

## Supporting the Family in Healthy Lifestyles

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Treating and preventing obesity as it presents in children requires decision and commitment in attitude by their parents and families. Evidence shows that if parents are involved as the primary behavioural change mediators, outcomes can be positive [1,2]. However, parents and carers need assistance on matters from diet/nutrition to leisure and play both inside and outside the home if their children are to reap the benefit of constructive parental involvement in strategies designed to reduce and maintain a healthy child weight. A 2014 study compared food intake by 9 - 13 year old boys whilst engaged with computer games, TV watching and undertaking other screen-based activities. Food intake was considerably larger for those participating in screen-based activities and TV watching produced the highest food intake rates [3]. It is important to address family behaviour rather than isolating children and corralling them in behaviour change programmes that may appear to be stigmatising. If a whole family is empowered to embark upon holistic lifestyle change and the new patterns encompass a variety of behaviour and activities, outcomes are likely to be positive.

There is no single 'catch all' engagement method that can be advocated. Community-based projects involving the family in practical cooking sessions, economical food use and encouraging interest in food sustainability and provenance are valuable. Some farm to school schemes boost nutritional education within a school environment whilst stimulating educational responsibilities and opportunities beyond school but within the locality [4].

Families respond best to holistic approaches. A route might be:

- Healthy lifestyles via education
- Reinforcement via antenatal groups
- Health visitor involvement
- Nursery and pre-school engagement
- School – with a clear signposting for family involvement at each stage.

Broader extracurricular activities to include engagement at sports clubs should also include raising awareness of the importance of balanced diets and healthy choices within programmes.

For a holistic approach to be viable it must involve partnership working amongst health professionals to engage families' interest in all aspects of feeding and a good example of this is in the area of dental health. Paediatric dentists and paediatricians should work together with other healthcare professionals such as health visitors to ensure the dissemination of a consistent message with regard to the feeding of young children and newborns. From around 12 months onward, on-demand night feeding (bottle/breasts) should be discouraged via the introduction of a free flowing cup at 6 months. Health visitors themselves should encourage the first visit to a dentist on the eruption of the first tooth.

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Here it is opportune to list a number of organisations that have developed broad-based projects with sympathetic partners that are specifically designed to promote healthy familial choices. Three of these are HENRY [5], Trim Tots and MEND [6].

The Trim Tots Community Interest Company addresses obesity via the delivery and national roll-out of Trim Tots Healthy Lifestyle Programme. It has been developed by child health professionals from the Institute of Child Health in addition to a team of community artists who offer educational art workshops to youngsters. Rather than 'treating' obesity, the focus is upon prevention by advancing a healthy lifestyle both in pre-school children aged between 1 - 5 and their carers. It is unique as an evidence-based intervention programme in that it has two year follow-up data [7].

MEND arose from a partnership between the UCL Institute of Child Health and Great Ormond Street Hospital for Children NHS Trust. Since 2012 it has been a part of Mytime Active. This multi-component, community-centred programme provides families with a base for feeling fitter, healthier and happier throughout the life course. To date, data published by MEND demonstrates that over 45,000 families have benefitted from the programme. Children leaving MEND do so with improved waist circumference, dietary intake, self-esteem, physical activity levels and cardiovascular fitness. Families show increased fruit and vegetable consumption and are more likely to eat together at mealtimes. Anecdotal MEND evidence indicates increased academic performance levels and an upturn in the relationships between parents and their children.

MEND IS delivered by a wide range of professionals based in the community and includes the participation of some non-professionals. It is delivered face-to face and involves the direct participation of children and their parents and carers. As 'primary mediator' at least one parent or carer is required to attend all sessions and they are primarily responsible for delivering change in the family setting. Groups are held on a weekly basis, in community centres and locations and are always age and stage appropriate. Activities are fun-based, multi-skill and interactive nutrition sessions and behaviour change workshops designed to empower parents to adjust their own and their children's physical activity and nutrition behaviours.

Positive role modelling is seen as a tool to promote healthier lifestyles for the whole family. Sessions are open to any family member, but MEND asks that the constant family member is the regular care-giver who is the nucleus for making key nutritional decisions such as shopping and physical activity choices such as whole-family leisure pursuits.

Families work together on personalised (SMART) goals and rewards, moving towards weekly nutrition and activity targets. Amongst the support models offered to parents are:

- Parents/carer workshops
- Communicative role modelling
- Consistency strategies
- Problem-solving
- Relapse prevention strategies.

Parents engaging in the programme often lose weight themselves.

The July 2014 NICE draft quality statement (Family involvement in lifestyle weight management programmes) asserts that whole family involvement can have a positive impact upon young people themselves in losing weight. Responsible weight loss organisations give consistent and supportive weight management help to diverse communities throughout the UK with high take-up in low income areas. Families should be ideally enabled to access training to support changes to familial behaviour and improve child health and fitness levels. Such support should include positive parenting strategies and is always most effective when delivered with empathy, warmth and understanding.

Slimming World (established 45 years ago from the conviction that the burden of overweight is exacerbated by a burden of shame carried by overweight people) runs confidence enhancing programmes and evidence-based approaches to encourage the entire family to eat healthily. Achievable patterns are set for adults to adopt and children to follow. Yet the wider picture encompassing health and education professionals is less upbeat. Raising sensitive issues of overweight and obesity necessitates skill, empathy and delicacy and those who bear responsibility for addressing the matter require specific training to ensure that advice given is at all times respectful, non-judgemental and free from stigma and blame. There is as yet, a training shortfall for health and education professionals, many of whom will have unique and established relationships with families at different stages in their lives and area ideally placed to refer those in need of help to responsible weight loss organisations. Until the training needs of the relevant professionals are truly met, many children and their families will miss the boat and continue to incur health problems both now and long into the future.

### Recommendations

- Government to recognise and promote the importance of involving the family in healthy lifestyle programmes and supply evidence-based guidance to Local Authorities and Health and Wellbeing boards
- Government to provide clear information and guidelines using evidence-based research thereby equipping parents to make choices about the amount of screen time to allow their children
- Government to develop and implement mandatory national training for all professionals who interact with families to equip them with the skills to raise the issue of obesity and weight management with sensitivity
- Lifestyle weight and health and wellbeing programmes to ensure that the publicity they use to raise awareness of their programmes is culturally sensitive and available in a variety of languages and formats as appropriate to the community
- Early years settings, pre-schools and schools to embed family and community-centred initiatives into their health and wellbeing programmes
- Recognition by national and local governments and professional bodies that those working in health and education sectors have a duty of care to their patients who are at risk of suffering physical or psychological harm due to being overweight or obese
- Providers of lifestyle weight management programmes and family-based health and wellbeing programmes to monitor and evaluate these and supply evidence-based data to commissioners and those responsible for referrals. All data to be published and readily accessible.

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