

Can an established preschool obesity prevention programme (HENRY) be successfully delivered by trained volunteers?



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INTRODUCTION

Almost one in four 5 year olds are overweight and almost one in ten are obese [1].

HENRY (Health, Exercise, Nutrition for the Really Young) has been transforming traditional approaches to obesity prevention for over 10 years through skilled support for family behaviour change to enable parents to provide a healthy start in life for young children.

Over 14,000 parents have completed HENRY's *Healthy Families* programme, delivered in groups or 1-to-1. Parents completing the programme consistently report improvements in parenting efficacy, emotional wellbeing, as well as eating behaviour and food consumption [2], which are sustained at follow up [3].

HENRY programmes have historically been delivered by professionals and not been tested with trained volunteers.



RESULTS

- 18 volunteers and 3 project staff delivered 1-to-1 programmes to 87 parents; 80% of programmes were delivered by volunteers and 20% by staff.
- Participating parents came from a wide variety of ethnic backgrounds (only 15% were White British), and were often unemployed and living on a low household income.
- Volunteers were recruited from local communities and came from an equally wide range of ethnic backgrounds (only 17% were White British), but were more likely to be employed.
- Average attendance was excellent with a mean of 7.2 (SD = 1.8) sessions out of 8.
- Programmes provided by volunteers and project staff showed similar statistically significant improvements in parent and child emotional wellbeing, parenting efficacy, and consumption of fruit, vegetables and water. Additional benefits were seen in family eating behaviours. Follow-up data on a smaller subsample of parents showed that some changes were maintained 6 months later.
- Parent and volunteer ratings of the programme and training were extremely positive.

PARENTS' RESPONSES

Parents rated the programme on average as very useful on a 5-point scale with 5 being very useful ($M = 4.8$, $SD = 0.4$) and said they would definitely recommend the programme to other families ($M = 4.8$, $SD = 0.6$).

"I think it's an amazing programme. A lot of my friends who I was thinking about, it would be great to refer them."

What helped parents make positive changes?

- **Relationship with volunteer mentor:** parents valued being supported by someone they could relate to and who was interested in them and their family rather than telling them what to do.

"The mentor was brilliant in the way that she was not even vaguely judgmental. You didn't feel like she was coming to tell you how to do something. She was just helping and suggesting."

- **Accessible support:** many parents were feeling isolated and unable to get the support they needed until starting the HENRY programme.

"Because otherwise, you know, the health visitor goes away, GP says, 'Okay, your baby is fine'. And then you're like left on your own to figure out 'how do I do this?' So I found the HENRY programme really helpful."

- **Deciding on their own goals:** having realistic targets was less stressful and motivated them to try out new ideas that would benefit their children.
- **Programme materials:** parents got valuable learning from the workbook and their children loved having the HENRY story books read to them.

"The way it worked was that HENRY was in the book, it was nice they put in different sections, so every week there was something else we were talking about. I found that very helpful."

CONCLUSIONS

Volunteers from similar backgrounds to target families can be recruited and trained to deliver a structured obesity prevention programme, with extremely positive responses from both parents and volunteers.

Similar statistically significant improvements in parenting and family lifestyle indicators were reported by parents supported by a trained volunteer and those supported by paid staff, with beneficial outcomes for young children that may help to protect against excess weight gain in childhood and beyond.

REFERENCES

- [1] National Child Measurement Programme (2017), England, 2016-17, [LINK](#)
- [2] Willis TA et al. (2016) The impact of HENRY on parenting and family lifestyle: A national service evaluation of a preschool obesity prevention programme, *Public Health*, 136, 101-108, [LINK](#)
- [3] Willis TA et al. (2014) Combating child obesity: impact of HENRY on parenting and family lifestyle, *Pediatric Obesity* 9 (5), 339-350, [LINK](#)

CONTACT INFORMATION

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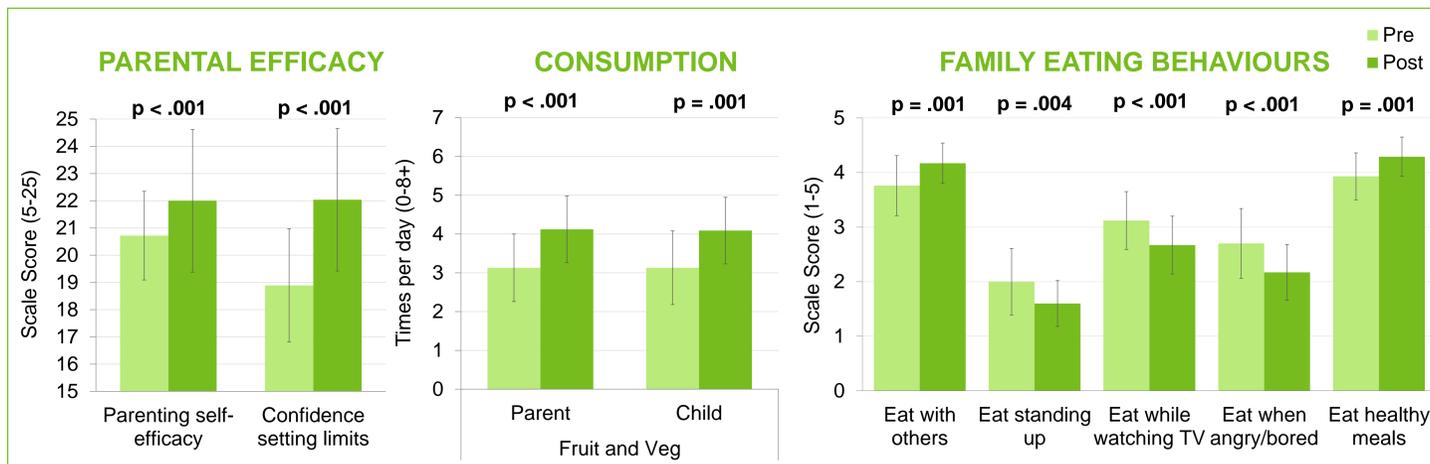
OBJECTIVES

This study tests programme effectiveness when delivered 1-to-1 by trained volunteers from similar backgrounds as target parents, by exploring:

- reported changes in parenting, eating, activity and emotional wellbeing
- demographic background of volunteers and parents
- parents' responses to the programme when delivered by trained volunteers
- volunteers' experiences of delivering the programme

METHOD

- HENRY trained Family Lives volunteers and staff to deliver its *Healthy Families* programme; Family Lives is a charity with expertise in supporting volunteers.
- Parents living in 4 deprived London boroughs were engaged via community outreach and children's centre referrals and matched with a volunteer by project staff.
- Volunteers or project staff delivering the programme used strength-based and solution-focused support to encourage parents to set their own goals and develop strategies to achieve them in five key areas: parenting; eating and feeding habits; healthy eating; physical activity; emotional wellbeing.
- Each parent received a toolkit of HENRY resources and a *Healthy Families* workbook.
- The programme was delivered 1-to-1 over eight weekly 1 hour sessions – at the parent's home or a community venue.
- Staff provided support and supervision to volunteers.
- Baseline and completion data was analysed for 87 parents and, for a sub-sample, at 6 months follow-up.
- Focus groups were held with volunteers and parents to learn about their experience of delivering, or participating in, the HENRY programme.



THE VOLUNTEER EXPERIENCE

What helped successful delivery?

Volunteers highlighted three factors:

- **Effective training:** 5 day interactive and experiential training, covering:
 - Partnership in practice: qualities and skills to provide effective support
 - Creating the conditions for behaviour change
 - Knowledge and understanding of programme content
 - Confidentiality, safeguarding, boundaries and personal safety

"Another thing I found difficult was not telling the parent what to do. Sometimes you find yourself wanting to say 'Have you tried this?' but instead you say 'What else do you think you could try?' So the training did help a lot. Instead of you going there bossing them."

- **Supervision and support:** including co-delivery of first session to enable mentoring and regular practice development groups with other volunteers.

- **High quality mentoring guide** and programme materials for volunteers to use, with detailed notes and a menu of activities each session.

"Especially when you start off, and you don't know how to deal with the situation, the manual was very helpful."

