

Childhood obesity in Cwm Taf: Hear our story



Annual Report of the Director of Public Health 2014

All participants have consented to appear in this report/films.

All the films are available to view at:

https://www.youtube.com/playlist?list=PLiVZxL8T40_TljUHCXpD-wVwt0MJ1TiGY

Foreword

Childhood obesity is a complex and increasing public health problem globally, nationally, and locally here in Cwm Taf. Alarming for the future, 60% of children who are overweight before puberty will be overweight in early adulthood, reducing the average age at which diseases such as type 2 diabetes, become apparent¹.

In my Annual Report this year I want to reflect the voices and views of children, families and those working with them across a number of projects and services which impact on prevention and early intervention. For the first time, this interactive report presents childhood obesity from the perspective of a range of partners and participants - the interventions delivered, their experiences, and most importantly, their challenges for future action.

I would like to thank Rebecca Stewart and Ann Unitt for the production of this report. Special thanks are due to Paul Whittaker our film maker, for his expertise. I am also grateful for contributions from Cwm Taf Public Health Team, Cwm Taf University Health Board, and Public Health Wales Observatory.

In particular, I would like to express my gratitude to all who have participated and told their stories – now it's our opportunity to listen.



Click [here](#) to view my film

Nicola John

**Director of Public Health
Cwm Taf University Health Board**

September 2015

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Chapter one: Childhood obesity – a complex story

In this chapter:

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- The consequences of obesity
- Why this matters
- The causes of obesity
- What we are doing to tackle childhood obesity in Cwm Taf
- Taking a prudent approach

Chapter one: Childhood obesity – a complex story

Childhood obesity has become a public health problem, globally², nationally³ and here in Cwm Taf. Although 71.6% of our reception aged children are a healthy weight, 28.4% are either overweight or obese⁴. Our rates for overweight and obesity are above the Welsh average of 26.5% and comparably worse than all of the other Health Board areas in Wales.

Why this is important

It is predicted that 60% of children who are overweight before puberty will be overweight in early adulthood¹. This can lead to the development of 'adult diseases' from an early age, and the risk of poor health consequences⁵.

In addition, the children and young people of today will be the parents of tomorrow. Parental and in particular maternal influence⁶ further adds to the risk of a child becoming overweight or obese. This can develop into an inter-generational cycle of obesity, with obesity amongst the adult population continuing into future generations⁷.

The consequences of obesity

Being a healthy weight and not becoming overweight or obese has positive health and social consequences for adults, children and future generations.

For pregnant women...

For women, being a healthy weight before becoming pregnant is vital for a healthy pregnancy⁸.



Women who are overweight or obese⁸ may experience:

- Difficulty conceiving
- More complications during pregnancy and childbirth
- Restricted choice over where or how to give birth
- An increased risk of miscarriage and stillbirth
- Difficulty with establishing breastfeeding
- Greater risks for future pregnancies

For infants...

Maintaining a healthy weight and eating a balanced diet during pregnancy is essential for the growth and development of babies.

A mother's choice to breast or formula feed can also affect how her infant grows and is an important factor affecting the future weight of children.

Babies born to obese mothers^{8,9,10,11} may be:

- Born earlier, have a low birth weight
- Larger, which can cause problems during birth
- Be born with birth defects such as problems with brain and spine development
- Born by emergency cesarean which risks greater complications for the mother



There is an established link between low birth weight babies and underweight mothers^{9,12}. However, locally we have seen a link emerging between low birth weight babies and mothers who were obese during pregnancy⁹. Along with smoking, obesity during pregnancy was identified locally as the two most modifiable risk factors for low birth weight.

Low birth weight babies (less than 2500g) are at a greater risk of problems associated with growth, cognitive development and the development of chronic conditions later in life⁹.

During childhood...

What children eat during their early years can impact on their growth and development. The gradual introduction of solid food from six months of age presents a key opportunity to introduce a wide variety of tastes and healthy food.

Often, the diet of preschool children is too low in fruit and vegetables and too high in sugar. This can impact on their dental health, cause them to lack key nutrients such as iron and vitamin D and ultimately lead to obesity¹⁰.

If poor food habits are established early, they tend to carry on as children grow¹⁰ so that by the time a child starts school poor eating habits and a sedentary lifestyle may have already laid their foundations for future ill health¹³.



Obese children are more likely to ^{1, 5, 15, 16} :

- Experience health problems such as: asthma, sleep apnoea, joint pain
- Become ill more often
- Require more medical care
- Be stigmatised, bullied and excluded from opportunities for social interaction
- Experience mental health problems caused by low self esteem and confidence
- Have poor school attendance and lower educational attainment
- Have poor employment prospects
- Develop 'adult health conditions' earlier: type 2 diabetes, high blood pressure, high cholesterol

Into adulthood...

As overweight children grow into adults, there are longer term health consequences that range from increased risk of early death to serious chronic conditions that reduce overall quality of life¹.

Obese adults are likely to experience ^{1, 5, 14} :

- Health problems such as: cardiovascular disease, type 2 diabetes, colon cancer, breast cancer, liver disease and osteoarthritis
- An occupation with lower income or unemployment
- Mental health problems: low self esteem, low confidence, depression



Why this matters

There are wider implications for our communities and partners as a result of obesity.

Figure 1: Wider implications of obesity

Our schools

The overall educational outcomes of a school can be affected by obesity. Increased sickness absence and the social effects of obesity can affect a child's experience in school and ultimately how well they do¹⁵.

Our services

The impact that obesity can have on our health at all stages of life risks placing our health service under extra pressure².

Obesity also places increasing demands on our social care services¹⁷.

Our communities

Health assets are described as the skills, knowledge, connections and potential in a community that enable people to take better control over their own health and wellbeing¹³.

Obesity can affect the health assets that exist in our communities impacting on community productivity and resourcefulness¹⁷.

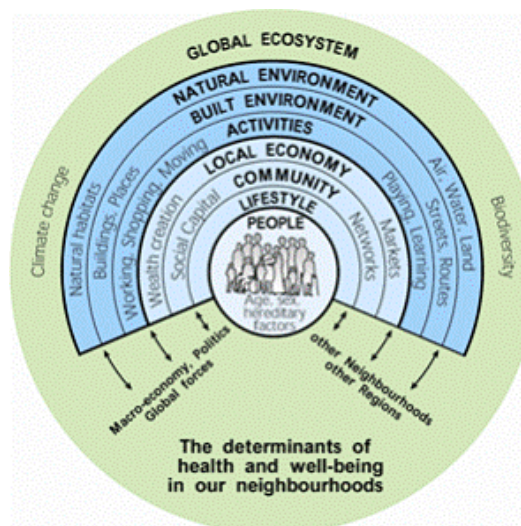
The causes of obesity

Our health and the lifestyle choices we make are influenced by a number of factors including:

- Our knowledge and skills
- Our own beliefs and assumptions
- Our level of social support from our families and our peers
- The access we have to healthy food and physical activity opportunities
- The media

Known collectively as the wider determinants of health, these factors can be modified. The influence that they have can be both positive and negative. The health map (Figure 2 below), developed by Barton and Grant¹⁸ shows the relationship between the different layers of influence on health.

Figure 2: Health map



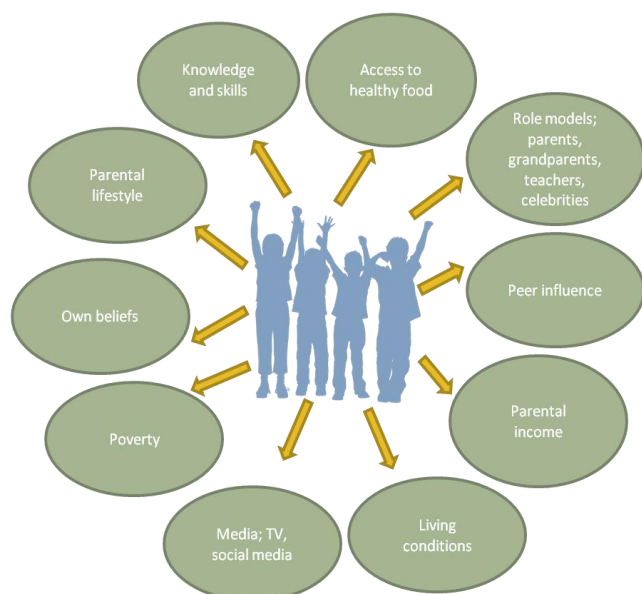
When a child is placed at the centre of the health map the role that parents and the wider family play in shaping the wider

determinants of health is crucial, especially during a child's early years.

Environmental factors play more of a role as an infant grows¹⁹. Initially this influence is largely from parents and wider family members but as they become older, both peer and wider social influence become important.

More recently the term 'obesogenic environments' has been used to describe the influence that environmental factors have on obesity¹⁹. As society has developed, the impact that this has had on behaviour has been harmful in terms of obesity. The widespread use of labour saving devices, greater car ownership and parental fears over allowing children to play freely outside have led adults and children to become more sedentary.

Figure 3: Factors affecting the development of obesity



Many of our children in Cwm Taf live in poverty; in Rhondda Cynon Taf over a quarter of our children and in Merthyr Tydfil almost a third²⁰. This brings both short and long term consequences for the health for our children. Disadvantaged children are more likely to experience health problems from birth and accumulate health risks as they grow²¹. Living on a low income is associated with:

- Poor maternal health
- Low birth weight
- Lower rates of breastfeeding
- Problems with nutrition such as iron deficiency anaemia
- Poor dental health

Over the longer term, this can lead to childhood obesity²¹.

Food poverty is also increasingly becoming a significant problem in Wales and in our communities, with huge implications for obesity. Food poverty is underpinned by factors including affordability, awareness, knowledge and skills to prepare healthy food at a low cost, as well as access/availability²⁰. The consequence is poor nutrition, resulting from a diet that is often reliant on energy dense high fat, sugar and salt foods and lacking in essential nutrients.

What we are doing to tackle childhood obesity in Cwm Taf

We recognise the scale of the problem here in Cwm Taf and that is why tackling childhood obesity is a priority for us.

The Single Integrated Plans (SIPs) developed for Rhondda Cynon Taf²² and Merthyr Tydfil²³ echo national priorities around tackling obesity, with early intervention a focus. The three tackling poverty programmes Families First, Flying Start and Communities First in both areas have also made obesity a priority.

Our focus is on improving the two main lifestyle factors that contribute to obesity, lack of regular physical activity and poor diet. To do this, we are supporting action in preschool settings, schools and in our communities.

As result children, young people and their families:

- Are more aware of the importance of eating healthily and being active
- Have improved access to healthy food and local physical activity opportunities
- Have developed their cooking skills
- Are being supported to make lifestyle changes

We need to continue and further this local action if we are to truly tackle childhood obesity and combat the consequences that face our children both now and as they grow older². We can only do this by working together.

In support of Barton and Grant's health map¹⁸, action at all layers is required. The environment in which Individuals make their choices needs to be supportive to enable behaviour change¹⁹.

To make a difference to current obesity trends, action needs to be taken:

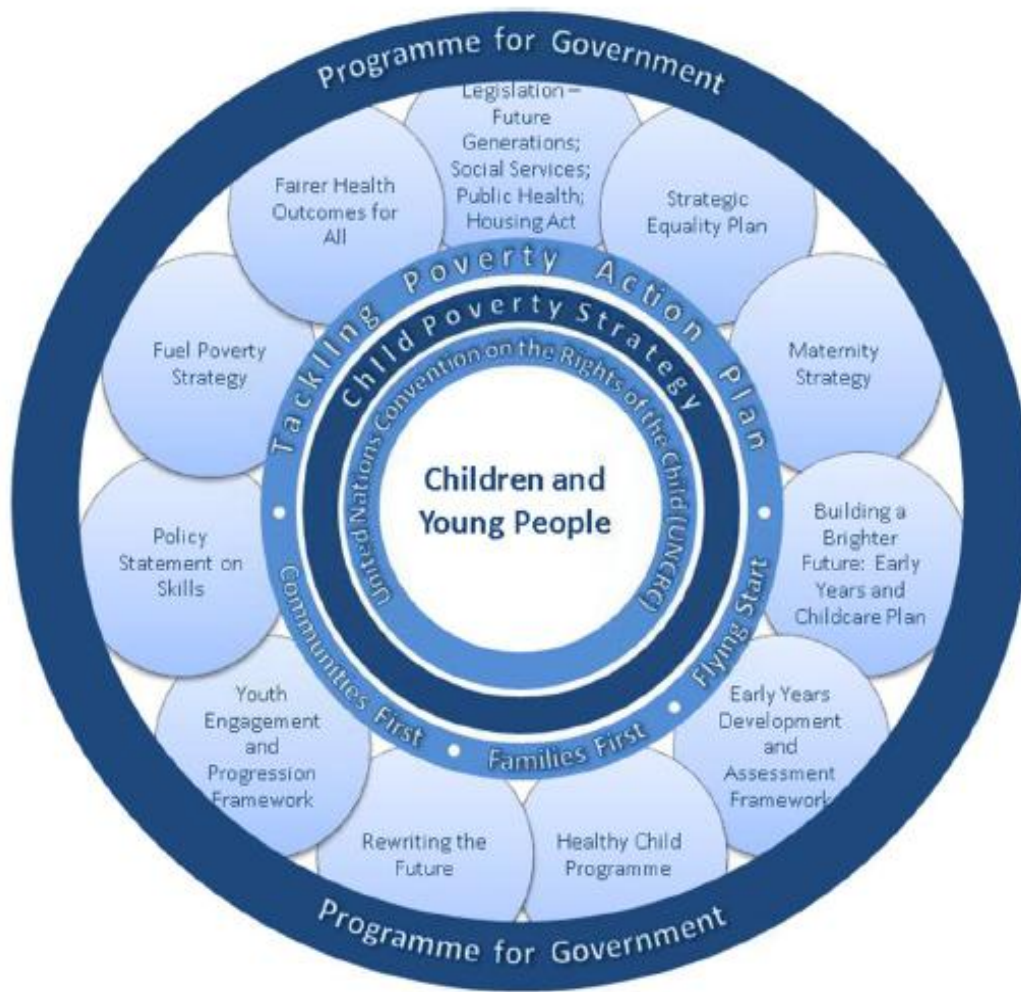
- At individual, community and national level
- Across the life course
- In a range of settings

The findings from recent research suggest that there are two critical points in childhood in which children are susceptible to weight gain and subsequently developing obesity²⁴:

1. *The early years* - Linked to parental behaviour, poor parental lifestyle habits especially that of the mother, being replicated by the child in the early years
2. *The growing child* - Independent of parental behaviour, occurring as the child grows and they gain more freedom to make their own food choices

It is important that we consider the numerous opportunities across the life course to influence behaviour as well as direct action to the identified critical points in childhood.

Figure 4: Opportunities to change the picture of childhood obesity



Source: Welsh Government (2011)

Figure 4 demonstrates the opportunities to change the picture of childhood obesity which are presented in the range of Welsh Government strategies, policies and plans focused on children and young people²⁰.

In particular, Welsh Government's Early Years and Childcare Plan²⁵ identifies children's health and wellbeing as a key area; supporting children to achieve and maintain a healthy weight is a priority for the early years.

There are recognised opportunities across the life course in which childhood obesity can be reduced. Foresight¹⁹ identifies a number of points where there may be specific opportunities to influence behaviour. The strongest evidence for long term benefit is thought to relate to breastfeeding and influence in the early years¹⁹.

Figure 5: Opportunities for intervention across the life course

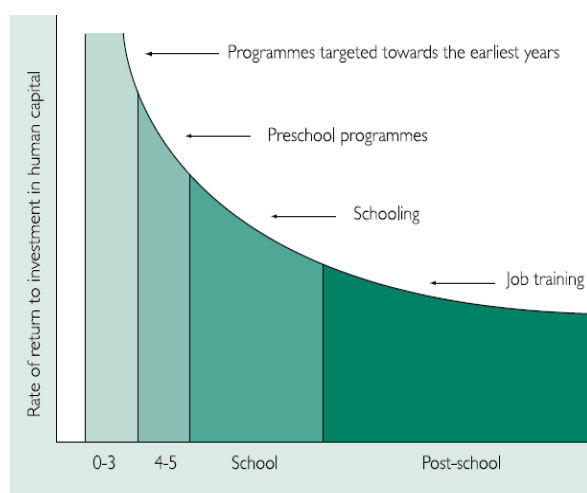
Age	Stage / Issue
	Preconception / In utero - Maternal nutrition programmes foetus
0-6 months	Post-natal - Breast vs bottle feeding
6-24 months	Weaning - Period of growth
2-5 years	Pre-school - Adiposity rebound (period of time in early childhood when the amount of fat in the body falls and then rises again)
5-11 years	First school - Development of physical skills, food preferences
11-16 years	Second school - Development of independent behaviours
16-20 years	Leaving home - Exposure to alternative cultures, behaviours, lifestyle patterns
16+ years	Increasing health awareness – Prompting development of new behaviours
16-40 years	Pregnancy – Maternal nutrition
16-40 years	Parenting - Development of new behaviours associated with child rearing
45-55 years	Menopause – Biological changes, increase in health importance
60+ years	Ageing – Lifestyle change prompted by change in work life balance, ill health

As the graph shows, action in the early years can bring cost effective benefits²⁴ by:

- Improving immediate and future health outcomes
- Reducing the impact on health, social care and welfare costs

The earlier in a child's life that investment is made, the greater the economic return.

Figure 6: Rate of return on investment in the early years



Source: Adapted from Heckman and Tremblay (2006)

Taking a prudent approach

In taking further action to tackle childhood obesity in Cwm Taf, it is vital that we do this in the most prudent way possible.

The underlying principles of prudent health care²⁶ are to:

- Minimise avoidable harm
- Carry out the minimum appropriate intervention
- Promote equity between providers and users of a service

The most effective investment to achieve prudent healthcare is likely to occur within the early years²⁷ with benefits resulting from early intervention potentially extending throughout the life course.

In terms of childhood obesity, this means prioritising investment for interventions that:

- Address maternal obesity
- Encourage and support breastfeeding
- Promote healthy eating and exercise for children



Chapter two: The data story

In this chapter:

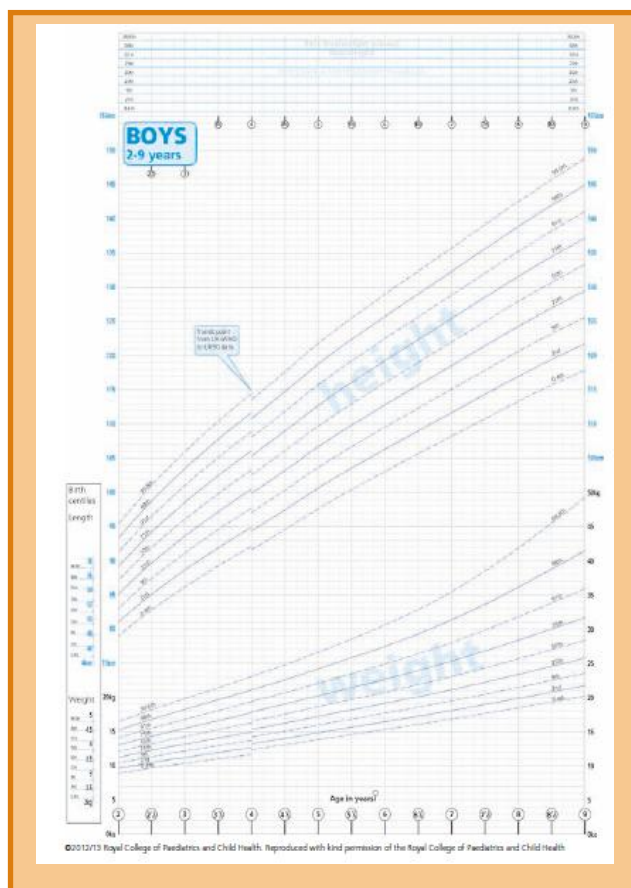
- What is a healthy weight for children?
- The Child Measurement Programme for Wales
- What proportion of children are obese and not just overweight?
- The Child Measurement Programme for Wales: Year 4 Pilot
- Obesity and deprivation
- Health behaviours – children
- Health behaviours – adults
- Maternal health
- The data story

Chapter 2: The data story

What is a healthy weight for children?

Body mass index (BMI) is used to assess whether a child is a healthy weight. It is calculated using a child's height and weight, and the result plotted onto a child growth reference chart²⁸.

Figure 7: Sample Growth Reference Chart)



Plotting a child's BMI against this chart identifies their growth centile. The following weight categories are used to assess a child's weight on an individual level²⁹.

Underweight	Less than but not including 2nd centile
Healthy weight	2nd centile up to but not including 85th centile
Overweight but not obese	85th centile up to and not including 95th centile
Obese	95th centile and above

The Child Measurement Programme for Wales

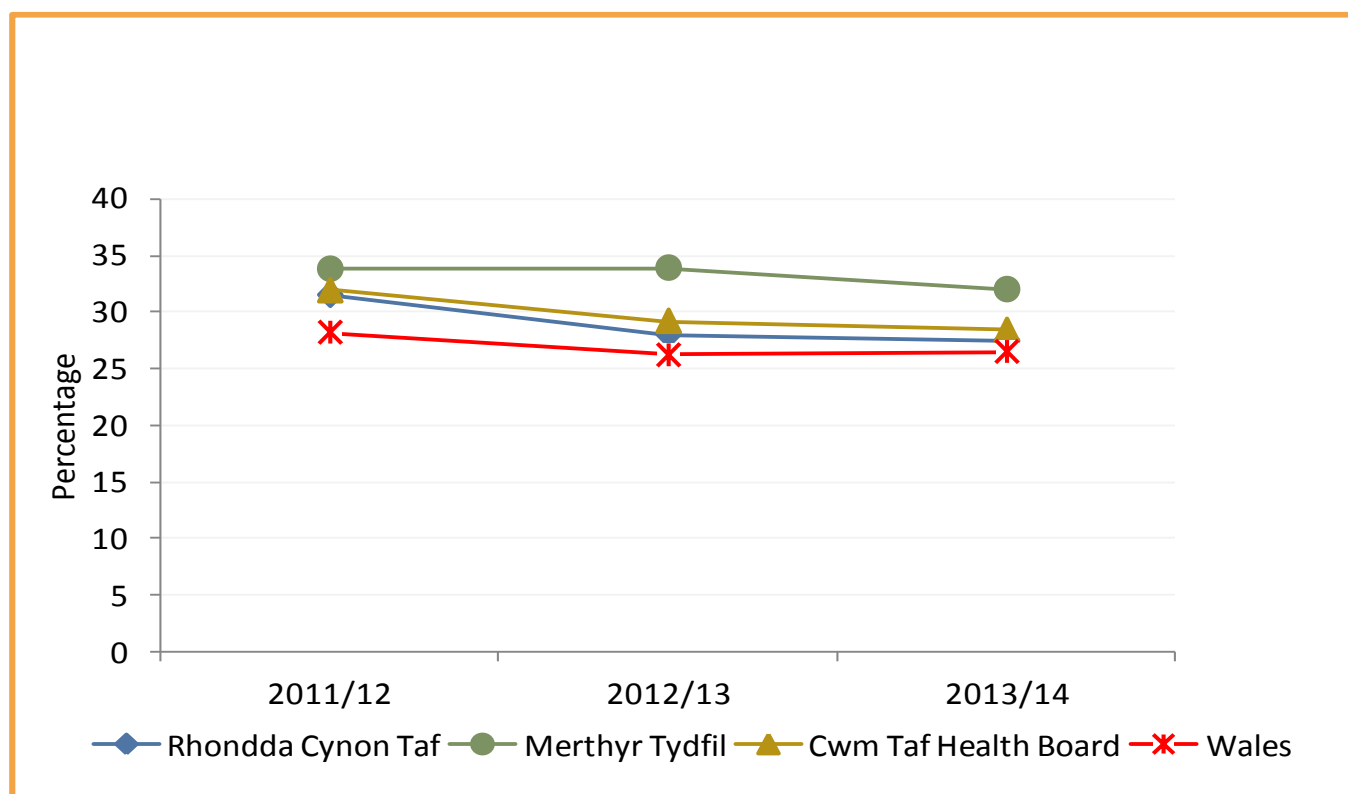
The Child Measurement Programme (CMP) for Wales was established in 2011/2012. As a surveillance programme, it aims to give an accurate picture of the growth of children in Wales. School nursing teams in each area measure and weigh every child in reception class unless parents have opted their child out of the programme.



In Cwm Taf, results from the latest CMP report show that, although 71.1% of 4/5 year olds are a healthy weight, 28.4% are overweight or obese. This is the highest proportion of overweight and obese 4/5 year olds in Wales. In Rhondda Cynon Taf, 27.5% of 4/5 year old children are overweight or obese and 32% in Merthyr Tydfil⁴.

Figure 8: Percentage of children aged 4/5 who are overweight or obese, 2011/12-2013/14

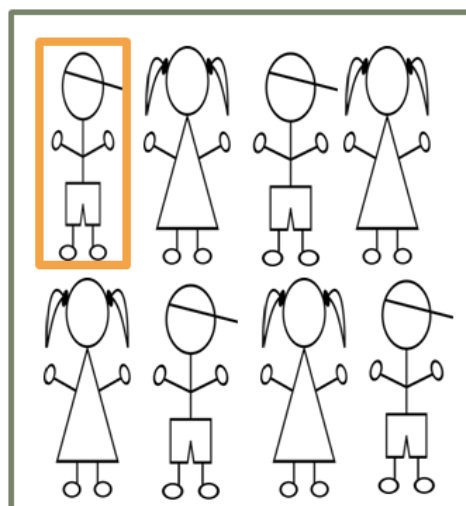
Produced by Cwm Taf Public Health Team using CMP data



Since 2011 there has been a reduction in overweight and obese 4/5 year old children in Cwm Taf. Although this is positive, there have only been three CMP reports so far and more data is needed before this can be considered a true downward trend.

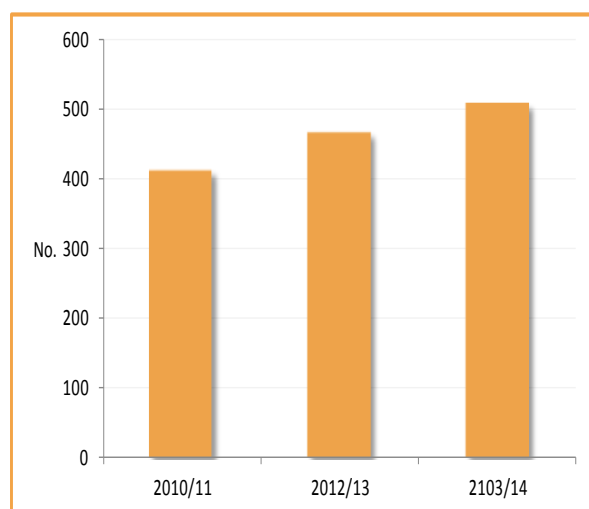
What does obesity in children look like in Cwm Taf?

One in eight 4/5 year olds living in our area is obese. This raises concerns for their future health.



One example of this is Type 2 diabetes. This condition usually seen in adults, was diagnosed for the first time in a child in the UK in 2000³⁰. It is linked with overweight and obesity, and in recent years numbers have risen.

Figure 9: Paediatric Type 2 Diabetes registrations (aged under 25), England and Wales, 2010/11-2013/14



Source: National Paediatric Diabetes Audits

The Child Measurement Programme: Year 4 pilot

The National Child Measurement Programme in England was established in 2006 and measures children in reception year and year 6. In Wales, a pilot study undertaken in 2012/2013 made recommendations to Welsh Government that the programme should be extended to include year 4 (age 8/9) children. A final decision on whether this will be implemented in Wales has not yet been taken.

However, because the year 4 pilot was undertaken in Cwm Taf, this uniquely

gives us information about child growth in a second cohort of our children. The findings confirmed that the prevalence of childhood obesity increases with age³¹.

Child Measurement Programme (2012/2013) Cwm Taf	Percentage obese
Reception (age 4/5)	13.9
Year 4 (age 8/9)	20.4

Drawing on additional information from a previous study³², the year 4 report found that:

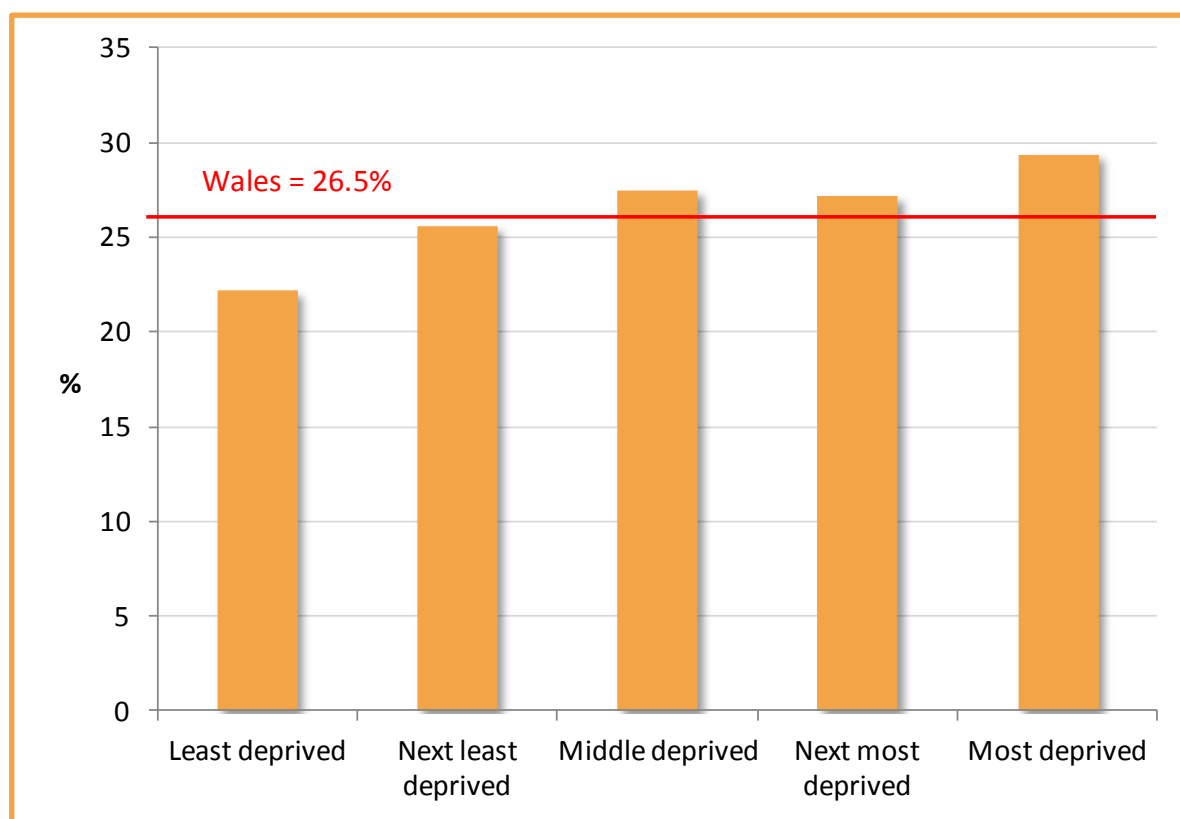
- The majority of children who were a healthy weight in reception were still a healthy weight in year 4
- 82% of children who were obese in reception remained obese in year 4 but,
- 42% of children who were either a healthy weight or overweight in reception became obese by year 4

This data can be used support local public health initiatives and inform the local planning and delivery of services for children.

Obesity and deprivation

There is a strong relationship between levels of obesity and deprivation. The prevalence of overweight and obesity in all children is significantly higher in the most deprived areas of Wales compared to the least. This is particularly relevant to Cwm Taf.

Figure 10: Proportion of children who are overweight or obese, Welsh Index of Multiple Deprivation Quintiles

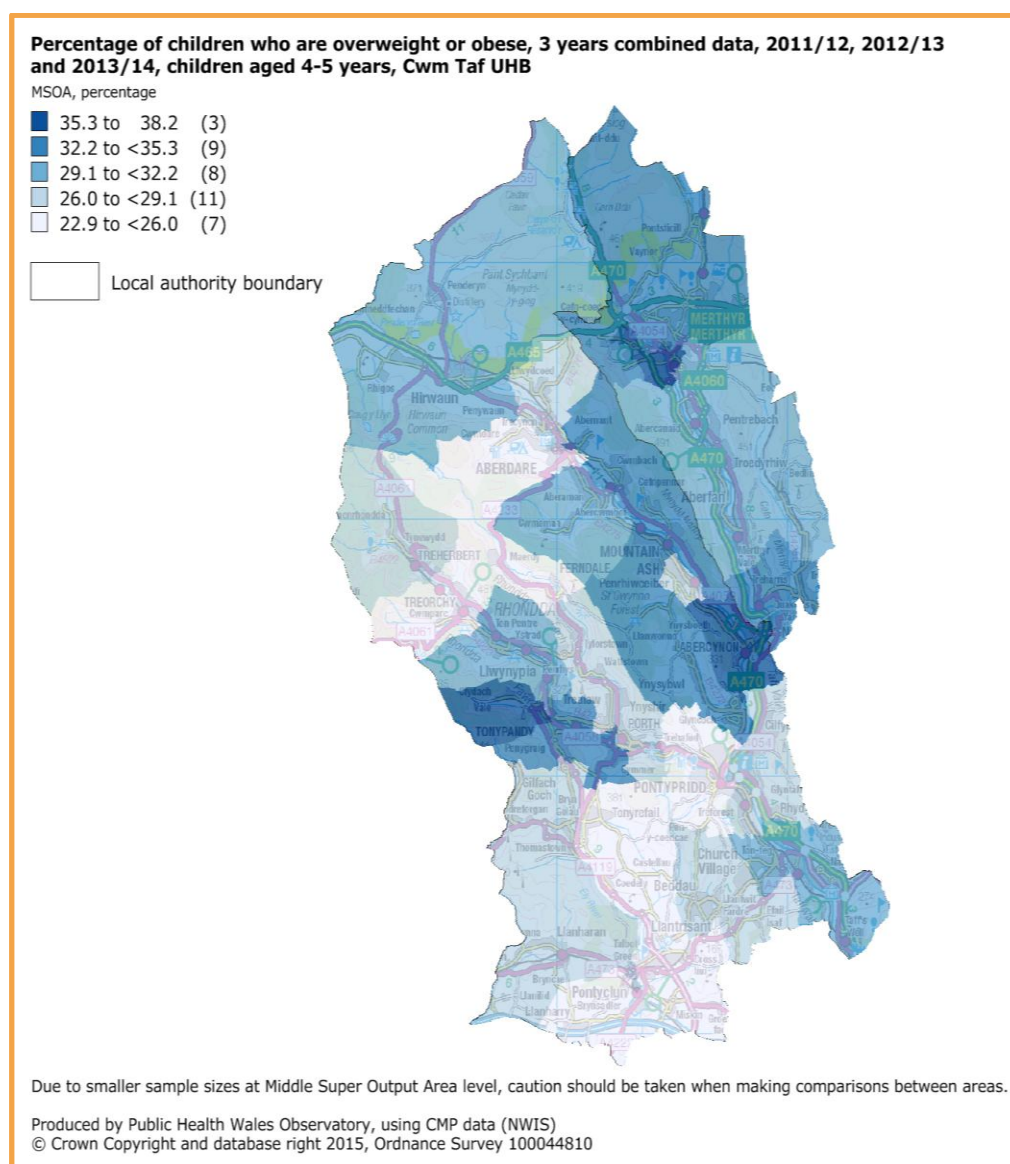


Produced by Public Health Wales Observatory using CMP data (NWIS) and WIMD 2014 (WG)

The CMP provides data at local authority level. The latest report also combined data from all three years of the programme so far to identify overweight and obesity at smaller area level.

Figure 11 shows the percentage of children who are overweight or obese in Cwm Taf; the darker areas of the map indicate the areas with the greatest percentage of children that are overweight or obese. This should be a useful tool to help with planning and targeting interventions.

Figure 11: Distribution of overweight and obesity in Cwm Taf



Source: Public Health Wales Observatory

Health behaviours – children

Eating breakfast, fruit and vegetables daily and being physically active help prevent children becoming overweight or obese. Conversely, consuming foods high in sugar and fat such as, soft drinks, chips, pizza and confectionary, and being inactive for long periods through watching TV or using computers/digital devices are detrimental to weight control.

The Health Behaviour of School Children Welsh Survey 2009/2010³³ is a self-reported survey of 11-16 year olds and provides insights into the lifestyles of children and young people.

Health Behaviours : Children	Cwm Taf (%)	Wales (%)
Eating breakfast on weekdays	56	56
Eating fruit daily	28	31
Eating vegetables daily	23	31
Consuming sugary soft drinks daily	30	26
Eating sweets daily	24	25
Being physically active at least 5 days a week	41	44
Watching TV 2+ hours a day	72	69
Computer use 2+ hours a day	61	56

Source: HBSC 2009/10

Children in Cwm Taf consume less fruit and vegetables than the Welsh average, are less physically active and also engage in more sedentary behaviours.

Health behaviours – adults

The health behaviours of adults in our area are also of concern. Latest results from the Welsh Health Survey³⁴ show that just over a quarter of adults in Cwm Taf are meeting recommendations for fruit and vegetables consumption and physical activity.

Health Behaviours : Adults	Cwm Taf (%)	Wales (%)
Eating five or more portions of fruit and vegetables	28	33
Being physically active at least 5 days a week	27	30

Source: Welsh Health Survey 2013/14

The poor health behaviours are reflective of the levels of adult overweight and obesity in our area. The Welsh Health Survey 2013/2014 showed that 27% of adults in Cwm Taf are obese, compared with a Welsh average of 22%.

Maternal Health

When a woman becomes pregnant, her health and lifestyle have a major influence on her unborn baby. Research suggests that adult health and inequalities can be influenced by the environment in the womb³⁵. Other studies have shown that maternal obesity and weight gain during pregnancy are related to higher BMI in childhood and subsequent obesity in adulthood^{36,37}.

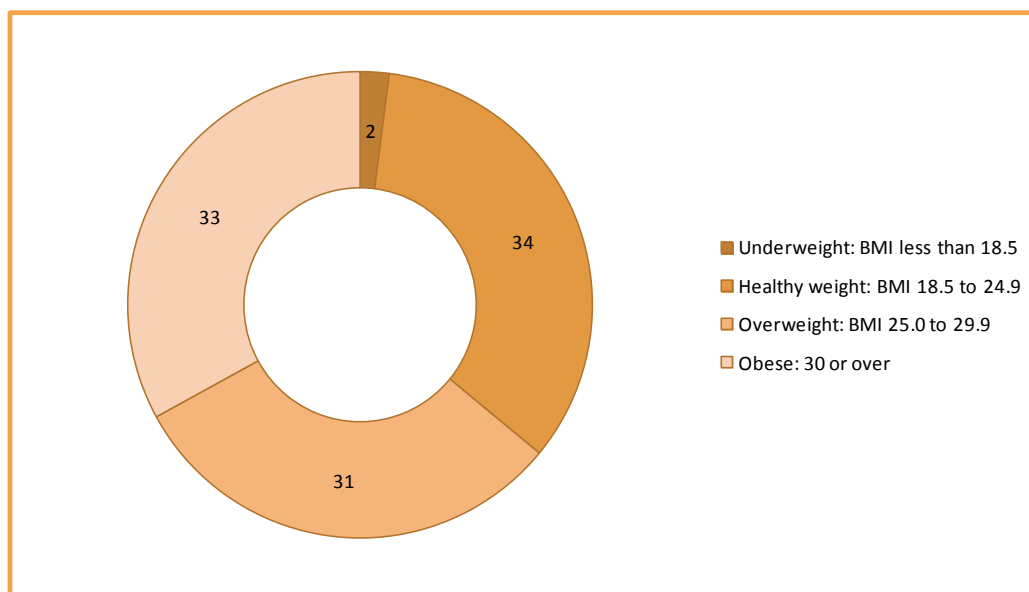
Body Mass Index (BMI) provides the most useful population measure of overweight and obesity in adults. BMI is defined as a person's weight in kilograms divided by the square of their height in metres (kg/m²).

Figure 12: Classification of weight in adults

Classification	BMI (Kg/m2)
Underweight	Less than 18.5
Healthy weight	18.5 to 24.9
Overweight	25.0 to 29.9
Obese	30 or over

Local data from our Maternity Information Technology System (MITS) shows that a third of pregnant women in Cwm Taf are obese at their booking appointment.

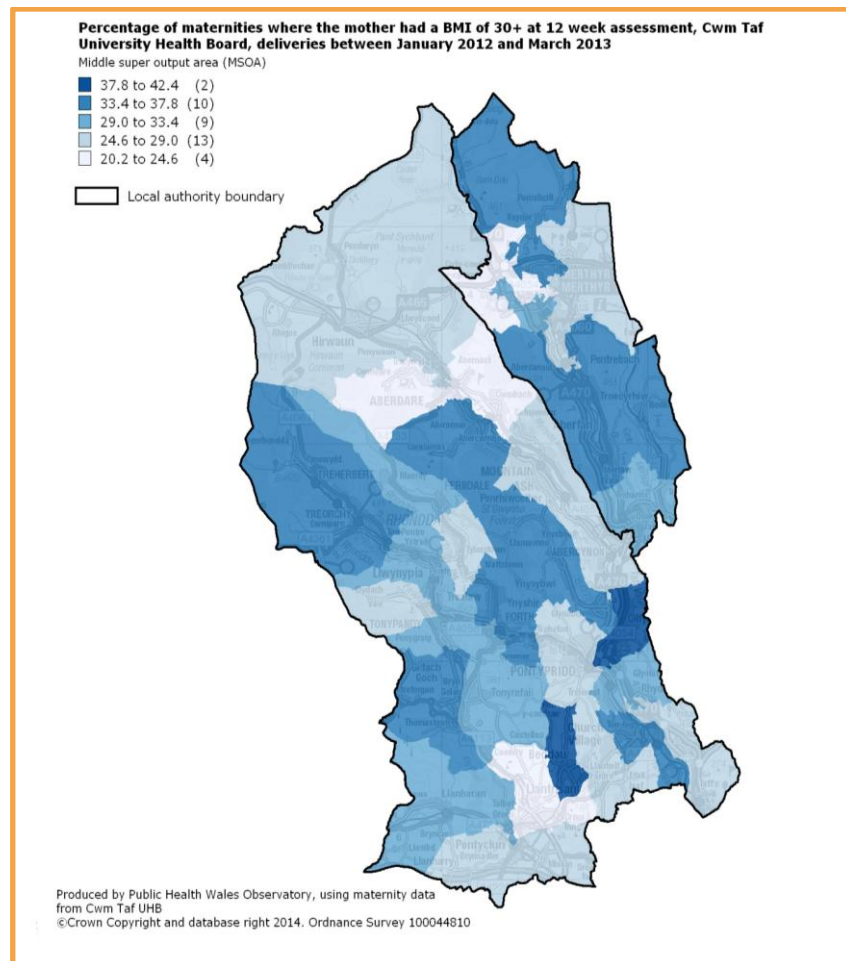
Figure 13: Maternal BMI at booking (when recorded), percentage of women by weight category (2014)



Source: Cwm Taf UHB MITS

Small area analysis of our maternal obesity data shows that the areas with the highest percentage of obesity reflect the areas of deprivation in Cwm Taf, as shown in Figure 14.

Figure 14: Distribution of maternal obesity



Source: Public Health Wales Observatory

It is not advisable for women to diet during pregnancy as this may harm the unborn child. Instead women should eat a healthy balanced diet and be physically active⁸.

Currently there are no guidelines from the UK government or professional bodies regarding the appropriate weight gain during pregnancy⁸. However, the Institute of Medicine in the USA recommends that women, who have a pre-pregnancy BMI of 30 or more, should only gain between 5-9 kilograms during their pregnancy. This is based on findings which showed that obese women who managed their weight gain in pregnancy within these limits had improved outcomes³⁸.

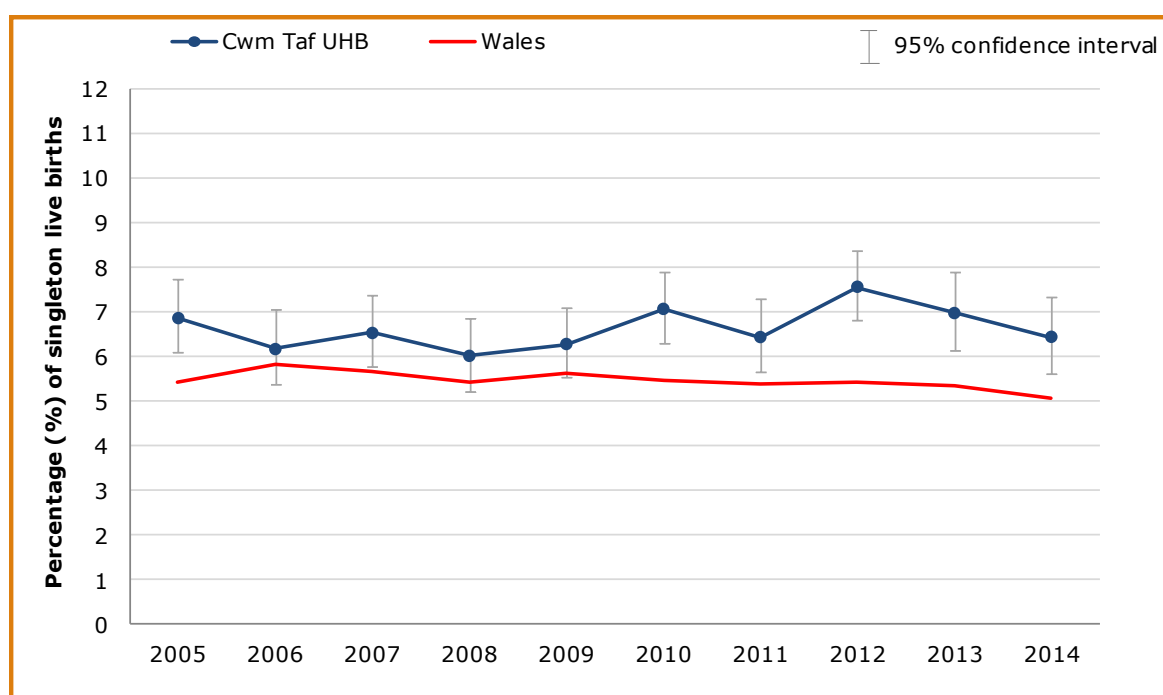
Low Birth Weight (LBW)

Birth weight is an important determinant of future health. Low birth weight (LBW) is defined by the World Health Organisation as less than 2,500 grams³⁹. Babies born weighing less than 2,500g are at risk of problems with: growth, cognitive development and the onset of chronic conditions in later life⁴⁰. LBW is also considered a key predictor of health inequalities. Cwm Taf has the highest percentage of LBW babies in Wales.

In Cwm Taf local data has demonstrated links between low birth weight babies and mothers who were overweight and obese during pregnancy⁹. The main evidence based actions to reduce LBW are reducing smoking in pregnancy, improving nutrition and limiting weight gain.

Figure 15: Percentage of singleton live births with a low birth weight (less than 2500g), Cwm Taf UHB and Wales, 2004-2013

Produced by Public Health Wales Observatory using NCCHD (NWIS)



Breastfeeding

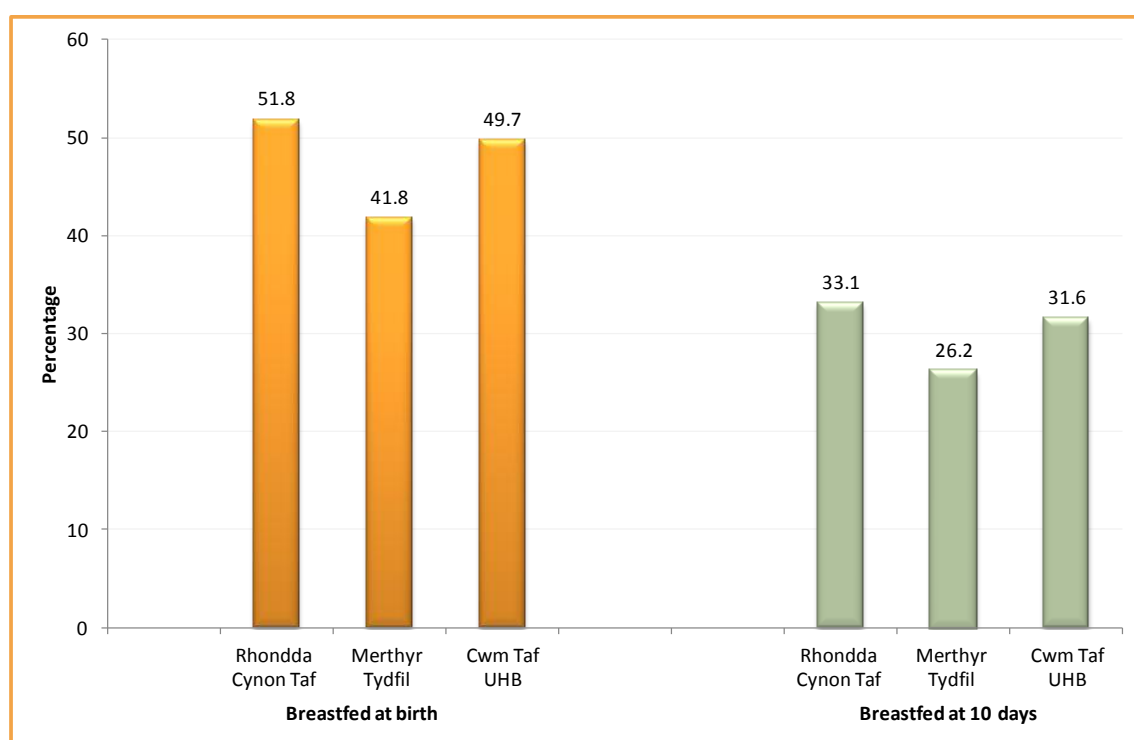
Due to the multiple health benefits associated with breastfeeding, the World Health Organisation recommends exclusive breastfeeding up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond⁴¹. In addition, several studies have indicated that breastfeeding is a significant protective factor against obesity in children^{42,43,44}.

Mothers in Cwm Taf have the lowest uptake of breastfeeding compared with mothers in other health boards in Wales. Latest figures show that only half of our mothers start to breastfeed, and this falls significantly in the days and weeks following birth.

This is of particular concern in Merthyr Tydfil, where only a quarter of babies are still being breastfed at 10 days.

Figure 16: Babies breastfed at birth and 10 days (where recorded) percentage, Cwm Taf UHB, local authorities, 2014

Produced by Public Health Wales Observatory, using NCCHD (NWIS)



The data story

The story the data tells about child and family obesity in Cwm Taf makes for uncomfortable reading. However, data provides the vital evidence which underpins the next part of the story – the development of actions to tackle the problem.

Chapter three: Our stories

In this chapter:

- The difference that work in our communities is making
- The challenges that remain

Chapter three: Our Stories





In this chapter, we share the good work that is going on across our communities to tackle obesity.

We celebrate the action that is occurring across the life course to:

- Support our pregnant women to maintain a healthy lifestyle throughout pregnancy
- Encourage breastfeeding
- Teach our children about the importance of healthy eating and physical activity
- Support our staff in educational settings to take action
- Increase opportunities for physical activity for our young people
- Engage families in practical cookery
- Support families to lead a healthy lifestyle

Told from the perspective of all those involved, each story shares the positive difference that has been made, as well as acknowledging some of the challenges that remain.



	Preparing for Baby A structured eight week rolling antenatal programme for pregnant women delivered in partnership with Communities First North Merthyr Cluster, the Flying Start Community Midwife and Health Visitors.
	Bump Start A specialist antenatal service to help women in Rhondda Cynon Taf with a BMI of ≥ 35 to manage their weight during pregnancy.
	The role of the Health Visitor Health Visitors support parents and families of pre-school children promoting infant, maternal and family health.
	Merthyr Babies: The Best Start A social marketing project which gained insight into what would help to encourage and enable women In Merthyr Tydfil to consider, start and continue with breastfeeding.
	Healthy and Sustainable Pre School Scheme A national scheme delivered locally by Cwm Taf Public Health Team providing pre-school settings and their communities with support, guidance and a structured framework for setting based health improvement.
	Community Food and Nutrition Skills for the Early Years Part of the national Nutrition Skills for Life programme and delivered locally by Public Health Dietitians to provide staff that work with infants and children under 5 with accredited nutrition training.
	The role of the School Health Nurse School Health Nurses work closely with primary and secondary schools to support health promotion and health education in school settings. They are responsible locally for taking forward the Child Measurement Programme.
	Healthy Schools Scheme A national scheme, delivered locally by Cwm Taf Public Health Team providing schools and their communities with support, guidance and a structured framework for settings based health improvement.
	Pontypridd High School: Fitness Pilot A school based project that has increased physical activity opportunities for pupils and, alongside academic reporting, made routinely collected fitness data available to pupils and parents on a termly basis
	Food, Fitness, Fun for Families A multi-component 15-week pilot family project delivered in partnership with the Upper Cynon Communities First Cluster, Families First, Aberdare Community School and Public Health Dietitians
	Engaging families in weight management programmes A study looking into the needs of local families in Rhondda Cynon Taf and Merthyr Tydfil in relation to targeted child and family weight management programmes that fully engages families.



Preparing for baby

The *Preparing for Baby Project* is a structured eight week antenatal rolling programme for pregnant women. It is delivered jointly by Communities First North Cluster, the Flying Start Community Midwife and Health Visitors in Merthyr Tydfil.

The programme is available to women from Flying Start areas who are 24+ weeks pregnant and covers:

- Stages of labour, pain relief, safe sleeping
- Healthy weight gain in pregnancy
- Healthy eating, what foods to avoid during pregnancy
- Practical ways to stay active during pregnancy
- Promotion of Healthy Start vitamins
- Breastfeeding, demonstrations to help with positions and attachment, hand expression and overcoming common breastfeeding problems.
- Other health promotion topics such as smoking and alcohol
- Paediatric first aid
- Signposting to post natal classes e.g. baby massage and baby splash



Click [here](#) to view the film

“One of the most important parts of the programme is when mums that have been part of the group come back with babies and talk quite honestly and frankly about how it was for them”

Communities First Cluster Manager

“There is a lot of conflicting advice out there with regards to diet and exercise ...but I think when women hear it from a midwife they kind of trust us a bit”

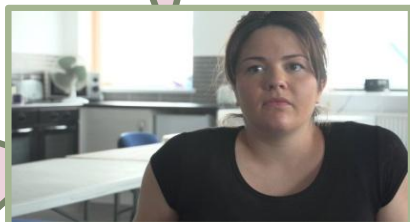
Flying Start Midwife

Difference the project has made:

- Pregnant women have a better understanding of health in pregnancy
- Pregnant women have improved knowledge of healthy eating and physical activity during pregnancy
- Positive lifestyle changes have been made
- Women are better equipped to make informed choices about breastfeeding
- Group support - women have made friends during the programme and continue to meet after the programme has finished

"My partner is quite healthy and fit so he has been quite supportive"

"I'm just trying to keep a little bit more active really because... the less active you are the less active you become so I'm just trying to keep mobile keep moving"



"I've really enjoyed coming here meeting other women who are also pregnant and in the same situation"

"I'm lucky enough to have a husband who is very supportive and does a lot of the cooking and food provision in the house so that does help an awful lot"



"In my second trimester I came back into exercise and found it very beneficial... Although it is hard to expend the energy to do it, it is a very useful thing to exercise because of managing labour"

"I attended a healthy eating session that was run here with Carolyn the Midwife and she advised us on what vitamins and minerals we need to be taking in. ... That was a really good session and I did make some changes after that"

Challenges:

- Managing tiredness in pregnancy
- Lack of local physical activity opportunities for pregnant women and poor promotion
- Access, availability and cost of fruit and vegetables in local shops
- Perceptions of what is a safe level of physical activity for pregnant women
- Effective communication – promotion of local projects and programmes that support pregnant women
- Poor knowledge of healthy weight gain in pregnancy
- Engaging young pregnant women
- Conflicting messages

"There needs to be better promotion of exercise designed for pregnant women"

"Where it's going wrong maybe is the whole PR.... They don't seem to promote or advertise much really"

Pregnant woman

"For people who don't drive or perhaps money is more scarce and they are relying on a corner shop or convenience store then fruit and vegetables tend to not feature so heavily in those kind of shops"

Pregnant woman

"[Pregnant women] Not having enough knowledge of what type of activities are good for them and what is safe and where they can go for that type of exercise"

Communities First Cluster Manager

"When I discuss what is a healthy weight to gain in pregnancy, I'm quite surprised by the women who tell me 'well I've already gained 2 stone or 3 stone' at around 28 weeks"

Flying Start Midwife

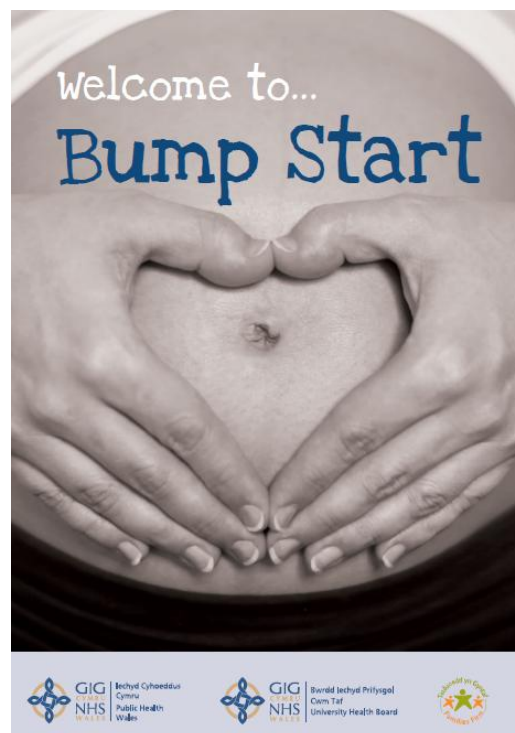


Bump Start

Maternal obesity and weight gain during pregnancy are related to a number of poor health outcomes for both mother and child.

Funded by Families First, *Bump Start* is a specialised antenatal service to help women in Rhondda Cynon Taf with a BMI of 35 or over to manage their weight during pregnancy. This is an evidence based programme, developed in line with NICE guidance⁸.

Women are offered support, nutritional advice and a programme to support behaviour change. The aim is to monitor and limit weight gain in pregnancy to optimise the outcome of a healthy birth weight baby.



As part of their routine antenatal care, referred women are seen by the Public Health Midwife and Dietitian at approximately 16, 24, and 36 weeks during pregnancy. Typical discussions with women across the three appointments include:

- The risks associated with being obese at the start, or gaining too much weight during pregnancy
- The importance of a healthy balanced diet in pregnancy, including food safety
- Meal planning, healthy cooking and food preparation
- Practical ways to increase fruit and vegetable intake
- Limiting salt and caffeine intake
- Alcohol in pregnancy
- Vitamin requirements for pregnant women
- Encouraging a healthy diet for the whole family
- Underlying medical issues
- The benefits of physical activity
- The importance of breastfeeding
- Signposting to parent craft classes

Difference the project is making:

- From January – June 2015, 144 women took up the Bump Start service – 93% of those referred
- The service has helped to empower women to make informed choices about their diet and lifestyle in pregnancy
- In many instances, goals have been agreed to 'do more' – eat more fruit/vegetables, more fluids, more physical activity
- Dedicated time is now given to pregnant women to provide additional advice and support that isn't possible due to time constraints in community midwifery
- Thorough data collection measures built in to this project will inform future development

"A significant amount of time and effort was placed in the development stage of the project to allow greater understanding of local needs and priorities. This has enabled a robust service to be established"

Commissioning Manager Families First, RCT

"I wish there had been a service such as Bump Start when I had my first baby"

"I am going to shop healthier and get my partner involved with healthy eating and activity"

Pregnant women have told us.....

"It's really nice to have more time to chat with someone about my diet and exercise"

"Having this service has helped me to think about being as healthy as possible during my pregnancy"

Challenges:

- Ensuring that pregnant women are given consistent messages throughout their pregnancy
- Building rapport and breaking down barriers at initial consultation can be challenging
- The influence of wider family and friends
- Overcoming financial barriers to healthy eating for pregnant women
- The women's confidence about cooking and preparing healthy meals
- High caffeine intake amongst pregnant women, for example, from fizzy drinks .
- Securing long term funding for continuation of the current service and including expansion to Merthyr Tydfil



The role of the Health Visitor

Health Visitors support parents and families of pre-school children promoting infant, maternal and family health.

Health Visitors:

- Assess the needs of infants and young children
- Promote and undertake the immunisation and child health programmes
- Undertake developmental checks to assess a child's growth, health and development
- Contribute to safeguarding the health and welfare of young children
- Work closely with families and young children from at-risk or deprived groups
- Signpost families to local support services

In addition, throughout their role Health Visitors provide health promotion advice and support in relation to:

- Breastfeeding
- Appropriate weaning practices
- Promoting physical activity from a young age



Click [here](#) to view film

"We are going away from weighing babies constantly so it's not just about the baby getting fatter and fatter, it's actually about natural healthy growth development"

"Health Visitors have got a privileged role, and new mothers are very receptive, they want the best for their babies and that's an ideal opportunity for us to give good, healthy advice"



"We like to engage the families because without particularly the fathers support, breastfeeding can often fail... Grandmothers can be a big influence"

"We talk to mums very early on about weaning, because there is a culture of early weaning in this area"

Challenges:

- Grandparent/partner perceptions and influence
- Media and advertising pressures
- Misleading and confusing messages for families
- Culture of wanting to weigh babies constantly
- Families understanding of foods that are good food for them
- Families affordability to enable healthy choices to be made

"I think families have got huge pressures on them from the media, they are bombarded with convenience foods, advertising"

"They (families) have got influence locally, people want them to do what they did"

"It's really difficult for families to untangle what's good for them, what's cheap for them and it's a bit of a balancing act really"



Merthyr Babies: The Best Start

This social marketing initiative captured people's attitudes, motivators, influences and barriers to choosing, starting and maintaining breastfeeding. It did this by filming interviews with:

- Expectant/new mothers
- Influencers – partners, wider family members
- Wider community, businesses

It questioned what could be done to overcome the barriers and motivate and support mothers to breastfeed in Merthyr Tydfil. These insights built a picture of 'the real story' of breastfeeding in the local community.

A follow-up workshop considered the changes needed to give more Merthyr babies the best start by creating a breastfeeding friendly environment in Merthyr Tydfil where:

Expectant mothers intend to breastfeed and are aware of how, where and what support they can get.

Children and young people are aware of, have seen and understand the benefits of breastfeeding, feel comfortable around breastfeeding mothers and think it's normal.

The community feels comfortable around breastfeeding mothers and supports their choice.

Influencers:

- **Mothers own mothers and partners** understand the benefits of breastfeeding, commit to support the choice to breastfeed.
- **Health professionals** give evidence based information on breastfeeding at an early stage and throughout pregnancy.



Click [here](#) to view the film



Difference the project has made:

- The film *Breastfeeding in Merthyr Tydfil – The real story* is being used in the training programme for midwives and health visitors.
- The filming and subsequent workshop raised awareness of breastfeeding and identified and motivated health professionals, peer supporters and community members to become involved in the development of future work.
- A community campaign, *Merthyr Babies: The Best Start*, has been developed. Using the insights gained, campaign materials have been co-produced with pregnant women, breastfeeding mothers, midwives and health visitors.

Positive insights

- Bonding with the baby
- The value of peer support
- Community support for breastfeeding

"I fancy it's beautiful to see a mother feeding her baby"

Grandmother

"This is me giving my best to my baby"

Pregnant woman

"I really wanted that bond with the baby"

Mam

"It starts with us!"

Mam

"We're a very family orientated community"

Business owner

"We need to change people's views on it" (breastfeeding in public)

Dad

"I didn't know up till today that it was much better to breastfeed"

Young man

"To have confidence... Once you get that confidence, you'd be able to do it"

Mam

"I bottle fed both of mine because my mother pushed me that way"

Mam

Challenges:

- Lack of awareness/ visibility of breastfeeding mothers in the community
- Lack of information on breastfeeding and where to get it from/ conflicting information
- Lack of confidence in new mothers, particularly in relation to breastfeeding in public
- Negative influences/ pressure to bottle feed



Healthy and Sustainable Preschool Scheme

The Healthy and Sustainable Preschool Scheme (HSPSS) is a national scheme delivered locally by Cwm Taf Public Health Team. It provides preschool settings and their communities with support, guidance and a structured framework for setting based health improvement.

To ensure a whole setting approach the following aspects are addressed; Leadership and Communication including policy development and training, Planning and Delivery linked to the Foundation Phase Curriculum, Ethos and Environment as well as Family and Community involvement.

The scheme focuses on a number of key topics including nutrition, oral health and active play and aims to improve health outcomes for young children. Participation in the scheme has led settings to:

- Develop nutrition and physical activity policies
- Participate in nutrition training
- Implement lunch and snack menus that comply with the Welsh Government Food and Health Guidelines for Early Years settings

“It’s definitely easier at the younger age to get them into those good eating habits and healthy lifestyle habits as well.. Also if they see their peers, their little friends in nursery, they all do it together, they all follow”

Healthy and Sustainable Pre School
Practitioner



Click [here](#) to view the film

Difference the has scheme made:

- Currently of the 55 preschool settings enrolled on the scheme, 18 settings have completed a whole setting approach to nutrition, oral health, physical activity and active play
- Improved menus - more nutritionally balanced
- Fewer processed foods
- Children drinking water instead of sugary drinks
- Children trying new foods and influencing tastes
- Improved children’s behaviour – calmer settings
- Improved confidence and self esteem amongst children
- Positive changes to birthday celebrations
- Greater parental awareness



"Perhaps looking at... the way we practice as well there may have been more convenience food on our menus whereas now, there are fresh foods on our menu."

"The feedback has been quite positive. We did ...anticipate some negative feedbackaround the birthday celebrations, but once we explained to them (parents) there have never been any major issues"

"The big difference I would say is the menus, the actual eating environment within the settings, staff commitment to training and just the change in the general lifestyle and ethos of the setting... There are positive messages throughout the setting"



"From the training that's been offered I would say its given them more confidence to talk to the parents about nutrition"



Challenges:

- Only a small number of the 600+ settings can receive support due to the limited resources available
- Expectations and demands placed on pre school settings
- Competing priorities within settings
- Budget constraints for settings
- Time constraint for coordinators in settings
- Getting all staff members on board
- Influencing staff habits and preferences
- Lack of continuity within settings due to staff changes
- Influencing parents attitudes
- Influencing already established tastes, preferences and habits amongst children
- Societal influences - advances in technology impacting on young children's physical capabilities

"Children (today), they are not able to catch a ball, throw a ball, ride a bike"

Managing Director, Trinity Child and Family Centre

"Its perhaps difficult to change the children's tastes, and sometimes parents are reluctant to do that because they may have done that with other children, so its about trying to change the parents attitudes in nice ways, so give positive messages... So that they will embrace it in a positive way and they don't see it as a negative message then"

Childcare Manager

"We have always had an issue parents coming in with bottles of coke or bottles of pop or juice, so we have discouraged those. Parents are more aware of our menus and what we are encouraging "

Managing Director, Trinity Child and Family Centre

"From a settings point of view, I think one of the big challenges is budget. Sometimes they do find it difficult on a budget to plan a menu"

Healthy and Sustainable Pre School Practitioner



Community Food and Nutrition Skills for the Early Years

The *Community Food and Nutrition Skills Training for the Early Years* is part of the national NUTRITION SKILLS FOR LIFE™ programme that is delivered locally by Public Health Dietitians. The training provides anyone in Cwm Taf working with children under the age of 5 and their families, with accredited nutrition training.

By training those who work closely with and understand the needs of children under 5, the Public Health Dietetic team aim to equip participants with the knowledge, skills and confidence to incorporate key nutrition messages for the early years into all areas of their work.

By underpinning the role of key staff in early years settings the training:

- Supports the development of healthier eating environments for young children
- Improves access to nutritious foods
- Raises the profile of nutrition within settings as well as amongst children and their families
- Supports nurseries and childcare settings working towards the Healthy and Sustainable Pre School Scheme
- Improve outcomes in relation to childhood nutrition and health as a result of changes that are made in settings following training

In addition to the training programme, the Public Health Dietetic team also provide annual refresher training and ongoing support for staff. This helps to ensure their food and nutrition knowledge and practices remain up to date and consistent across their childcare provision.

“Overall, we are now a healthier establishment”

Play group Assistant
Giggles Play Group



Click [here](#) to view the film

Difference the training has made:

- Over 170 staff members have been trained since 2012
- Greater nutrition knowledge and skills
- Better understanding of children's nutritional needs
- Increase in staff confidence to change practice
- Staff empowered to make better food choices in setting and in their homes
- Children more willing to try new foods
- Better quality food policies and menus
- More confident and knowledgeable when engaging parents
- Staff acting as positive role models
- Positive changes to birthday celebrations

"Staff have made a huge amount of changes..... We have seen lots of food policies being introduced, and also much better quality food policies Really promoting consistent food and nutrition messages... Huge improvements in food and drink provisions"

Staff who have attended training certainly report an increase in nutrition knowledge and skills

They also report an increase in confidence to pass on that information to the children they work with but also the families that they come into contact with"



"We were shown how we can swap foods, not stop foods completely but swap foods which we have done"



"The way we handle birthdays now is completely different....what we do now is sugar free jellies...with candles... We celebrate... with birthday chairs and banners"

"We have also adapted the way we eat and the way we drink, acting as role models... We have to be role models, they are looking up to us and we need to set a good example"

"They feel empowered to not only make changes to the child care provision and the food that they are providing... What surprises us is that they go back to their own families and make changes to their own lifestyles as well"

Challenges:

- Initial recruitment onto the training but now meeting demand
- Maintaining ongoing support for trained staff within current team capacity
- Engaging hard to reach childcare staff
- Ensuring staff at all levels in settings receive training
- Initial staff reservations in setting about implementing change
- Birthday celebrations in settings
- Supporting parents to provide consistent messages in the home setting
- Poor parental cookery knowledge and skills
- TV advertising
- Misleading messages and confusion for parents
- Temper tantrums – managing children's behaviour
- Ensuring that consistent messages continue across the life course

"It is a huge challenge for us really to keep up with the demand of delivering the initial training but then providing adequate support to help people implement that information... This is currently only one area of work that we are working on as Public Health Dietitians"

Public Health Dietetic Lead

"A lot of people don't realise what is in the food they are giving their children"

Playgroup Assistant

"There is a lot of work to be done.... to ensure that transition of nutrition messages and healthy eating habits actually transfers to home..... Parents don't necessarily have the nutrition knowledge to implement some of the things that we are suggesting... There is locally a lack of practical cookery skills to be able to prepare these foods for themselves"

Public Health Dietetic Lead

"Temper tantrums.....many a time we have had a parent come in, my child won't eat this, won't eat that... I think a lot of the time the child knows if I kick up enough fuss then mum will give in"

Play group Assistant



The role of the School Health Nurse

Across Cwm Taf the *School Nursing Team* works closely with Primary and Secondary Schools.

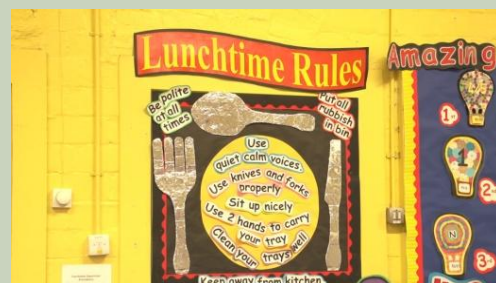
School Health Nurses:

- Assess the needs of the school –aged population
- Undertake immunisation programmes
- Contribute to safeguarding the health and welfare of children and young people
- Support children that have medical needs/complex health problems and their families
- Support health promotion and health education in the school settings

They work with children and young people, school staff and other health professionals on a range of health promotion issues including nutrition and physical activity.

Their role complements and supports the actions that schools undertake as part of the Healthy Schools Scheme.

The School Nursing Team is also responsible for taking forward the Child Measurement Programme (CMP) for Wales. Managed by Public Health Wales, the CMP is a surveillance programme set up to help us better understand how children in Wales are growing. Unless parents have opted their child out of the programme, School Health Nurses measure and weigh every child in reception class (aged 4/5) and national results from the programme are published annually as Official Statistics.



Click [here](#) to view the film

"Evidence shows that there is a group of children that if they start as overweight children they will grow into overweight young people and adults. The health implications of that is absolutely massive in terms of heart disease, stroke, high blood pressure, type 2 diabetes... But not only that it's the emotional side of it as well, the lack of self-esteem and the mental health issues that go hand in hand with that"



"We talk about nutrition the importance of healthy eating... We make it fun.. We actually get them involved with their learning"



Information for parents about the...

child measurement programme for wales

We want to learn about how children in Wales are growing so that the NHS can better plan and deliver healthcare. We are working with School Nursing Teams across Wales to weigh and measure children in every reception class.



what will happen?

- If you are happy for your child to be included in the Child Measurement Programme, you don't need to do anything. The School Nursing Team will measure your child's class during the school year.
- To respect privacy, children will be measured in the quietest available area of the school.
- Your child will be asked to remove heavy clothes such as sweatshirts and shoes.
- Your child will stand on the scales to be weighed, and have their height measured.

may i see my child's results?
Yes, a letter from the school nurse will explain how.

will everyone know my child's height and weight?
No. Your child's information is confidential and will be part of your child's health record.

does my child have to take part?
No, but if you do not want your child to take part, you need to let your school nurse know as soon as possible.

The more children that take part, the clearer picture we will have. More information and a video explaining the programme can be found on our website:
www.publichealthwales.org/childmeasurement

Challenges:

- Time constraints for School Health Nurses to undertake health promotion/health education
- Engaging parents
- Freedom of choice for pupils in secondary schools
- Portion sizes
- Energy drinks usage amongst young people
- Family acceptance of a child's weight
- Family recognition and wanting to make changes before problems arise
- Media influence on young people
- Perceptions of body weight/body image by young people

"Some parents want to engage, some parents don't... There also has to be that desire to change within the family"

"Some children think that they can supplement a calorific intake with energy drinks. ... As school nurses this is a massive issue"

"Parents don't tend to see it in their children until they are not able to do something, until they are not able to get clothes for their child in a particular size... That's when parents see it in their children and they are more willing to engage"

"Sometimes families are very accepting of their child's weight and it isn't until their child is on the end of bullying from other children... That it is actually seen as an issue... That then normally engages parents a lot more"



Healthy Schools Scheme

The *Healthy Schools Scheme* is a national scheme, delivered locally by Cwm Taf Public Health Team. It provides schools and their communities with support, guidance and a structured framework for setting based health improvement.

As schools progress through the scheme, the health improvement initiatives become embedded and make a long lasting difference to the way in which school life is organised which in turn supports and encourages individual behaviour change.

Seven health topic areas are addressed including food and fitness across the domains; Leadership and Communication, Ethos and Environment, Family and Community Involvement and for food and fitness only, Food and Drink Provision.

Participation in the scheme have led schools to:

- Develop and implement food and fitness policies
- Modify lunch and snack menus to comply with Welsh Government Healthy Eating in Schools Regulations (2013)
- Place a greater emphasis on nutrition and physical activity throughout the curriculum

“The Healthy Schools Scheme is fully embedded across our school, across all curriculum areas, in the Foundation Phase, across all areas of learning”

Headteacher



[Click here](#) to view the film

Difference the scheme has made:

- Currently 5 schools across Cwm Taf have achieved the Healthy Schools National Quality Award (NQA) 3 are currently working towards the award
- 23 schools have completed the NQA health topic Food and Fitness and 27 schools are working towards
- Staff are now trained and more confident to implement change
- Improved knowledge and awareness amongst children
- Increased availability and access to healthy food throughout the school day
- Increased opportunities for pupils to make healthy food choices and be active
- Pupils are eating healthier and drinking more water
- Parental engagement and influence



"We have had a lot of resources from the Healthy Schools team who come into school and work closely with us and that's a really good supportThe staff are confident, they have been well trained"

"Mrs Baker talks about it a lot in assemblies and we take that advice and apply it when we go home"

"We do after school clubs and we grow vegetables.....we do loads of cooking.... And we have cricket, football, rugby, running, athletics, we do loads, allsorts"

"The PTA, they have also taken it on board"



"Schools are becoming more aware that if the health and wellbeing of pupils is looked after then that has a positive impact on attendance and attainment"

"Every dinner time either Mrs Baker or the dinner ladies come around and check our lunchboxes to make sure that we only have healthy foods"

Challenges:

- Competing priorities for schools
- Limited HSS budget restricting resource and training opportunities for schools
- Time constraints for in school co-ordinators
- Engaging with hard to reach schools
- Lunchtime restrictions in secondary schools
- Peer pressure and influence
- Influencing established tastes, preferences and habits
- Ensuring consistency of message throughout the life course
- Reinforcing messages in the home setting
- Advertising and promotion of foods towards children
- The availability of high fat/high sugar/high salt foods
- Cost of physical activity and local clubs for families

"I think the challenges come from outside of the school, through advertising, peer pressure and the fast food outlets, sugary drinks"

Headteacher

"If their parents don't let them and say there is an expensive club.....and their parents can't afford it, it will stop them from doing any kind of sports"

Pupil

"Secondary schools face other challenges.... the school day in secondary schools has been shortened and that has an impact on the length of time that is allocated for lunch. The school policy doesn't always ensure that pupils stay in school, very often there are shops near to the school....they tend to be attracted to those"

Healthy Education Settings Co-ordinator

"If they are stuck to sweets it's like harder for them to get off"

Pupil



Pontypridd High School: Fitness Project

Pontypridd High School recognised and were concerned about the general low level of physical fitness amongst pupils. The school routinely collected data on the fitness levels of its pupils but didn't share this data. They decided that they could use the data in a positive way to help motivate pupils to become more active and improve their fitness levels through reporting the data alongside routine academic reporting.

It was important that parents were on board with the project so a launch event was held to engage parents. The event:

- Introduced the new way of reporting
- Promoted the importance of physical activity and its links with academic achievement
- Provided an opportunity for local sports clubs to promote their services

As a result of the project the school now:

- Conduct fitness testing for all pupils (years 7-11) each term with all year groups
- learn about health, fitness and wellbeing as part of curriculum delivery
- Regularly report on pupils' fitness alongside routine academic reporting
- Conduct routine fitness questionnaires with pupils to help monitor engagement in physical activity, time spent being physically active as well as sedentary
- Have increased active opportunities for pupils during the school day

"Health and wellbeing certainly underpins any successful school"

*Headteacher
Pontypridd High School*



Click [here](#) to view film

Difference the project has made:

- Informed and engaged parents in relation to pupils' fitness levels
- Pupils' motivation to be active has increased
- There are more lunchtime and afterschool opportunities for pupils' to engage in physical activity
- Pupils' fitness levels have improved
- Early indications that fitness level improvements for some pupils has corresponded with improved academic performance



"When you are physically fit you are better able to participate in all types of things...there are obvious links between being fit, being healthy, being motivated and energetic and succeeding well in all aspects of school"

"It really helps me when my parents and my family are being active, so that I can go with them"

"We do it termly, and the kids actually like it, they like the competition, they want to get better, they do want to improve"



"We are all really competitive, we all like to beat each other"

"The statistics are starting to show that with an increase of fitness levels there is a slight increase in academic achievement"

Challenges:

- Time constraints and competing school demands
- Pupils bussed into school, restrictions with structure of school day
- Targeting improvements
- Motivating the often hard to reach, really low fitness level pupils to engage in physical activity
- Lack of local opportunities, especially during the holiday period
- The cost of attending sports venues, participating in local clubs and transport issues
- Encouraging a whole family approach to being physically active
- Pupils self esteem, peer influence perceptions of others
- Making the consequences of an unhealthy lifestyle relevant to young people

"I think these kids have got to get active, and they have got to know how to be active, know what they can do to be active and the benefits of being active"

Head of PE

"If it was more local and people could walk instead of having their parents drive them or having to take the bus or something as a lot of peoples parents don't like them taking the bus by themselves"

Pupil

"The ones that turn up are the fit and healthy ones, which is great, fantastic but then they are not the ones that sometimes you really want to turn up.... It's how we then approach the parents and how we say look, please your child needs to do something about their fitness level"

Head of PE

"The next step is to see if we can target improvements much like we do in English and Maths through literacy and numeracy interventions"

Headteacher



Food Fitness and Fun for Families

The *Food, Fitness and Fun for Families Project* was a 15-week pilot project aimed at Year 7 and 8 pupils and their families. It was undertaken in the Upper Cynon Communities First Cluster and held in Aberdare Community School, with six families taking part. The project was jointly delivered by Communities First Family Workers and Public Health Dietitians, as well as the school's Family Engagement Officer.

The programme was multi-component combining:

- Nutrition education, games and activities
- Physical activity taster sessions
- Behaviour change support through goal setting
- The opportunity to gain 'Get Cooking' and 'Community Food and Nutrition Skills' Agored Cymru level one qualifications

To encourage and support families to make and sustain changes to their eating and activity behaviours families were:

- Provided with a store cupboard and utensil pack at the beginning of the programme
- Given weekly ingredient packs replicating the recipes prepared as part of the session
- Provided with an activity pack including e.g. hula hoops, bats and balls at the end of the programme

Difference the project made:

- Improved knowledge amongst participants
- All families made positive lifestyle changes
- Children are now having a healthy breakfast and are ready to learn
- Families tried new foods, developed cookery skills, were active together
- Families spent quality time together
- Participant confidence increased
- Family relationships improved
- Barriers between school and families were broken down
- School and community link strengthened
- 10 participants achieved a level one qualification in 'Get Cooking and 'Community Food and Nutrition Skills'
- Families progressed onto a parenting programme



Click [here](#) to view the film

"The project has brought families together.... It's encouraged them to work together as a family, it's encouraged them to eat together as a family... It's taught them how socialising food can be"

Headteacher
Aberdare Community School



"All of the pupils that participated are engaging much better in the school process..... Their attendance has improved, their achievement has improved"

"Instead of buying the frozen shepherds pies... We have been making our own.. Its £2.50 for a family size shepherds pie .. By the time you work it out, you can do two of them for a little bit more... you are having two good meals then"

"I used to think that healthy food wasn't very nice but now I have changed my mind"

"Communities First are still supporting them after the programme to maintain it, as keeping up the enthusiasm, without peer support or project worker support is very difficult to do"



"I've got more energy now than when I started. At the beginning I didn't want to join in the physical activity – but now I do"



"They are growing in confidence and have actually progressed onto further education"

"Actually knowing how to cook a fresh and healthy meal, they hadn't been taught when they were younger, they hadn't had the skills passed down to them so that when they were looking at trying to change their lifestyles, they genuinely didn't know how to do it "

Canopi Co-ordinator

"We have many problems around issues to do with health and wellbeing that can have a massive impact on attendance, on achievement. One of our major battles is with energy drinks and the conflict that that can cause in the school environment"

Deputy Headteacher

"A lot of our children are not encouraged to eat a broad range of fruit and vegetables.... Its a challenge to try and get children to come out of their comfort zone and try things that you take for granted"

Headteacher

"The emergence of newer and better technology all the time, its making it a lot harder to get kids to be active"

Parent

"Lack of equipment in the house to cook with, I think if you haven't got the right pots, pans... that makes a difference to how they prepare food but also lack of knowledge, what do you do? how do you cook this?"

Communities First Cluster Manager

Challenges:

- Participation challenges – pupils not wanting to take part in physical activity
- Self confidence to participate in physical activity
- Food brought in from home to school
- Energy drinks in school
- Whole family engagement and reinforcing healthy messages in the home environment
- Managing on a low income, overcoming the barrier of cost (food and leisure services)
- Expanding children's tastes / palates
- Lack of household cookery equipment
- Technology advances
- Self recognition that lifestyle change is necessary
- Social acceptance of overweight children



Engaging families in weight management programmes

From December 2013 through to March 2014 a series of joint learning set workshops were held with a focus on child and family obesity. They were led by Cwm Taf Public Health Team and sponsored by the Families First Pioneer Consortium comprising Rhondda Cynon Taf, Merthyr Tydfil and Blaenau Gwent local authorities. Over 40 professionals attended from a range of services and backgrounds.

The learning set aimed to:

- Raise awareness about the level and nature of obesity amongst families
- Share local learning as well as good practice about how best to tackle the problem
- Develop a common agreement about how best to address the issue in the future

Following the learning set, a Childhood Obesity Steering Group was established with representatives from Public Health, Families First, Communities First and Flying Start to take forward the recommendations. These included:

- **Finance planning and commissioning** - Commissioning should be evidence based, minimise duplication and address service gaps. Commissioning should also require good nutrition and physical activity to be provided as part of the contract.
- **Staff education and training** - Obesity prevention should become part of the core role for all staff who come into contact with children, young people and families.
- **Public awareness** - Children, young people and families should be engaged to influence service provision.
- **Communication and co-ordination** - Families should receive consistent messages through improved information sharing and communication.
- **Joint obesity pathway** - A weight management pathway should be developed.

In order to address public awareness, local family research was commissioned by the steering group. It aimed to establish the needs and preferences of children and their families in relation to weight management programmes

CARP Collaborations undertook the local study which involved:

- Interviewing 10 professionals - to identify their opinions in relation to barriers and opportunities
- Facilitating 10 family focus groups (involving 43 different families) - to explore best and worst delivery approaches, barriers to engagement and motivating factors for families
- Undertaking 10 one to one family interviews - to discuss in depth the impact that programmes can have on family life and how engagement could be improved

What our families and professionals told us.....

Motivating factors for family engagement

Families are motivated by:

- Wanting to be active with their children
- Having personal ill health
- Wanting better personal well being
- Having good family and social support networks
- Wanting more positive family dynamics
- Good referral processes and communication about the initiative

Motivating factors for family retention

Families want programmes that:

- Enable them to learn and gain new experiences
- Create a social and safe environment for the whole family
- Facilitate positive group dynamics
- Are led by individuals that are trusted, knowledgeable and act as positive role models
- Are low cost and offer additional incentives

Importance of participation

Families, both children and parents want to be involved in all aspects of programme development and delivery.

There need to be opportunities for families to progress onto different programmes, roles or opportunities.

"Throughout the kids were addressed as people in their own right. This came through in the way they were spoken to and in the trust and respect that the workers and volunteers build up"

Holistic approaches to healthy living

Families linked healthy living to positive family life and being a good parent.

Programmes need to be rooted in local communities and tailored to take account of the community resources and barriers that surround families.

"It has to be more flexible, different families want and need different things, no size fits all, it needs to be tailored to families"

Importance of joint working

Families and professionals recognise the importance of joint working.

Families want to learn about programmes via word of mouth, or through a leaflet that is accompanied by a conversation with a trusted professional. They want to be invited onto a programme, they don't want to be sent.

"There is a mix of NHS, Local Authority and third sector working on weight management, we need to do it together"

Barriers to engagement

Families face substantial barriers:

Practical barriers – work commitments and shift patterns, other family commitments, child care for younger children, low income.

Personal barriers - fear of unknown people and workers, low motivation.

Structural barriers – unclear referral processes, poor branding, poor staff knowledge.

"[We need] to have groups that take account of local people's shift work – so having drop in session too would help"

Factors affecting long term impact

Families are more likely to sustain behaviours if programmes relate to everyday family life and the local community.

Follow up to time limited programmes helps to provide motivation and guidance for families to implement what they have learnt.

Chapter four: Listening and learning from the stories

In this chapter:

- What the stories are telling us

Chapter four: Listening and learning from the stories

The stories you've read and seen represent the lived experiences of participants and stakeholders in a range of projects, programmes and settings. Everyone has a different, equally valuable perception of their experience. Although the interventions vary in their aims, reach and outcomes - all have an impact on childhood obesity.

Common themes

Figure 16 (next page) summarises the common themes emerging from the projects highlighted in this report – both in the positive differences made and the challenges faced.

What differences have been made?

As you've read and seen from the stories, all the interventions have made positive differences – for both participants and those delivering the services. Across these varied interventions, where things worked well it is because relationships of trust were built up between children, families and the key individuals leading the service. This led to improvements in knowledge and skills for participants and staff. With confidence and self esteem boosted, participants were more motivated to make behavior changes. Parents valued the peer support which grew from participation in the programmes.

Staff too were more confident as a result of training and practical changes were made resulting in improved food provision in settings.

Challenges

The increase in childhood obesity has happened gradually over a number of years, and parents can be reluctant to acknowledge overweight and obesity in their children, or engage in actions to address the problem.



Families in Cwm Taf face financial barriers when it comes to purchasing ingredients to prepare and cook healthy meals. This is made worse by the availability of lower cost foods which are often high in fat, sugar and salt. Similarly, the cost, availability and accessibility of physical activity opportunities were seen as a difficulty.

Conflicting messages were reported as a common challenge faced by participants – from inconsistent advice on breastfeeding, to varying nutritional information promoted through television and advertising. This leads to confusion and erodes confidence for individuals, and poor communication between agencies.

It was noted across a number of projects that the attitudes of parents and wider family members were a strong and sometimes negative influence on adopting healthier behaviours.

Figure 16: Common themes across all the stories

		Key		
		Individual/family	Service issues	Wider determinants
Positive differences made		Challenges		
<ul style="list-style-type: none"> • Improved knowledge, skills • Behaviour change • Group support • Empowered women • Confidence/ self esteem • Greater parental awareness • Staff knowledge and skills • Staff confidence • Improved peer support 	<ul style="list-style-type: none"> • Trusted professional/ service deliverer improved engagement with the service • Improved food provision in settings • Staff acting as positive role models • Trained and confident staff • Improved relationships between partner agencies 	<ul style="list-style-type: none"> • Conflicting messages • Financial barriers • Influence of wider family members • Lack of cooking skills • Parents' attitudes • Influencing children's established tastes and habits • Reinforcing messages at home • Poor parental cookery knowledge and skills • Energy drinks • Young people's perceptions of body weight/ body image • Peer pressure and influence 	<ul style="list-style-type: none"> • Conflicting messages • Lack of local services • Poor communication • Cultural practices – weighing babies • Competing priorities, budgets and time constraints for settings • Engaging all staff • Influencing staff habits/ preferences • Engaging parents • Recruitment and retention of participants • Family not recognising/ reluctant to accept child 's obesity (normalisation) • Lunchtime restrictions in secondary schools 	<ul style="list-style-type: none"> • Conflicting messages • Access, availability and cost of food and physical activities • Media / advertising pressures • Technology and sedentary behaviour • Freedom of choice for secondary school pupils • Portion sizes • Availability of high fat/ sugar/ salt foods

The popularity and high levels of consumption of costly energy drinks by children and young people and the impact on behavior has become a particular problem for schools.

Budgets, time constraints and competing priorities were frequent challenges faced by service deliverers. Sometimes, getting staff to engage and adopt new practices was difficult.

The common differences and challenges demonstrated across all projects echo the findings of the CARP study (Page 50) into the facilitators and barriers to the engagement of families in weight management programmes. The insights from this study demonstrate the importance of taking into consideration the voices and views of service users when planning services by:

- Involving families in all aspects of programme development
- Ensuring that programmes are flexible enough to accommodate the practical and personal barriers that families face
- Ensuring that staff leading programmes are trusted, knowledgeable and act as role models
- Ensuring effective joint working

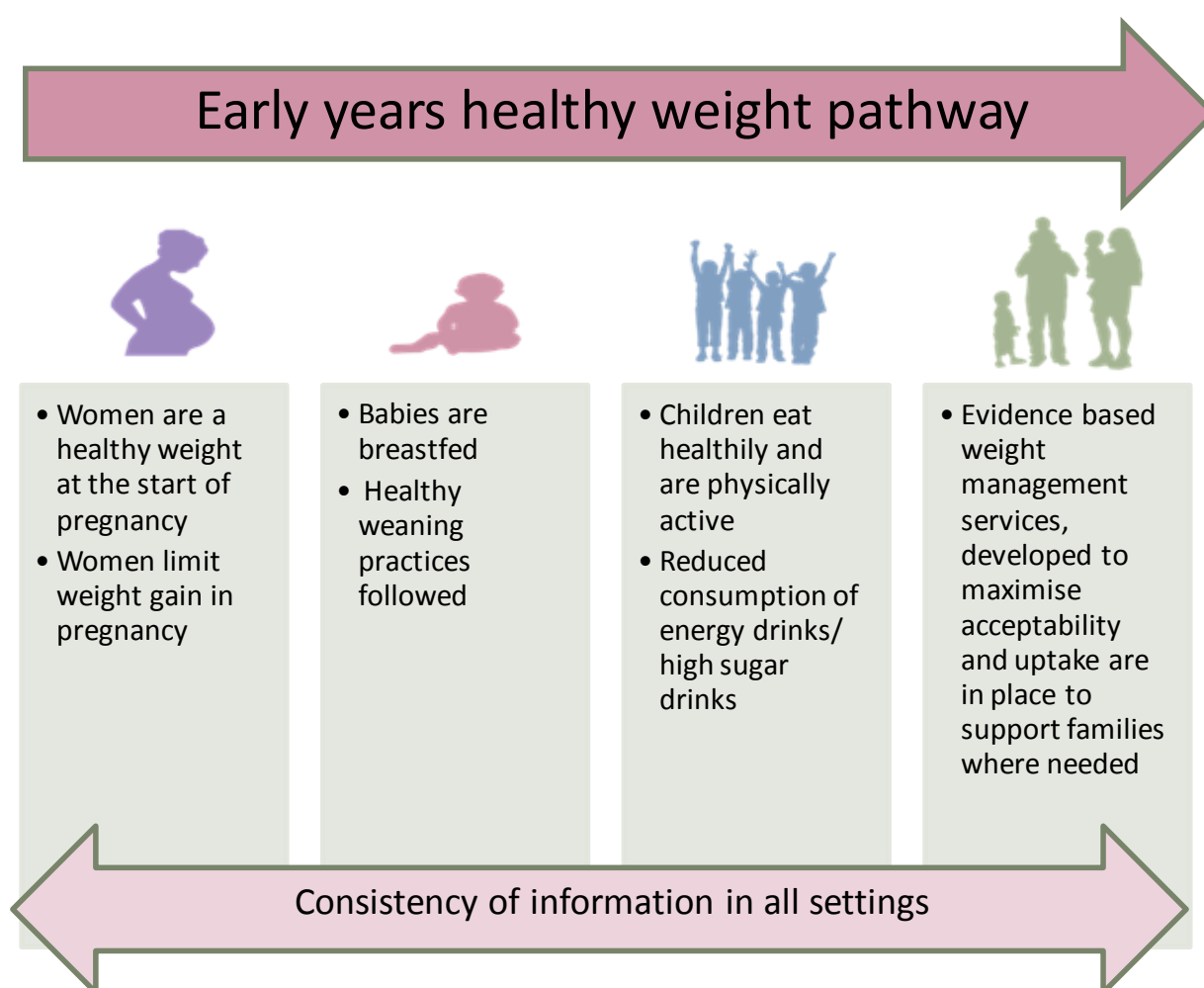
Although the stories told in this report focus on individual behaviour change, the causes of obesity are not simply due to individual's food and physical activity choices.

This is reflected in some of the wider societal and environmental challenges our participants commented on, for example:

- The provision of leisure services
- The availability of foods high in fat and sugar, and
- Decisions on the length of a school lunchtime

The causes of obesity are complex and it will require multi agency commitment and action to implement a range of approaches to address individual, social and environmental determinants.

Figure 17: What a healthy weight pathway would look like



The stories told in this report span the life course from pregnancy through the early years to young people and families. They demonstrate that systematic, integrated action, underpinned by consistent messages is needed at all these stages to have an impact on childhood obesity.

Rather than focus on the negative consequences of childhood obesity, Figure 17 above shows what a preventative approach to an early years healthy weight pathway would look like for Cwm Taf.

It is important that evidence based interventions are in place at each stage in order to achieve these pathway outcomes.

Chapter five: Continuing the story

In this chapter:

- Frameworks to support future action
- Epilogue

Chapter five: Continuing the story

Frameworks to support future action

An individual story is not in itself representative of all experiences, but collectively, stories can tell us what was good or bad and help us understand people's experiences⁴⁵. In turn, this gives us an insight in how we can improve projects, programmes and services.

The most effective investment to achieve prudent healthcare is likely to occur within the early years²⁷ with benefits resulting from early intervention potentially extending throughout the life course.

In terms of childhood obesity, this means prevention through interventions that:

- Address maternal obesity
- Encourage and support breastfeeding and healthy weaning
- Promote healthy eating and physical activity for children

In this report we have seen examples of some of the work that is going on in our area which can impact on the prevention of childhood obesity. The forthcoming Healthy Child Programme and Wellbeing of Future Generations Act should provide us with the framework to prioritise prevention and further support early years interventions.

Healthy Child Wales Programme

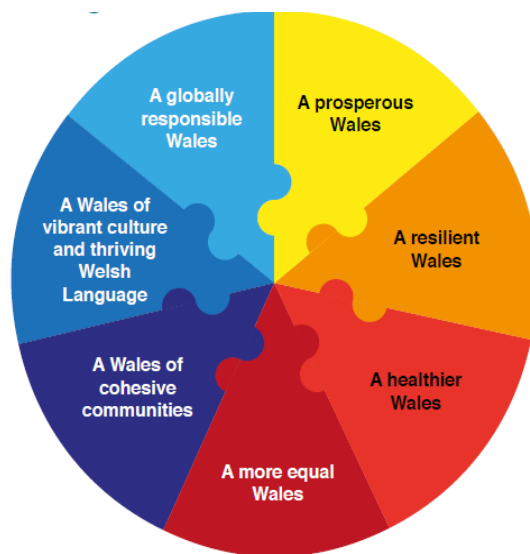
The Healthy Child Wales Programme is currently being developed and will provide a universal health programme for all families with 0-7 year old children. It will underpin the work of health visitors and school health nurses to provide consistent, integrated support for families through the early years

The programme will include:

- A consistent range of evidence based, preventative and early intervention measures (e.g. screening, developmental checks)
- Advice and guidance to support parenting and healthy lifestyle choices
- Assessment of risk to identify families that may benefit from additional support, with onward referral, signposting or delivery of such support where appropriate

Wellbeing of Future Generations (Wales) Act 2015

This act⁴⁶ requires public bodies in Wales to take a joined up approach and work better with people and communities to achieve seven wellbeing goals.



The act puts in place a ‘sustainable development principle’ comprising five ways that public bodies can demonstrate better ways of working together:

- Long term
- Prevention
- Integration
- Collaboration
- Involvement

This approach is entirely consistent with what is needed to tackle complex issues such as the prevention of obesity.

Epilogue

Strategies, policies and guidelines have been written by experts on what should be done to prevent childhood obesity. This report has instead reflected the voices and perspectives of those participating in and delivering, services to address the issue.

The story does not end there.

It is important that we use the information gained from all the stories presented here as we take forward the development of actions to realise the desired outcomes of the early years healthy weight pathway.

All public bodies will need to work with our communities taking on board the voices of service users to bring about effective action to turn the curve on childhood obesity.

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