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# Unhealthy weight : Changing the attitude and behaviour of Liverpool's children and young people

In 2010, the World Health Organisation identified obesity as a global epidemic finding that the worldwide prevalence of obesity had almost doubled between 1980 and 2008. In high-income countries, such as the United Kingdom, lower socioeconomic status is associated with a higher prevalence of obesity (World Health Organisation, 2010).

There is no magic formula to address this epidemic. Unhealthy weight often begins in childhood. Many children are identified as overweight or obese, through the National Child Measurement Programme (NCMP), when this information is shared with parents, they consider it a criticism of their parenting and are hard to engage.

A study from University College London involved fifty-two parents of overweight and obese children aged 4-5 years and 10-11 years enrolled in the NCMP programme in England in 2010-2011. The research showed that parents who received NCMP written feedback, informing them that their child was overweight, disregarded the results because they viewed 'health and happiness as being more important than weight' (Syrad et al., 2015).

People are reluctant to raise the issue of obesity with friends and family and health staff are reluctant to raise the issue of obesity with patients. Nevertheless, there is a pressing need to address the public health challenges of poor diet, including the overconsumption of food, especially those foods high in fat, salt and sugar, sedentary lifestyle and poor levels of physical activity.

For some years now there has been a trend toward 'convenience' foods and of eating 'on the go'; the nutritional content of processed and take

away food is of concern. Commercial and media influences on children and parents are strong so public health messages need to be high impact and complemented by accessible interventions and easy-to-use information.

Public Health messages regarding healthy eating and physical activity are universal and, because of the complexity of obesity, a range of interventions are needed based on: improving attitudes and knowledge; limiting unhealthy cues and irresponsible retailing practices; and creating opportunities and support for changed behaviour. Interventions need to have the dual aim to directly protect children and young people and to help parents and carers make healthy choices (BMA, 2015).

Local action, through interventions, and regional and national action on reducing unhealthy content in processed food, will benefit everyone. In the current recessive environment, unhealthy food choices are made by families on low income as these are cheap, easily accessible and heavily promoted. Individuals on low income and vulnerable groups can face food poverty and there are significant challenges and barriers to overcome to provide healthy eating for themselves and their families. The Living Wage Commission, cited in the 'Getting By?' report (Liverpool City Council's Action Group on Poverty, 2015), stated that "Low pay is closely linked with food poverty and unhealthy diets." The Church Poverty Action Group found that at least four million people in the UK do not have access to a healthy diet. Parents involved in the 'Getting By?' report identified that trying to ensure children have a healthy diet is a serious concern. Many families accessed food banks to 'get by'.

Involving children, young people and their families in bringing about changes in attitudes and behaviours is really important. In Liverpool, the Schools Parliament gave us some clear advice on language they were unhappy with. They said that the term 'obesity' was stigmatising and unhelpful. Because of this we use the term 'unhealthy weight' however, clinicians still prefer the term 'obesity' as this is clearly understood and has set parameters.

### What is the evidence

There is a wealth of evidence from research, insight and screening programmes that unhealthy weight is an issue for children, young people and their families in the city. For children and young people in Liverpool, weight is something they are concerned about - 'Insight with 16 - 19 year olds' in 2012, identified weight as one of the key concerns for children and young people (Liverpool City Council, 2015).

The 'National Child Measurement Programme' (NCMP) results for Liverpool (Public Health England, 2014), reveal that in their reception year 24% school-aged children are either overweight or obese and, by year 6, almost 40% of children are overweight or obese. Interim figures for 2014/15 show that there has been little change in these figures.

### What are we doing about it

Liverpool recognises that we need a city-wide approach through media campaigns and through all systems and interventions with children and young people and their families if we are to effect levels of unhealthy weight in the city (Liverpool Primary Care Trust, 2012). A strategic healthy weight network meets regularly and is in the process of writing a strategy. Social marketing campaigns such as: 'Give Up Loving Pop' (Food Active, 2015); the 'Change4Life, Sugar Swaps Campaign' (NHS England, 2015a) and the 'Ten Minute Shake-Up' (NHS England, 2015b); and a local 'Drop a Drink size Campaign' (Liverpool City Council, 2014); are promoted by public health and well supported by those who provide for children and young people.

The city has a range of other initiatives which contribute to this agenda, these include the 'Play Healthy Scheme' funded through the Liverpool Play Partnership, the Mayor, Public Health and the Clinical Commissioning Group. This

initiative provides breakfast, lunch and an afternoon activity around healthy food during school holiday times for children and young people across the city through a network of playschemes (Liverpool Play Partnership, 2013).

'Hearty Lives', funded through the British Heart Foundation and Liverpool City Council work with looked-after children, foster carers and residential staff to reduce the risk of cardiovascular disease for children in care. (Hearty Lives Liverpool, 2015).

Across the city we have three 'Trussell Trust' (2015) food banks and a range of other outlets for food. The large venture 'Hope Foodbank Plus', involves a number of churches across the city and other community and school outlets serve their local community.

Liverpool has been at the forefront of the 'Think Family' agenda (Social Care Institute for Excellence, 2012), and this has been an important feature of developing public health services from pregnancy and through children's services. Building on the Marmot principle, services have been developed across the life course. Pregnancy provides a window of opportunity to bring about behaviour change learning from the 'Fit for Birth' study (Weeks, 2012), has enabled us to shape a perinatal programme of physical activity and healthy eating: 'Mamafit' (Diverse Health and Fitness Liverpool, 2015). Women are referred to 'Mamafit' in the ante-natal period mainly through the collaboration with Children's Centres and attend a 6-week programme. Once their baby is born, from 10 weeks post-natally women can attend a short course with their baby and then there is an opportunity to continue with drop in sessions.

Children's centres across the city have a 'whole family approach'. They are supported to offer health promotion through healthy eating, physical activity and specific family support programmes such as 'Bambi's' a peer support programme for women who have initiated breastfeeding. Every woman is contacted face-to-face by the 'Bambi' service in hospital within hours of delivery and after discharge the 'Bambi's' community service contacts the family by telephone within 48 hours to offer 1:1 support as appropriate. Babies who are breastfed are less likely to become obese in later life but only 53% of women in Liverpool choose to initiate breastfeeding and by 6 - 8 weeks this has fallen to

33% of women fully or partially breastfeeding their baby.

Health Visitors weigh and measure babies and young children at key points in their growth and development, which provides another window of opportunity to raise the issue of weight with families and to bring about a change in eating and physical activity behaviours.

The National Institute for Health and Care Excellence recommend a role for school health in identifying unhealthy weight, offering ongoing advice and support to children in schools and making appropriate referrals (NICE, 2013). In Liverpool, the school nursing staff measure the height and weight of children in reception and year 6 and this is submitted to the NCMP. A recent research report identified that school health staff in Liverpool felt unable to provide the level of care they would like to have offered. The report identifies barriers of capacity and competing priorities, lack of training and poor knowledge of protocols or pathway for onward referral (Turner et al., 2015).

This year every school that participates in the NCMP will be provided with an analysis of the results for their school in relation to the city wide and national results.

Liverpool have retained the Healthy Schools Team through the Liverpool School Improvement Ltd, and it is reported that 90% of schools in the city meet the criteria for Healthy Schools Status, which is reviewed on a three-year rolling programme. Healthy schools promote positive health and wellbeing in schools including physical activity and healthy eating, and work with head teachers to develop whole school approaches (School Improvement Liverpool Ltd., 2015).

Over the last decade Public Health Liverpool has commissioned a city wide, multi-disciplinary, neighbourhood based weight management programme for children aged 3 – 16 and their families. Initially this was a research programme with Liverpool John Moore's University. The 'Getting Our Active Lifestyles Started' (GOALS) project was began in 2003 in response to growing local concern regarding provision for children who were already identified as an unhealthy weight but there was no service available. Concern was also expressed about the volume of families seeking medical support for their child's

obesity, which in the majority of cases required a lifestyle solution. The research project adopted a 'bottom-up' approach to develop an intervention and supporting evidence began to emerge in the academic literature for a multidisciplinary family-based lifestyle change approach to child weight management (Watson, 2015).

In 2014, Liverpool Public Health commissioned a new service to address the issue of unhealthy weight in children and young people – this programme took learning from a range of evidence including the 'GOALS' programme and the national 'Healthy Weight: Healthy Lives' framework (Cross-Government Obesity Unit et al., 2008). Some of the key issues in addressing healthy weight are: the time between identification and the initial engagement of children; young people and their families; motivation to change and keeping that motivation between the initial assessment and the beginning of the intervention; and sustainability of the relationship over the twelve week intervention and follow up over two years.

### **'Healthy Families' programme**

The 'Healthy Families' programme, (Liverpool Community Health NHS Trust, 2015), began with the recruitment of a co-ordinator who was already experienced in delivering a similar service in another area. He then worked with the provider to appoint a team of health advisors. Referrals are invited from health, education and social care staff. At present, there is no opportunity for self-referral. When referrals are received by the service, each family is contacted by telephone and a home visit planned. The health advisor aims to make contact, listen to the family story and motivate children, young people and their families to engage with the programme. In the mobilisation phase an initial 'participation course' was run with a small number of families in a youth centre in one of the lower super output areas (LSOA)\*. The aim of this was to pilot the process and develop a service that was appropriate and acceptable to children and families within the parameters of the commissioners; agree a name for the service; test out the structure of the programme and to engage children and their families in developing materials to promote and deliver the course. The aims of the 'Healthy Families' programme are to:

\*LSOA : The English Indices of Deprivation measure relative levels of deprivation in small areas of England called Lower-layer Super Output Areas

engage with children and their families; to change knowledge and attitudes towards healthy eating and physical activity; bring about behaviour change; and to assist children and young people, who are an unhealthy weight, and their families to reach and maintain a healthy weight.

'Healthy Families' work with a wide range of partners including primary care, children's centres, schools and colleges, foundation trust's and acute or specialist health service providers. They work to ensure child and family-centred interventions are embedded in service provision for the promotion of change management, healthy eating and increased physical activity for all children and families. They specifically target overweight and obese children and their families. Referral processes are easily accessible visible and clear.

'Healthy families' is multi-component, addressing motivation, change management, healthy eating and physical activity. The programme builds on the learning from the 'GOALS' programme and other studies: that interventions involving parents, carers, siblings or peers, with similar weight issues, could prove more successful than those that target individuals alone. Parents or carers are encouraged to consider whole family behaviours, recognise they are role models for their children, and take responsibility for lifestyle changes with overweight and obese children and young people. 'Healthy Families' take an age appropriate approach, taking into account the levels of maturity and acknowledging the differing preferences, cultures and circumstances of child, adolescent and family. The emphasis is on solution-focussed asset-based working, encouraging positive changes in behaviour that can be maintained over the long-term.

The programme takes account of protected characteristics of individuals, children and families as outlined in the Equalities Act 2010 (Gov.UK, 2015). Interventions are tailored to the target populations and use a 'healthy foundations' type process using different approaches for different populations.

Courses of twelve weekly sessions are delivered in schools, church halls, youth and community or children's centres. For young people, aged 13 - 16 years of age, it is more appropriate (with parental permission) to

facilitate group sessions without parent/carers presence. The programme identifies short- and long-term outcome measures with children, young people and their families and follow-up is over two years.

The 'Healthy Families' programme began it's first 'pilot' group in October 2014. From this developed an engaging, evidence-based 12-week activity programme. Commitment to the programme is gained through a mutually-agreed goal-setting pledge. The programme also supports families to be aware of what is available within their own communities to sustain change, and aims to create synergy between the proposed programme and other local services.

### Early results

Parents of children who are shown to be overweight or obese by NCMP data are sent a letter informing them of their child's weight status and a programme leaflet designed by children and families in the pilot phase is enclosed.

Four family courses have completed to date and four more are currently in progress. The first two adolescent courses have recently completed and we await the outcome from those.

The outcomes over the first two quarters of the 'Healthy Families' programme have been positive. Referrals have come from a range of disciplines top referrers being school nurses, the 'Alder Hey' Children's Hospital and GPs. 80% of families referred have engaged with the service. 3.7% of families in the last quarter did not attend due to travel issues.

Attendance at courses has been very good with an 84% retention rate. A small number of families declined to engage with the programme. If families agree to an initial assessment visit by the health advisor and then decline to engage these families are given advice on healthy eating and physical activity and signposted to other services such as 'Walk and Cycle for Health' and the school nursing service.

73% of families who attended a course either maintained or reduced their weight and abdominal circumference. One family was highlighted where the father reduced his weight substantially - follow-up will show if this has been sustained.

25.2% referrals were for children aged 5 - 9 years and 24.8% for young people aged 10 - 14 years.

Emotional health and wellbeing is measured using the 'Sinclair' or the 'Warwick and Edinburgh Mental Well Being Survey' (Liddle and Carter, 2015; NHS Scotland, 2015), the last quarter's summary is impressive as it indicated that 85% children and 78% adults reported an increase in self-esteem.

The service is progressing well and it continues to develop and embed in communities across the city.

## Conclusion

Obesity and unhealthy weight are national and local priorities and key priorities for children and young people themselves. Liverpool has learned from evidence and practice and takes a life-course and city-wide approach to unhealthy weight. When the public health staff worked alongside Liverpool John Moore's University to set up the 'GOALS' programme there was scant research evidence regarding what would work. Over the years, much has been shared about raising the issue of unhealthy weight, engaging and motivating families, delivering a multi-disciplinary intervention and retaining the interest of children and families across a 12 week intervention and follow-up over two years. Bringing about a change in weight is a long-term process and outcomes may not be evident at the end of a 12 week intervention; the aim is to bring about a sustainable change in behaviour for the whole family.

The 'Healthy Weight: Healthy Lives' framework provided an overview of validated programmes and guidance for commissioners that was helpful for us when commissioning our services. We found that a local community approach to be the most helpful in Liverpool. Any intervention for children and young people has to have parental support and has to be fun. 'Healthy Families' is a multi-disciplinary community-facing programme steered by those organisations that already provide a face-to-face service for children and young people.

Much has been achieved but there is more that can be done. Sport and physical activity are key priorities across the city at present as well as healthy eating; emotional health and wellbeing must sit alongside if we are to make a difference to our population's unhealthy weight. Food is an emotive issue and there are huge complexities in addressing this in a time of recession where

austerity measures rather than stimulation policies are prevalent.

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