

GUIDEBOOK

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HENRY

Review: January 2019

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Healthy Families: Right from the Start (known as HENRY) is a universal parenting programme. It is for parents of children between the ages of 0 and 5. It is delivered in children's centres and aims to improve outcomes for both children and their parents, including improved diet, increased physical activity and improved parental skills and emotional wellbeing.

The programme is delivered over eight weekly 2.5-hour sessions. It focuses on parents as the key agents of change for young children. Practitioners use motivational interviewing, family partnership model, and strengths-based and solution-focused support.

Evidence
rating: **2**

Cost rating: **1**

EIF Programme Assessment

HENRY has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

**Evidence
rating: 2**

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than £100.

Cost rating: 1

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Preventing obesity and promoting healthy physical development

Increased frequency of eating healthy foods, including vegetables and fresh fruit

Based on study 1

Decreased frequency of eating unhealthy foods, including cakes and biscuits

Based on study 1

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Infants
- Toddlers
- Preschool

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Children's centre or early-years setting

The programme may also be delivered in these settings:

- Children's centre or early-years setting

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Universal
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Where has it been implemented?

England, Israel, Wales

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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About the programme

What happens during delivery?

How is it delivered?

- HENRY is delivered in eight sessions of 2.5 hours' duration each by two practitioners to groups of 8–10 parents.

What happens during the intervention?

The topics covered in the eight sessions include family routines and parenting skills that support a healthy family lifestyle; healthy balanced diet for young children and the whole family; being active; screen time; emotional wellbeing; labels and healthy sugar swaps; portion sizes for under-5s; and happier, calmer mealtimes.

- The programme is based on evidence that parenting efficacy and wellbeing underpin a healthy start in life. It therefore integrates support for parenting skills alongside information about nutrition and activity. For example, it helps develop non-food strategies to encourage cooperative behaviour rather than using sweets as a reward or comfort.
- Session topics are introduced and facilitated to encourage joint exploration and build on what parents already know and are doing, rather than simply providing information. Learning activities include working in pairs and small groups to share ideas, whole group discussion, demonstrations and role play.
- Participating families receive the HENRY Healthy Families workbook which provides a structured framework of activities and simple, accessible background information for each session.

What are the implementation requirements?

Who can deliver it?

- The practitioners who deliver this programme are two family support workers with QCF-2 level qualifications.

What are the training requirements?

- Practitioners have 24 hours of programme training. Booster training of practitioners is not required.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by one host-agency supervisor (qualified to QCF-3 level), with 24 hours of programme training.

What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Training manual
- Other printed material
- Other online material
- Fidelity monitoring
- Two day-long sessions for training and sharing are hosted each year for on-site supervisors, which is cascaded to practitioners
- Ad-hoc support is provided via phone/email to supervisors as needed.

Is there a licensing requirement?

Yes, there is a licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Eating and activity habits are formed early in life and are shaped by a child's family environment; parents therefore need the knowledge, skills, emotional wellbeing, motivation and confidence to provide and model a healthy family lifestyle.
- The Healthy Families programme provides strength-based and solution-focused support to parents, building their self-efficacy, emotional wellbeing and understanding of a healthy family lifestyle, and helping them to identify and achieve positive lifestyle goals that will benefit their children.
- In the short term, parents have increased skills and confidence in their role as parents and their ability to provide a healthy family lifestyle: children and adults adopt healthier eating and activity habits and food preferences – and enjoy family life more.
- In the longer term, children grow up in healthier, happier families, and experience greater physical and emotional wellbeing in later life.

Intended outcomes

Preventing obesity and promoting healthy physical development

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About the evidence

HENRY's most rigorous evidence comes from a pre-post study which was conducted in the UK.

This study identified statistically significant positive impact on a number of child and parent outcomes.

This programme is underpinned by one study with a level 2 rating, hence the programme receives a level 2 rating overall.

Study 1

Citation: Willis et al., 2013

Design: Pre-post study

Country: United Kingdom

Sample: 60 parents, with children between 0 and 5 years (mean age 3.32 years).

Timing: Post-test; 8-week follow-up

Child outcomes:

- Increased frequency of eating healthy foods, including vegetables and fresh fruit
- Decreased frequency of eating unhealthy foods, including cakes and biscuits

Other outcomes:

- Improved family eating behaviours, including increase in sitting down together for a meal and decrease in having the TV on at mealtimes
Improved activity habits, specifically increased frequency of taking child to the playground
Increased parent physical activity
Increased parent frequency of eating healthy foods, including vegetables and fresh fruit
Decreased parent frequency of eating unhealthy foods, such as cakes and biscuits
Decreased parent screen time
Increased parental self-efficacy

Study rating: 2

Willis, T. A., George, J., Hunt, C., Roberts, K. P. J., Evans, C. E. L., Brown, R. E., & Rudolf, M. C. J. (2013). Combating child obesity: impact of HENRY on parenting and family lifestyle. *Pediatric Obesity*, 9(5), 339-350.

Available at <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.2047-6310.2013.00183.x>

Study design and sample

This study is a pre-post study.

Outcomes were assessed before the intervention was delivered, immediately after the intervention was delivered, and at 8-week follow up.

This study was conducted in the UK with a sample of 60 parents, with children between 0 and 5 years (mean age 3.32 years). Parents were 96.7% female, 86.7% white British, 8.3% British Asian and 83.3% had completed further education. Their average age was 30.37 years (range 18–40 years).

Measures

The healthiness of families' lifestyle was rated using the Stepping Stones measure (parent report)

Habitual family food intake was assessed using a modified Food Frequency Questionnaire (FFQ) (parent report)

Family eating behaviours and personal (parent) eating behaviours were measured using questions based on the Family Eating and Activity Habits Questionnaire (parent report)

Family physical activity and personal (parent) physical activity were measured using questions based on the Family Eating and Activity Habits Questionnaire (parent report)

Home environment was measured using questions based on the Family Eating and Activity Habits Questionnaire (parent report)

Screen time for parents and children was measured by asking about time spent per day watching TV or

DVDs (parent report)

Parental self-efficacy was measured using the Parenting Self-Agency Measure (parent report)

Parental ability to encourage good behaviour and set limits was measured using five items developed for this study in which parents rates their abilities on a 5-point scale (parent report)

Parental estimated body mass index was measured through parent report of height and weight (parent-report)

Parental weight-related risks were measured through parent report of clothes size (parent report)

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes.

(* indicates that the result is maintained at 8-week follow up):

Child outcomes

Increased frequency of eating the following food groups (Food Frequency Questionnaire):

- Baked beans, lentils, chick peas, soy mince etc.*
- Cooked vegetables
- Salad/ raw vegetables
- Fresh fruit*

Decreased frequency of eating the following food group (Food Frequency Questionnaire):

- Cakes, biscuits, scones, sweet pastries etc.

Family outcomes

Family eating behaviours and home environment (Based on Family Eating and Activity Habits Questionnaire):

- Increased sitting down together for a meal *
- Decrease in having the TV on at mealtimes*
- Increase in eating home-cooked meals*
- Increase of frequency of children eating with an adult at home*

Family eating behaviours and home environment (Based on Family Eating and Activity Habits Questionnaire):

- Increased frequency of taking child to playground

Parent outcomes

Increased frequency of eating the following food groups (Food Frequency Questionnaire):

- Baked beans, lentils, chick peas, soy mince etc.
- Cooked vegetables
- Salad/ raw vegetables*
- Fresh fruit
- Water

Decreased frequency of eating the following food group (Food Frequency Questionnaire):

- Cakes, biscuits, scones, sweet pastries etc.
- Sweets, chocolate*
- Sweet drinks, squash, fizzy drinks*
- Low calorie/ diet drinks

Parent eating behaviours (Based on Family Eating and Activity Habits Questionnaire):

- Sit down to eat with others
- Eat while watching TV*
- Eating when angry, bored or feeling low
- Choose to eat meals you know are healthy*

Personal (parent) activity (Based on Family Eating and Activity Habits Questionnaire):

- Increased swimming, jogging, aerobics, gym
- Increased childcare
- Increased gardening / do it yourself*

Decreased screen time (bespoke measure for the study)

Increased parental self-efficacy* (the Parenting Self-Agency Measure)

The conclusions that can be drawn from this study are limited as there is no comparison group, hence why a higher rating is not achieved.

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Davidson, R. (2018). Reducing obesity in pre-school children: Implementation and Effectiveness of the HENRY Programme, Luton, UK. International Standard Registered Clinical/sociAl sTudy Number - **This reference refers to a pre-post study, conducted in the UK.**

Bryant, M., Burton, W., Collinson, M., Hartley, S., Tubeuf, S., Roberts, K., ... & Farrin, A. J. (2018). Cluster randomised controlled feasibility study of HENRY: a community-based intervention aimed at reducing obesity rates in preschool children. *Pilot and Feasibility Studies*, 4(1), 118 - **This reference refers to a randomised control trial, conducted in the UK.**

Willis, T. A., Roberts, K. P. J., Berry, T. M., Bryant, M., & Rudolf, M. C. J. (2016). The impact of HENRY on parenting and family lifestyle: A national service evaluation of a preschool obesity prevention programme. *public health*, 136, 101-108 - **This reference refers to a pre-post study, conducted in the UK.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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