



# **School Health Assistant delivery of an extended brief intervention for parents and carers of overweight children aged 4-5 years**

Evaluation report: Executive Summary

July 2024



This report was produced by Dr Emma Bird, Weselyn Muguwu, and Dr Issy Bray from UWE Bristol's Centre for Public Health and Wellbeing.

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For further enquiries about this report contact:

**Emma Bird** [emma.bird@uwe.ac.uk](mailto:emma.bird@uwe.ac.uk)

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## Executive summary

### Introduction

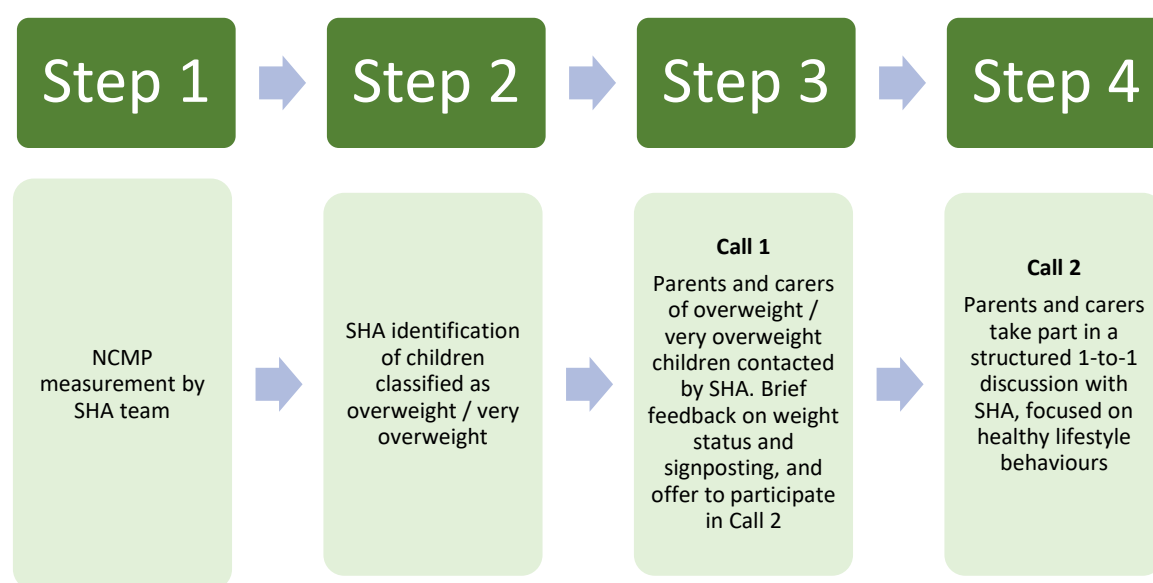
This is a report on the evaluation of a healthy weight extended brief intervention (EBI), a pilot project developed by Bristol City Council, North Somerset Council, and South Gloucestershire Council, with Sirona care and health, which ran from January to August 2023.

Briefly, the EBI was designed for parents (and carers with parental responsibilities) of children aged 4-5 years categorised as ‘overweight’ or ‘very overweight’ following 2023 measurements collated as part of the National Child Measurement Programme (NCMP). School Health Assistants (SHAs) working within the School Nursing Service delivered the intervention. The EBI aimed to:

- 1) Raise parent and carer awareness of overweight and obesity in their children and increase parents and carer understanding of the health consequences of overweight and obesity.
- 2) Promote healthy lifestyle behaviours and intentions – including diet, physical activity – and reduce screen time.

The EBI delivery pathway comprised of four steps (Figure 1).

Figure 1. EBI delivery pathway



Note. NCMP = National Child Measurement Programme; SHA = School Health Assistant.

The aim of our evaluation was to assess the impact of the EBI in achieving its aims, and to provide recommendations to guide its future development across Bristol, North Somerset, and South Gloucestershire local authority areas.

## Methods

The evaluation adopted the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework (Glasgow et al., 1999), and involved the collection and analysis of survey, interview, and monitoring data.

## Main learnings

- 1) Partial engagement with the EBI – i.e. initial contact made with a parent or carer (Call 1) – was achieved, with 83% of the target population (N=234). Contact was made with a total of 156 parents/carers in South Gloucestershire, 39 in Bristol, and 39 in North Somerset.
- 2) Full engagement with the EBI – i.e. initial contact made with a parent or carer (Call 1) AND participation in a second call (Call 2) – was low, reaching only 10% of the target population (N=29). Twenty-five calls were completed with parents/carers in South Gloucestershire, 3 in Bristol, and 1 in North Somerset.
- 3) The majority of those to partially or fully engage with the EBI described themselves as White British (80%), and approximately 90% participants were mothers.
- 4) Full engagement among parents/carers of children classified as ‘very overweight’ was low (N=1/29). **Note:** Eligibility in South Gloucestershire did not include children that were very overweight.

Factors identified as influencing full engagement with the EBI included:

- ‘Shock’/‘surprise’ at the unsolicited nature of Call 1.
- Low levels of parent/carers awareness and concern about child’s weight status.
- Desire for more comprehensive weight management support.
- Children aged 4-5 years are too young for parent/carers intervention.
- Lack of engagement with and support from schools.
- Limited time to participate in Call 2.

- 6) Although based on limited data, parent and carer concern about their child's weight status was higher among those that fully engaged with the EBI, compared with those that partially engaged. This is suggestive of increased awareness among parents and carers about the dangers of excess weight and may be linked to action.
- 7) Parent and carer reporting of their child's physical activity, screen time and healthy eating behaviours were all more favourable at follow-up (8-12 weeks after NCMP measurement).
- a. Parent/carer-reported physical activity was higher at follow-up.
  - b. Parent/carer-reported screen time was lower at follow-up.
  - c. Parent/carer-reported healthy eating was higher at follow-up.

Factors identified as influencing children's engagement with physical activity included:

- Limited time.
- Cost-of-living crisis affecting families' ability to participate in formal classes/clubs.
- Lack of enjoyment associated with being physically active.

Factors identified as influencing children's engagement with healthy eating included:

- Limited time to cook; ready meals are a quick alternative.
- Cost-of-living crisis affecting families' ability to buy healthy food.
- Presence of complex special educational needs and/or disability affecting child's engagement with and enjoyment of certain foods.

- 8) Parent and carer feedback on the EBI, including feedback on content and delivery, was more favourable among those that fully engaged with the EBI (took part in Call 1 and 2), compared with those to engage partially (took part in Call 1 only).
- 9) Overall, feedback suggested that the three local authority area teams worked well together in planning the EBI, with examples demonstrating sharing of expertise and learning.

- 10) Key challenges associated with EBI planning included:
- a) Difficulty establishing consensus about the purpose and remit of the EBI in short timescale.
  - b) Cross-team working with sometimes conflicting priorities.
  - c) Need for one individual overseeing/leading pilot.
  - d) Lack of involvement with target population in developing the EBI.
  - e) Data collection issues / limited IT support.
- 11) Training for those involved in EBI delivery was provided through BeeZee Bodies, and this was broadly well received. Additional EBI-specific training, on call preparation and delivery and data collection processes, was limited and this was seen to be a key limitation of EBI planning.
- 12) EBI lesson plans were designed to support SHAs in delivering a consistent, evidence-based message to parents and carers during Call 2. Feedback indicated that lesson plans provided a useful starting point but were used inconsistently, with some SHAs drawing upon personal experiences as opposed to evidence and some feeling inadequately trained to provide specific evidence-based advice.
- 13) Recruitment of SHAs to the EBI delivery team was straightforward, with SHAs reporting that involvement provided a good opportunity for career development within the school nursing service.
- 14) Characteristics identified as important for those engaging with parents and carers included empathy, sensitivity and being non-judgmental.
- 15) Feedback obtained through this evaluation acknowledged ‘teething’ problems associated with EBI planning and delivery, but there was broad support to learn from experiences of the pilot and to continue to deliver the service. However, there was also recognition that the long-term sustainability of the service is difficult to predict in the current economic climate, where local authority public health budgets have been substantially reduced between 2015 and 2024 in real terms.

## Recommendations

- 1) Take time to build upon existing partnerships and develop a shared vision for the future development and delivery of EBI. This should include early engagement with parents/carers and schools as key intervention stakeholders.

- 2) EBI planning discussions should include further consultation on the suitability of the 2-call approach of the EBI, the target audience (parents and carers of children aged 4-5 years), and consideration of how the intervention fits within the wider context of child weight management services provided by each local authority area.
- 3) Identify a key individual that will lead and 'champion' the EBI across local authority areas.
- 4) Ensure that project timescales are feasible and appropriate, and that reporting requirements are clear from the outset.
- 5) To promote more consistent implementation of evidence-based support, provide mandatory annual training for EBI delivery teams, specifically focused on EBI content (e.g. lesson plans) and communication skills, and provide frequent opportunities for those involved in delivery to share experiences and learning.
- 6) Given the numerous and complex social and cultural factors associated with overweight and obesity, ensure training content for EBI delivery teams covers, for example, the wider determinants of health and special educational needs and/or disability.
- 7) Ensure that those recruited to future EBI delivery teams demonstrate characteristics including empathy, sensitivity and that they are non-judgmental.
- 8) Consider sending out NCMP results letters to parents/carers in advance of EBI calls, informing parents that they can expect a follow-on call that will provide support and guidance. Evidence suggests that a combination of letter and telephone call is associated with fewer parent/carer complaints and higher parental engagement.
- 9) Ensure that EBI delivery teams have access to a wide range of signposting materials that can be shared with parents and carers as appropriate (e.g. recent publication of guidance for parents on talking to children of primary school age about weight).
- 10) Monitoring and evaluation of future EBI delivery efforts is essential to determine its impact and effectiveness. Ensure inclusion of evaluation support from the start of the intervention planning process, including time to prepare a baseline and follow-up data collection strategy. Linked to this, the creation of a more user-friendly data collection tool (e.g. [REDCap](#)) is recommended to minimise some of the data quality issues affecting this evaluation. Training in data collection methods should be provided to all EBI delivery teams.