

Having Fun, Doing Stuff, Making Friends



Healthy Weight – engaging families and children

Innovation project for Living Well – the Community and Family Prevention service in Rochdale borough

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1. Summary

There are significant and rising numbers of children in Rochdale borough who are overweight or obese at Reception year, with a substantial increase by year 6.

A priority outcome for Living Well (the Community and Family Prevention Service in Rochdale borough) is to improve healthy weight in children and families.

The National Child Measurement Programme (NCMP) involves the annual measurement, recording and reporting of the height and weight of children in Reception and Year 6.

Following weighing and measuring in schools, only a low proportion of children and families take up tier 2 healthy weight services (the Energy Club) in Rochdale borough. The current system also causes many complaints from parents/carers and much unhappiness amongst staff and managers.

As part of Living Well, an innovation pilot project was run in 2017-2018, with the aim of improving the uptake of weight management services by families of children identified as overweight or obese. Objectives were to: overcome barriers to current uptake; co-design and pilot an innovative approach with families; and assess likely impact of rolling out.

Designed using research evidence on behavioural insights, the innovation pilot project was run with children in Reception classes in three primary schools in north Middleton. Both quantitative and qualitative results were recorded.

The pilot approach appeared to have a much more positive response from parents/carers, to increase enquiries and bookings for the Energy Club, and to eradicate complaints and negative pressures on staff and managers.

Recommendations are made for the future redesign and recommissioning of the approach to healthy weight services in Rochdale borough.

2. Background

2.1. Locality Plan

The overall vision of the Locality Plan for health and social care in Rochdale borough is: "By 2021, more people will be in control of their own health and well-being, managing their long-term conditions well and supported to achieve good health and well-being across their life."

2.2. Children's weight in Rochdale borough – a priority

Childhood obesity in Rochdale borough is increasingly mirroring the patterns of socio-economic deprivation. There is a particular challenge around weight gain in children between Reception and Year 6.

The National Child Measurement Programme (NCMP) results for 2016-2017 were published in October 2017. These showed that Rochdale borough is generally a little above the Greater Manchester average for excess weight. In Reception, 23.6% of pupils are defined as obese or overweight, whereas the Greater Manchester average is 23.1%. In Year 6, these figures rise to 37.8% (Rochdale) and 35.8% (Greater Manchester) respectively. The headlines from the data for Rochdale are:

- Overweight in Reception children rose from 12.7% in 2014-2015 to 13.0% in 2015-2016 but fell to 12.9% in 2016-2017 (5th highest in Greater Manchester).
- Obesity in Reception children rose from 9.2% in 2014-2015 to 9.7% in 2015-2016 to 10.8% in 2016-2017 (4th highest in Greater Manchester).
- Overweight in Year 6 fell from 15.0% in 2014-2015 to 14.5% in 2015-2016 but rose to 14.9% in 2016-2017 (3rd highest in Greater Manchester).
- Obesity in Year 6 rose from 20.3% in 2014-2015 to 21.0% in 2015-2016 to 23.0% in 2016-2017 (2nd highest in Greater Manchester).
- There is wide variation by geographical area and ethnic group and some of the differences are statistically significant.

For these reasons, Rochdale Health and Wellbeing Board has made tackling childhood obesity a key priority.

2.3. Living Well – the Community and Family Prevention Service

The aim of Living Well (the Community and Family Prevention Service) is: "To support families and individuals to live a healthy lifestyle, prevent escalation of health/lifestyle-related problems and develop health and well-being action by communities, volunteers and other services."

Priority outcomes relevant to healthy weight that Living Well is expected to achieve are:

- improve healthy weight in children and families

- improve the impact that lifestyle has on long-term conditions
- improve health equity

Relevant wider outcomes that the service is expected to achieve are:

- more people eating a healthy balanced diet
- increased levels of physical activity
- more people accessing volunteering, learning or employment opportunities
- improved overall well-being

2.4. National Child Measurement Programme

The National Child Measurement Programme (NCMP) involves the annual measurement of the height and weight of children in Reception and Year 6, and the return of the data to the Health and Social Care Information Centre.

The programme has two key purposes:

1. to provide robust public health surveillance data on child weight status, to understand obesity and overweight prevalence and trends at local and national levels, to inform obesity planning and commissioning and underpin the Public Health Outcomes Framework indicator on excess weight in 4-5-year-olds and 10-11-year-olds;
2. to provide parents with feedback on their child's weight status: to help them understand their child's health status, support and encourage behaviour change and provide a mechanism for direct engagement with families with overweight, underweight and obese children

As a mandated public health programme, the NCMP is funded from the ring-fenced public health grant for local authorities.

Notably, the only mandate is measurement, recording and reporting at Reception and Year 6. The duty on local authorities requires that:

- the programme is overseen by a health care professional, such as a registered nurse or dietitian
- the height and weight of eligible children in Reception and Year 6 children attending schools in the locality are measured annually
- data collected through the NCMP are returned to the Health and Social Care Information Centre
- in delivering the programme, local authorities have regard to the annual operational guidance

The delivery of the surveillance aspects of the NCMP is a statutory duty of local authorities. There is **no** other statutory requirement, including to make any follow-up interventions with overweight or obese children and their families.

In Rochdale, however, there are contractual performance obligations on the School Nursing service of Pennine Care NHS Foundation Trust for the NCMP, and on Living Well to provide a service for families who have been notified of an issue.

2.5. Current services and historic uptake

In Rochdale borough, weighing and measuring of children (the National Child Measurement Programme) is done by the School Nursing service at Reception and in Year 6. It is not presently done in early years before a child starts school.

In essence, in the School Nursing service:

- band 3 support workers do weighing and measuring of children in schools and some health promotion
- band 5 staff nurses do health promotion and communication with parents/carers
- band 6 senior school nurses oversee implementation

Living Well is a partnership of service delivered by the Big Life group, Link4Life and Early Break working together to help tackle the main causes of ill-health in the borough linked to lifestyle choice.

Historically, the contact details of children are provided to Living Well on NCMP measurement letters. Living Well staff are provided with children's measurements and parents' contact details to proactively discuss their children's weight and discuss best options for support.

Living Well provides activities (managed by Link4Life) for children and their families, identified through the NCMP, to improve the child's weight:

- tier 1 – Fresh / Fresh and Go For It (activity and food) – for all children
- tier 2 – Energy Club (200 families per year), with follow-up available for children
 - ten-week programme – aim that children have a good time / fun - children (fun and games); parents/carers (education – what is healthy, etc.)
- tier 3 – Pennine Care NHS Foundation Trust provides a service in Rochdale borough, but its resources are limited, so Living Well is creating provision to pick up some of the demand

Following weighing and measuring in schools, only a low proportion of children and families take up tier 2 healthy weight services (the Energy Club), which questions the purpose of weighing and measuring (other than for data collection). Link4Life reported in 2017, however, a 100% increase in engagement of families when the letterhead of the invite letter changed from Pennine Care NHS Foundation Trust to Link4Life – although this is in comparison to a low baseline. There followed a 41% increase in

attendance at the Energy Club from 120 in 2016-2017 to 170 in 2017-2018, with a more community-centred approach.

Link4Life reported that uptake of the programme has been significantly lower in Heywood and Middleton than in Rochdale. This may have been due to the physical location of sessions. Families have previously been invited to come to Rochdale. New sessions are planned for Middleton and/or Heywood.

For those families who make contact and book onto the Energy Club, Living Well Rochdale always send a confirmation letter at the time of booking (Appendix 4).

2.6. Feedback from families and staff suggest the results letter is a key barrier to engagement

The initial priority challenge is the full engagement of families towards the healthy weight of children.

What is on offer from Living Well seems very positive, but both staff and parents/carers say that the current process to engage and market this to parents/carers is not very effective. In some cases, it is even putting off parents/carers from engaging.

It is widely felt there are significant challenges relating to the current process. The 'NCMP letter' [appendix 1] seems to be universally disliked and seen as a problem. Many parents/carers are upset by and ignoring or challenging the communications they receive (NCMP letters); they are often shocked and feel blamed. Staff report that it is often the point where parents/carers disengage and do not take up the support on offer.

There are also significant time delays (weeks or even months) between, for example, measurement, letters, invitations and the start of the Energy Club programme.

For staff, the key driver for change is the challenges of the National Child Measurement Programme process, specifically the response of parents/carers to the NCMP letters they receive. Staff frequently experience negative parental responses and conflict, including criticism, complaints, shouting and aggression. These are not peculiar to Rochdale and is said to be a common experience for staff across the country.

A further concern is around the perception of parents/carers in relation to their child's weight (including not perceiving a child as overweight or obese) and their consequent levels of recognition of and response to overweight and obesity (including parental refusal to having overweight or obese children weighed).

3. Aim

3.1. To improve the uptake of weight management services by families of children identified as overweight or obese

Generally, there is scope for the programme and pathways to be better. There are specific issues relating to Year 6 and opportunity to make assessment more holistic, positive and engaging.

4. Objectives

4.1. To overcome barriers to current uptake

If the current low uptake of provision is to be improved, the barriers to it need to change or be removed.

4.2. To co-design and pilot an innovative approach with families

It was agreed in March 2017 to develop an innovative approach that feels more positive to families and engage more families in activities and programmes that emphasise well-being, making friends and having fun, rather than a focus on weight.

4.3. To assess likely impact of rolling out

If the service succeeds, then both local people and commissioners also succeed. This requires a different approach based on the reality of local people's lives, with clear support from commissioners, which enables Rochdale borough to become an exemplar locality.

5. Method

5.1. Project group

In early 2017, Big Life group (through the Living Well contract) recruited Unlimited Potential to lead on innovation, to work on intractable problems to find different ways of achieving desired outcomes. Unlimited Potential is a social enterprise that specialises in social innovation. It is providing innovation support to Living Well.

Following background research and proposal writing (reflected above), the project has been overseen by a project group including colleagues from Big Life group, Link4Life, Pennine Care NHS Foundation Trust and Rochdale Council (Public Health). The project group met on a monthly basis (8/9/17, 11/10/17, 15/11/17, 6/12/17 and 17/1/18) and then again once initial results started to become available (18/4/18).

5.2. Innovation

Health and well-being is a field where the evidence is variable, and like many other fields, often the actual issue is implementing evidence effectively in real communities. Innovation is a key – not just ideas, but ideas translated into deliverable solutions.

Innovation has therefore been applied to develop and prototype new ways to address the priority challenge, drawing on the existing talents within Living Well and its partners, engaging with the strengths of local people and communities, and learning from evidence around social innovation, behavioural insights and behavioural economics.

Following background research (reflected above), initial discussions took place with the Big Life group, Children and Young People's Services at Pennine Care NHS Foundation Trust, the Senior School Nurse designated for the project, Public Health at Rochdale Council, Link4Life and Public Health England.

Innovation model

Social innovation is the process of designing, developing and growing new ideas to meet social challenges. It is innovation that leaves behind a stronger capacity for society to act.

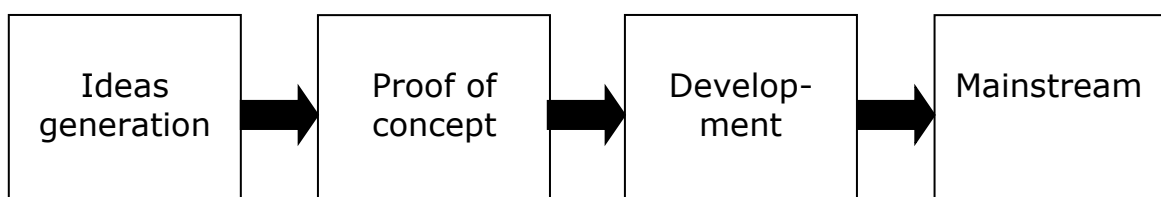
There are distinct types of innovation, each of which is appropriate in different contexts:

- incremental innovation – service/product improvement
- adaptive innovation – adapting activities/products from elsewhere and using them in a new way
- radical innovation – 'breakthrough' developments

We might also consider the place of disruptive innovation, which might be seen as 'simplifying' services/products that disrupt markets.

The essence of our approach to innovation is, first, to identify a challenging problem that current approaches are not seeking to address or are not addressing effectively.

There is then a four-stage process to be followed:



The approach to social innovation in Living Well started with seeking to enable local people to drive innovation, in particular, seeking out solutions with the very people who have traditionally often been described in deficit terms. This has been done by looking for their strengths (rather than their needs) and for solutions that they may already have developed, even if only on a small scale. This meant defining and creating the right relationship with local people, who are and always will be the vast bulk of the 'workforce'.

Equally, the approach benefitted from identifying and embracing any 'system champions' within the workforce of Living Well and its partners, working on the frontline or in support roles. They are inevitably small in number and require space, time and cover from the leadership of the service to make innovation effective.

Resources available beyond Living Well itself were also recognised, including in places and amongst people and organisations that are 'non-usual suspects' for a health and well-being service.

In practical terms, this required from or through Living Well and its partners:

- leadership that encourages and rewards innovation
- finance specifically for social innovation
- markets open to social solutions and outcomes
- incubation for promising models
- acknowledgement that only some innovations will work, and that learning from failure is important

After an information governance concern was raised, assurance was provided that the project was not a research study (which would require ethical approval) because:

- it was not a study
- the participants in the pilot were not randomised to different groups
- the project did not involve changing any treatment, care, services or devices

The project was a service improvement project, as it was about improving the marketing of the NCMP in Rochdale borough with local people.

5.3. Principles and behaviour change

Principles

Key principles for an effective approach to engaging families and children are:

- strengths-based approach - value capacity, skills, knowledge, connections and potential
- define, design and develop with local people and from their perspective

- upscale mental well-being and resilience
- focus on whole family benefitting from lifestyle changes
- people with as much control as possible to help themselves
- bespoke relationship with each neighbourhood and township
- strong social networks for community action
- communities able to improve their own health and well-being

Key factors

It is how families perceive things that matters. Evidence shows that success relies on family engagement - firstly, parent/carer engagement, and then child engagement:

Initial engagement – <i>parent/carer-driven</i>	Continuing engagement – <i>child-driven?</i>
<i>Facilitators</i>	<i>Facilitators</i>
<ul style="list-style-type: none"> • parental concern for child’s <u>psychological well-being</u> • key person close to and <u>respected</u> within or by the family, likely to be a constant • parental interest in <u>holistic</u> lifestyle-focussed approach 	<ul style="list-style-type: none"> • children’s <u>social interaction and support: have fun, make friends</u> • <u>practical sessions</u> – hands-on activities • <u>family-centred</u> approach • staff-participant <u>relationships</u> – friendly
<i>Barriers</i>	<i>Barriers</i>
<ul style="list-style-type: none"> • stigma of excess weight: <u>norms?</u> • parental denial • personal and programme logistics 	<ul style="list-style-type: none"> • personal and programme logistics • staff-participant relationships

This learning is enhanced when considering decision-making by people experiencing poverty, with regard to thinking processes, behavioural patterns, ways of navigating life’s challenges, and appraising the social world. This means:

- recognising the cognitive constraints of living in poverty, as well as cognitive skills that are specialised towards context-specific goals
- understanding decision-making in poverty as being towards the here, the now, the actual, and those socially close

In brief, the evidence suggests these key elements for engaging families:

- engage the whole family wherever possible to make healthy lifestyle choices
- focus on happiness and emotional well-being; avoid any reference to weight
- initial engagement is through parents/carers and what matters to them (what is best for their child - primarily, their children’s happiness)

- continuing engagement is driven by children and what matters to them (primarily, having fun and making friends)

Behaviour change

To encourage behaviour change, we can apply the principles of the EAST framework (easy, attractive, simple, timely):

Easy

- harness the power of defaults – make an option the default
- reduce the 'hassle factor' – reduce effort required
- simply messages – clear message, simple actions

Attractive

- attract attention – use images, colour, personalisation
- design rewards and sanctions for maximum effect – incentives

Social

- show that most people perform the desired behaviour
- use the power of networks – peer-to-peer, mutual support, collective action
- encourage people to make a (social) commitment to others

Timely

- prompt people when they are likely to be most receptive – such as major life events
- consider the immediate costs and benefits
- help people plan their response to events – prompt people to identify barriers and develop a specific plan to address them

5.4. Redesign of communication

Unlimited Potential has led the innovative design programme to establish and pilot new approaches, working in partnership with front line staff in Rochdale borough (school nursing and schools) and local families, and in liaison with Living Well (Big Life group and Link4Life), Pennine Care NHS Foundation Trust and Rochdale Council (Public Health). This programme has covered everything from the nature of communications with families through to practical processes and offers to families.

A key has been to see any process from the perspectives of parents/carers and children, rather than those of agencies and professionals. (If parents/carers and children do not engage and/or are not motivated, it matters little what provision is on offer to them).

Initial practical engagement in the programme was through parents/carers and what matters to them (what is best for their child - primarily, their children's happiness).

In essence, the concept was:

- Once the height and weight of eligible children in Reception and Year 6 children have been measured in schools, to send as soon as possible a personalised 'party invitation' (perceived attraction) instead of the standard NCMP letter (perceived blame) to families with overweight children (tier 2) and obese children (tier 3).
- As the period of most weight gain happens between Reception and Year 6, however, it was decided to focus the pilot only on children in Reception, as early prevention is likely to be more effective.
- The 'party invitation' and envelope should be personalised but for the whole family. It should not mention weight in any way. Showing a commitment to others, it should focus on the child's happiness and the benefits to the whole family through practical lifestyle improvements.
 - There should be a clear message, with simple actions and minimal hassle to responding positively.
 - The invitation should address the immediate costs and benefits to the family, and ask them to raise any barriers to participating.
 - Colour and Healthy Heroes characters (in standing and/or active poses) should be used on both the invitation and the envelope, with minimal or no branding by statutory or public service agencies.
 - Ideally, the communication will be bespoke to each township.

It was important that any core message to parents/carers and then children was consistent throughout their whole experience (school, all communications, and programme sessions).

The initial work focussed on developing the invitation, which was drafted and redrafted in consultation with the project group before being tested with both children and parents/carers in Middleton. The key learning from their feedback was:

- Where possible, emphasise children making new friends (visually by in text).
- Make the being 'free' stand out and be much bolder.
- Keep the Energy Club logo prominent.
- Readability, with greater contrast between text and background.
- Make age-appropriate child heroes the most prominent.
- Simplify text to make it as easy as possible to read.

The invite was significantly redrafted in response to this feedback, and an accompanying envelope drafted to complement it, with both to be addressed to the child. This included the options for parents/carers to phone, text or email. Design work was arranged through the communications team at Rochdale Council. [First and final versions of the invite and the envelope are in Appendix 2].

5.5. Outcome measures

The key aspects for which to assess change were: behaviour change; improved update of the tier 2 offer (Energy Club); and reduction in negative contacts and calls to staff. Weight change was not an outcome measure, as it was assumed that the Living Well offer is effective.

Stage	Number to record	Lead partner
Schools	children in reception year	Pennine Care NHS FT
	children weighed and measured	Pennine Care NHS FT
Invites sent	children invited	Pennine Care NHS FT
Parent/carer contact	enquiries made	Living Well (Big Life group)
	bookings made	Living Well (Big Life group)
	complaints made	Living Well (Big Life group)
Energy Club	attendance started	Living Well (Link4Life)
	completions made	Living Well (Link4Life)

Rochdale Council (Public Health) was asked to confirm the outcome measures and what difference (if there was one) would be sufficient as proof of effectiveness.

5.6. Pilot in three schools

The outline approach was checked with public health commissioners for acceptability, sample size, service implications, etc. The pilot was kept relatively small as it was a new approach and also to assess any impact on demand on and resources required by Living Well (Link4Life).

It was agreed to test the alternative approach with the Reception class of three primary schools with similar demographics in one of the more 'challenging' areas of the borough. Following consideration of both local data and practical experience 'on the ground', it was agreed to run the pilot in north Middleton:

- control: St. John Fisher RC Primary School (wider intake of children) – no change and run the current NCMP process with standard letters
- targeted: Boarshaw Community Primary School (local intake of children) – alternative approach with new invite sent only to parents/carers of overweight or obese children
- universal: Hollin Primary School (local intake of children) – alternative approach with new invite sent to all children

Due to an earlier commitment already made by School Nursing to parents/carers to share the NCMP results, the service wrote to parents/carers at the second and third schools (well in advance of the pilot) to advise them that the NCMP results would not be sent automatically to them, although they would be available on request.

A detailed conversation was held with a member of the School Nursing team to understand in detail the practicalities of the NCMP process, including the distribution of written communications to parents/carers.

To seek consistency in messages given to parents/carers and children, a briefing / crib sheet was drafted for staff who might get queries from parents/carers or make bookings. This was tested through face-to-face sessions with the School Nursing team in Middleton (who run the NCMP programme and distribute written communications), the Living Well project support team and delivery teams (who deliver the Energy Club). Following their feedback, the briefing / crib sheet was redrafted and finalised. A micro-version was also produced for the project support team taking calls at Living Well, which was attached to each computer screen. [Full and micro versions of the briefing / crib sheet at Appendix 3].

To help staff understanding of the Living Well service on offer, colleagues from both school nursing (Pennine Care) and project support (Living Well) visited Energy Club sessions to see the activities for themselves.

The invites to children in Reception at the targeted and universal schools were sent as soon as possible after the results of the weighing and measuring became available:

- St. John Fisher RC Primary School: weighing/measuring on 31 January; standard NCMP letters sent on 7 February (6 days between)
- Boarshaw Community Primary School: weighing/measuring on 5 March; invites sent on 12 March (6 days between).
- Hollin Primary School: weighing/measuring on 26 February; invites sent on 6 March (7 days between).

6. Results

6.1. Quantitative results

Measure	St. John Fisher [control]	Boarshaw [targeted]	Hollin [universal]
children in reception year	30	33	30
children weighed and measured	27 ¹	28 ²	27 ³
children invited	2	10	27 ⁴

¹ St. John Fisher RC Primary School: 2 children absent on day of measurement and 1 refusal.

² Boarshaw Community Primary School: 4 children absent on day of measurement and 1 refusal.

³ Hollin Primary School: 2 children absent on day of measurement and 1 refusal.

⁴ Of the reception class at Hollin Primary School, 2 children were found to be overweight and 2 obese.

Measure	St. John Fisher [control]	Boarshaw [targeted]	Hollin [universal]
enquiries made	0	5	2
bookings made	0	5	2
complaints made	0	0	0
attendance started	0	2 ⁵	0

6.2. Qualitative results

School Nursing service (Pennine Care):

It was reported that the school nursing service had received no responses from parents/carers, except for one who requested the data for their child's height and weight (which was healthy). It was felt that the population in north Middleton was less inclined to complain than in some other parts of the borough, such as the Pennine area.

Project support team (Big Life group):

It was reported that the response from the parents interested in booking onto the Energy Club through the innovation pilot project was overall a lot more positive than for the standard approach. Some parents also wanted to book siblings on.

Queries were simply inquisitive, not negative, and led to places being booked. These included whether the invite had gone to everyone in a school class, and from where the invite had originated.

Energy Club (Link4Life):

One parent said that she had an idea the invite was related to their child being weighed at school, and they were glad that they had not received a (NCMP) letter.

No negative feedback was received from the families targeted in the pilot who attended the Energy Club in Middleton.

7. Discussion

It is notable that 0% of the children invited using the standard NCMP letters led to enquiries. At the targeted school, 50% of invites led to enquiries and bookings. At the school with the universal offer to all

⁵ Boarshaw Community Primary School attendees – two families directly from the invite; a third family attended, but via a friend and not the pilot project.

children in Reception, 7.4% of invites led to enquiries and bookings (50% of those found to be overweight or obese).

Of the 7 families who booked for the Energy Club through the pilot project, only 2 (28.6%) actually attended⁶. This suggests a significant drop-out rate between booking and attendance, despite a confirmation letter being sent at the time of booking. Link4Life confirmed that many families who book for the Energy Club do not actually turn up. For example, at a recent Energy Club in Rochdale, 22 booked but only 10 attended. This suggests scope to significantly reduce this drop-out rate.

Unlike the negative response to the standard NCMP letters, there was no negative response from parents/carers to the invite in the pilot project. Indeed, there was qualitative feedback from staff that the invite was preferred and prompted a much more positive response from parents/carers.

Reflecting on the results of the pilot project, the project group felt that the standard NCMP letters remain the key barrier to engaging families. It was felt that, on receipt, parents/carers tend to focus straight on the box containing their child's weight status (Appendix 1). When this stated either overweight or obese, parents/carers feel a failure or blamed.

Circumstances of a child or family were not taken into account, and it would be better to present information in person, either face-to-face or by telephone. Staff are happy to run the NCMP, but without the standard letters.

8. Conclusions

There are significant and rising numbers of children who are overweight or obese at Reception year (26.7% in Rochdale borough in 2016-2017) and the substantial increase by year 6 (37.9%). Given the impact of overweight and obesity, it is important to intervene as young as possible. Seeking to do this at year 6 or later is too late.

The only statutory duties of local authorities for the NCMP are measuring the height and weight of children in Reception and Year 6, and returning the data collected to the Health and Social Care Information Centre. There is no other statutory requirement, including to make any follow-up interventions with overweight or obese children and their families.

The standard NCMP results letters are almost universally disliked by parents/carers, staff and managers, and create a strong barrier to engaging families, as well as prompting complaints that unnecessarily

⁶ Boarshaw Community Primary School attendees – two families directly from the invite, the other via a friend.

take up staff time and create negative relationships. A much more family-friendly invite, without any reference to weight, appears to be more engaging and attractive.

There is very little apparent active demand from most parents for the results of their child (height, weight and weight status) from the NCMP.

Having the Energy Club running in a central, accessible place in each locality in the borough (Heywood, Middleton, Pennine and Rochdale) is very likely to improve uptake by local families.

The key elements for engaging families appear to be:

- engage the whole family wherever possible to make healthy lifestyle choices
- focus on happiness and emotional well-being; avoid any reference to weight
- initial engagement is through parents/carers and what matters to them (primarily, their children's happiness)
- continuing engagement is driven by children and what matters to them (primarily, having fun and making friends)

To improve engagement of parents/carers and families, things should be as easy, attractive, social and timely for them, from their perspective. There is significant scope both to reduce time delays in the current system and also to improve the co-ordination, consistency and effectiveness of communications by agencies.

A number of different agencies are involved in the NCMP and supporting children and families with healthy weight. It is therefore important to have a partnership approach, appropriate to each locality, in which all agencies work coherently towards a clear common goal.

For any redesign of the approach – ideally genuinely co-produced with parents/carers and children – a set of principles might be applied in the future:

1. design from the perspective and experience of parents and children
2. fulfil statutory duties (measurement, recording and reporting at Reception and Year 6)
3. communicate consistently with parents/carers, in person where possible
4. collate data
5. engage parents/carers coherently (all agencies working together)

9. Recommendations

Based on the project findings, the project group developed and agreed these recommendations:

1. By September 2019: From 2018-2019 academic year onwards, cease using the standard NCMP results letters across Rochdale borough, replacing them with family-centred invites instead.
2. By September 2020: Redesign and recommission the approach in Rochdale borough (whether the offer to families is targeted or universal). This should be done from a parent/family-centred perspective and co-produced with parents/carers and children, informed by the conclusions above.

10. Implications

If there is appetite for rolling out the new approach across Rochdale borough, practical implications improving future commissioning and delivery will include:

- Who prepares and distributes the invites.
- Resourcing of the Energy Club as the number of families engaging increases.
- Provision of the Energy Club in localities spread across the borough.
- Any adjustments on staff hours spent on the programme – for example, due to reduced demand with significant reduction in complaints, but increased uptake of the Energy Club by families.
- Even closer partnership working between the various agencies involved.
- Potential funding to expand the programme from Public Health England and/or Greater Manchester Health and Social Care Partnership?

11. Thanks

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- Big Life group: Andrew Forrest; Michelle Loughlin; Rebecca Parr
- Link4Life: Leigh-Anne Carnall; Emma Kershaw; Shirley Waller
- Pennine Care NHS Foundation Trust: Abbie Davidson; Nicola Feighan; Kellie Holt; Janet McLaughlin; Jan Reynolds; Nicola Sharp
- Rochdale Council: Emily Parry-Harries; Elizabeth Wilson

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13. Author / contact

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May 2018

Appendix 1

National Child Measurement Programme specimen parent results letters

Specimen letter for children with a weight status of overweight

Private and confidential

[LA_Name]
[LA_Address1]
[LA_Address2]
[LA_Address3]
[LA_Postcode]
Tel: [LA_Telephone]
Email: [LA_Email]

Parent/Carer of «FirstName» «LastName»

«Address1»
«Address2»
«Address3»
«Address4»
«Address5»
«Postcode»

17 May 2018

NHS number «NHSNumber»

Dear Parent/Carer of «FirstName» «LastName»,

We recently wrote to you about measuring «FirstName»'s height and weight as part of the National Child Measurement Programme. Here are «FirstName»'s measurements.

<p style="text-align: center;">«FirstName» «LastName»</p> <p style="text-align: center;">Height (cm) «Height» Weight (kg) «Weight» Weight Status: overweight</p> <p style="text-align: center;">Date of measurement «DateOfMeasurement»</p>
--

«FirstName» is in the minority of children across the country who are overweight or very overweight for their age. 3 out of 4 children in Reception and 2 out of 3 children in Year 6 have a healthier weight than «FirstName». [LA to remove either Reception or Year 6 as appropriate. Or if using the NCMP IT system, a condition using date of birth will automatically adjust the text suitable for either Reception or Year 6].

When compared to the national growth charts, which show whether a child is growing as expected for their age, sex and height, «FirstName» would be considered to be overweight.

It is important to be aware that when a child has excess weight for their age it can lead to health problems like high blood pressure and early signs of type 2 diabetes as they grow up. Being overweight can also lead to low self-esteem and poor confidence.

What should I do now?

«FirstName» could come to the [LA to insert name of local child and family weight management service] which is a free and fun after school club to help children and their families achieve and maintain a healthier weight. See the enclosed leaflet or call [LA to insert contact number for local family weight management service].

or email [LA to insert email address for local family weight management service]

{Delete lines above if there are no local child and family weight management services available, include the following line}:

Contact your school nurse or doctor for further advice and support on how to help your child achieve and maintain a healthier weight.

A good diet and physical activity are important to ensure «FirstName» is a healthy weight as they grow up. Visit [NHS.uk/C4L3](https://www.nhs.uk/C4L3) for lots of handy tips.

The Chief Medical Officer has advised that most children need at least 60 minutes of physical activity per day. This should be a mix of moderate activity like brisk walking and vigorous activity like running or fast cycling that make your heart beat faster. We have provided a leaflet on activities in your area [LA to include leaflet or remove this sentence].

You can find out how «FirstName»'s result was calculated, and check how «FirstName» is growing over time, by going to www.nhs.uk/bmi.

This information has not been shared with «FirstName», other children or school staff. Locally, this information is held by your [local NHS/local authority public health team] and is treated confidentially. The results are sent to you, so the decision of whether to talk to your child about them is entirely yours. More information is available at [NHS.uk/C4L3](https://www.nhs.uk/C4L3).

Some medical conditions or treatment that your child is receiving may mean that BMI centile is not the best way to measure your child. Your GP or other health professional caring for your child will be able to discuss this with you.

If you wish to discuss these results please contact the NCMP Team on [local authority to insert team and contact number].

Yours sincerely,
[Sender name and job title]

Specimen letter for children with a weight status of very overweight

Private and confidential

[LA_Name]
[LA_Address1]
[LA_Address2]
[LA_Address3]
[LA_Postcode]
Tel: [LA_Telephone]
Email: [LA_Email]

Parent/Carer of «FirstName» «LastName»

«Address1»
«Address2»
«Address3»
«Address4»
«Address5»
«Postcode»

17 May 2018

NHS number «NHSNumber»

Dear Parent/Carer of «FirstName» «LastName»,

We recently wrote to you about measuring «FirstName»'s height and weight as part of the National Child Measurement Programme. Here are «FirstName»'s measurements.

<p style="text-align: center;">«FirstName» «LastName»</p> <p style="text-align: center;">Height (cm) «Height» Weight (kg) «Weight» Weight Status: very overweight</p> <p style="text-align: center;">Date of measurement «DateOfMeasurement»</p>

«FirstName» is in the minority of children across the country who are overweight or very overweight for their age. 3 out of 4 children in Reception and 2 out of 3 children in Year 6 have a healthier weight than «FirstName». [LA to remove either Reception or Year 6 as appropriate. Or if using the NCMP IT system, a condition using date of birth will automatically adjust the text suitable for either Reception or Year 6].

When compared to the national growth charts, which show whether a child is growing as expected for their age, sex and height, «FirstName» would be considered to be very overweight. It is important to be aware that when a child has excess weight for their age it can lead to health problems like high blood pressure and early signs of type 2 diabetes as they grow up. Being overweight can also lead to low self-esteem and poor confidence.

«FirstName» has been reserved a place at the [LA to insert name of local child and family weight management service].

This is a free and fun after school club to help families achieve and maintain a healthier weight. Please see the enclosed leaflet and contact us to take up this offer by post, phone or email.

Post: Return the enclosed registration form in the FREEPOST envelope enclosed.
Phone: Call the local child and family weight management service on [LA to insert contact number]
Email: [LA to insert contact email address]

[LA to amend wording as required reflecting local child and family weight management services]
{Delete lines above if there are no local child and family weight management services available, include the following line}:

Contact your school nurse or doctor for further advice and support on how to help your child achieve and maintain a healthier weight

A good diet and physical activity are important to ensure «FirstName» is a healthy weight as they grow up. Visit [NHS.uk/C4L4](https://www.nhs.uk/C4L4) for lots of handy tips.

You can find out how «FirstName»'s result was calculated, and check how «FirstName» is growing over time, by going to www.nhs.uk/bmi.

This information has not been shared with «FirstName», other children or school staff. Locally, this information is held by your [local NHS/local authority public health team] and is treated confidentially. The results are sent to you, so the decision of whether to talk to your child about them is entirely yours. More information is available at [NHS.uk/C4L4](https://www.nhs.uk/C4L4).

Some medical conditions or treatment that your child is receiving may mean that BMI centile is not the best way to measure your child. Your GP or other health professional caring for your child will be able to discuss this with you.

If you wish to discuss these results please contact the NCMP Team on [LA to insert team and contact number]

Yours sincerely,
[Sender name and job title]

Appendix 2

Energy Club invitation and envelope

First draft text:

Child's name,

Link4Life invites you and your family to our Energy Club!

There are lots of fun activities over 12 weeks.

You will make new friends with other children.

There's plenty of hands-on stuff for adults, too!

It's all free, and there are goodies and prizes along the way.

When is it? 5.00-6.30 on Tuesdays, starting on 9 January

Where is it? Kingsway Park High School, Turf Hill Road, Rochdale OL16 4XA

We will love to see you!

First come first served - you won't miss out with just one shout ...

phone 01706 751190

text 07... ..

email livingwellhmr@biglifecentres.com

If your family need any help to join us, please get in touch.

Original draft design:



Living Well invites you and your family to our 

There are lots of fun activities over 12 weeks.
You will make new friends with other children. There's plenty of hands-on stuff for adults, too!

It's all free, and there are goodies and prizes along the way.

When is it? Tea time, after school.
Where is it? Middleton Arena.
We would love to see you!

If your family need any help to join us, please get in touch

 01706 751190
 EnergyClub@biglifecentres.com

**First come first served
DON'T MISS OUT!**

Final design:



Living Well invites you and your family to our 

Lots of fun activities over 12 weeks.
Make new friends with other children.
There's plenty of stuff for adults, too!

It's all **FREE**, with goodies along the way.

When is it? One hour on Thursday afternoons
Where is it? Middleton Arena.

We would love to see you!

Contact us for questions or bookings:

 01706 751190  07580 876552
 livingwellhmr@biglifecentres.com


Huywood@Middleton@Pochdale@Pennyrae

**DON'T MISS OUT!
BOOK TODAY**

Envelope:



Appendix 3

Briefing / crib sheet – engaging parents/carers about the Energy Club

Key messages

- “It’s great that you are interested in joining our Energy Club.”
- Do not raise the issue of weight for any reason.
- Focus on decisions on the here, the now, the actual.
- Emphasise how the Energy Club will help their child to be happier.
- Lots of local families are taking up the invitation.
- With children: emphasise having fun and making friends.
- The whole family is very welcome to attend (with school-age children).
- If family has practical issues in attending, help to solve them, if possible.
- Make attending the default.

Frequently asked questions (with answers) – please turn over.

Responding to frequently asked questions

- *Q: Where did you get my information from?*
 - A: The recent health check of your child at school.
- *Q: My friend got an invite, but we haven't.*
 - A: You are welcome to attend with your child, if you wish, and we have enough space.
- *Q: Is this about my child's weight?*
 - A: Shift the conversation towards the happiness of their child.
- *Q: What happens at the Energy Club?*
 - A: Describe Energy Club (if you have visited); emphasise happiness/fun.
 - "Go on, try it, see for yourself!"
- *Q: We can't make that day/time.*
 - A: Offer alternative sessions elsewhere and/or different day/time. See dates/times/venues provided by Link4Life.
- *Q: We can't make the start of the programme or do every week.*
 - A: There is flexibility, but actively encourage joining at the start date, if at all possible.
 - A: Regular attendance is important to benefit the child, but the family can continue to attend even if they miss one or two sessions.
- *Q: Can siblings or friends come as well?*
 - A: The whole family is very welcome to attend (with school-age children).
 - If pre-school age children, help parent devise a solution; if still 'can't come', take their details to explore other solutions: don't turn them away.
 - Friends must attend with their own parent or carer.
- *Q: What if parent(s) cannot come or fetch their children?*
 - A: It is OK if grandparent/older sibling, etc. attends or fetches them.
 - It is OK if one parent attends / fetches children from two families, but only as a one-off.
 - But Link4Life staff must be made aware in advance who will be collecting children and the parent/carer must sign the appropriate consent form first.

Crib sheet – micro-version



- do not raise the issue of weight for any reason
- it's **great** that you are interested!
- focus on the here, the now, the actual
- emphasise child's **happiness**
- other local families are joining
- children will have **fun** and make **friends**
- whole family can attend (school-age children)
- practical issues: try to help to **solve** them

Appendix 4

Energy Club attendance confirmation letter



Parent/Guardian of
ADDRESS
ADDRESS
ADDRESS
POSTCODE

18 September, 2017

Dear Sir / Madam

Thank you for calling us to arrange your child's attendance at Energy Club.

We can confirm that your start date is:

DATE:

TIME:

VENUE:

As a reminder all parents/guardians must attend the first six weeks, a schedule of the sessions are detailed on the next page.

Please ensure that your child brings a drink of water and sensible footwear to each session.

If you have any further questions please ring the service on the above number.

Kind regards

The Project Support team

Week 1	Nutrition session- Introduction, Expectations & Eat well Guide Physical Activity
Week 2	Nutrition session- Portion sizes Physical Activity
Week 3	Nutrition session- Sugar Physical Activity
Week 4	Nutrition session- Fats Physical Activity
Week 5	Nutrition session- Food labelling Physical Activity
Week 6	Nutrition session - Myth Busting, Q&A and conclusion Physical Activity
Week 7	Physical Activity
Week 8	Physical Activity
Week 9	Physical Activity
Week 10	Physical Activity
Week 11	Physical Activity
Week 12	Physical Activity