework. This is a model based on the principles of the Ottawa Charter which promotes behaviour change through adopting agreed policies, engaging stakeholders within the setting, promoting a whole-setting approach and involving the community.

In order to achieve the aims of the project we needed to plan well from the beginning. We developed a logic model which has evolved overtime and will still continue to be adapted as we progress forward with programme evaluation. We have performance indicators which help us to track how the programme is progressing. These are only markers of activity, but they are still useful for mapping progress and inform the wider evaluation of the programme.

As part of our baseline data we ask that all staff in the early years setting and a minimum of 10 parents per setting complete a knowledge (and confidence for staff) survey.

Within the programme staff are required to attend training on nutrition, oral health and physical activity. Since the Family Food First programme started in 2014 we have changed the way we deliver the training and now ask for at least 50 percent of staff to attend training, before it was one member. In addition, we now deliver the training in-house to increase flexibility to settings.

The Family Food First programme is a small public health team within a larger community dietetic department based in South Bedfordshire, Dunstable, working for South Essex Partnership Trust, commissioned by Luton Borough Council. We work with other public health providers within Luton, calling upon their expertise to improve the work we currently do, i.e. Community Dental Services and Active Luton who provide us with specialist support in those areas, along with other key partners in early years education and health.

Aims and Objective

Aim: to encourage families with young children in Luton to adopt healthier lifestyles in order to reduce the burden of diseases such as obesity and tooth decay.

How: We work with early years settings, including nurseries, pre-schools and children's centres and support them to promote healthy messages to families.

Method and approach

We currently have 33 settings working towards accreditation.

For early years settings to achieve the family food first programme status they go through an accreditation process. This involves our team carrying out an initial audit on the setting and usually involves two members of our team observing a meal time (if cook on site we analyse menus provided), physical activity session and meeting with the appointed family food first coordinator and/or manager. An action plan is set and the setting is given a timeframe to achieve any necessary changes required. Training takes place within this time. This process usually takes between 6-12 months. Following this a follow up audit is carried out and if the setting is successful they achieve accreditation.

We have learnt that it can be difficult to obtain all the necessary evidence that is required from a setting. As part of the accreditation process settings are asked to provide evidence on their physical activity plans, menus, policies and activities that are carried out with an emphasis on healthy living with parental feedback on those sessions. Therefore we have had to adapt the way we request these depending on how the setting function, in some cases we have visited the setting again to receive these.

As we have only recently changed the way we train settings as mentioned previously it will be interesting to see whether this has more of an impact on staff knowledge (initial findings from surveys suggests that we are not meeting our target for change in knowledge before and after accreditation). Now more staff are being trained we would hope to see us meeting our target for this.

It has been challenging to use the data collected from staff and parents surveys to assess whether there has been a significant change. We have been looking at ways to improve what we currently do by linking up with other professionals, such as the research team at the local university, allowing for public health student dietetic placements to assist with the delivery and data collection of the programme and attending IT training to up skill within our own team. In addition, we have been investigating whether there are any validated tools of a similar nature which we could use.

Results and evaluation

As mentioned above it has been challenging to use the data collected from staff and parents surveys to assess whether there has been a significant change in knowledge and confidence. We have been looking at ways to improve what we currently do by linking up with other professionals, such as the research team at the local university, having public health student dietetic placements to assist with the delivery and data collection of the programme and attending IT training to up skill within our own team. In addition, we have been investigating whether there are any validated tools of a similar nature which we could use.

We are also looking into carrying out face to face interviews at the beginning and end of the accreditation to build on the current evaluation methods we use.

From our current data analysis (based on four settings) 75 percent of staff have good knowledge of healthy lifestyle behaviours (our target is 80 percent) and 55 percent are confident in supporting families with making healthy lifestyle changes (our target is 80 percent).

Key learning points

Be flexible, settings are generally very busy places, and they often have lots of other things going on. In order to increase participation you have to be as flexible and adaptable as possible.

We are aware that many of our settings are term time only therefore we have to ensure we plan around this.

Plans for Spread

In April 2015 the Family Food First programme was awarded the 'Advancing Healthcare Award' Sponsored by Public Health England for 'Contributions to Public Health'.

Our public team are part of the Children and Young People's Nutrition Network which allows us to share our work with others in the London area who are doing similar pieces of work. We continually share our work by updating our website and have recently joined Twitter to share what we do with the wider community. In addition, we plan to share our work with Fab NHS Stuff and within the trust itself.

Key Contacts

Lisa De'Ath, Public Health Dietitian, South Essex Partnership NHS Trust.
Find out more: www.sept.nhs.uk/familyfoodfirst

Case Study 13:
Multidisciplinary weight management service.

http://www.csp.org.uk/frontline/article/size-matters

Case Study 14:
Physiotherapists are uniquely positioned to facilitate physical activity required for weight management.

http://www.csp.org.uk/publications/physiotherapy-works-obesity

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Case Study 15:
The implementation of a Health Coaching training programme for clinicians working across the acute and community sector.

Understanding the problem

The challenges facing the NHS include flat budgets, a growing, ageing population, in addition to the increasing challenge of obesity, dementia and multi-morbidity (Simon Stevens, NHS Confederation, 2014). The number of people living with more than three long term conditions is set to rise by 1 million to 2.9 million by 2018 (Health Education East of England (HEEoE). People living with long term conditions (LTC) are more likely to use health and care services with patients