

Children in Context

Early Years and Healthy Growth Services

April 2018

Foreword

By Sarah Vince-Cain

As a dietitian working within the NHS for over 10 years, I have seen at first hand the impact of weight related illness to children, to their families, to communities and to the NHS.

Manchester has one of the highest rates of childhood obesity in England. Childhood obesity presents significant lifelong health risks; psychological consequences such as low self-esteem and feelings of isolation can manifest ahead of the many physical health consequences. Public Health Manchester commissions a number of universal and specialist services across the city aimed at supporting families to access advice and to lead healthy active lives.

Healthwatch have set out to explore whether parents have all the information and resources that they feel they need to make informed lifestyle decisions and to protect their children from weight related illness. Importantly, the report aimed to identify and highlight any gaps in provision. This report is crystal clear inasmuch that parents are universally interested in their child's growth and development.

Very few parents visit a health professional expecting to be told that their child is outside of usual weight parameters; in fact research tells us that parents find it almost impossible to assess a child's growth pattern by sight.

Early parenthood is an intensely busy time and so it is surprising how many parents vividly remember discussing their child's weight with a health professional. Receiving any unwelcome news is not easily forgotten and it sets the tone for future weight related conversations. Awareness is a vital step in the behaviour change cycle; how do we ensure that this feedback experience is positive?

A child's growth pattern is a fundamental indicator of health and wellbeing but without data all we have is opinion. Parents seek value driven, trustworthy information that is backed up by science - put simply, how is my child growing over time and what is the potential weight related health risk?

The art lies in using carefully considered language to communicate complex information and to effect change. Science is emerging from continuous study and newfound knowledge around child growth patterns will inform us all.

For some families however, the art and science of a child's growth takes second place to daily struggle. Through my experience as a community dietitian I am reminded that our children at highest risk will often lead us to complex family circumstances. I have encountered children who desperately want lifestyle change but whose families are unable to support such change.

Manchester is the first city in the UK to collate routine measurement data via NHS CHAMP (Children's Health and Monitoring Programme). Having the ability to identify children at a high risk of weight related ill health through such programmes means that early tailored support can be offered.

We know that growth and development during early years sets a blueprint for long-term health outcomes. Healthwatch has sought the views of parents of young children in a variety of local community settings across Manchester and in doing so confirmed a child's growth pattern as a serious health priority.

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Glossary

ABL Health Ltd ABL Health is an independent organisation contracted by Manchester City Council to receive referrals for overweight children aged 2-18 years of age.

Chatterbox Project The Chatterbox Project offers a programme of activities and support services for members of the local community and beyond. This includes after-school provision and toddler group, food bank and adult education courses.

Child Health Clinics Child health clinics are run by health visitors and GPs. They offer regular baby health and development reviews and vaccinations. New parents can also talk about any problems to do with their child. Some child health clinics also run mother and baby, parent and toddler, breastfeeding, and peer support groups.

Child Health Review New babies have regular health and development reviews during their early years. These are to make sure they stay healthy and are developing normally. The reviews are usually be done by parents' health visitor or a member of the health visiting team

Children's Health & Monitoring Programme (CHAMP) CHAMP is an online service which helps parents/carers to understand their children's growth and to achieve and maintain a healthy lifestyle. CHAMP is delivered by Manchester University NHS Foundation Trust.

Family Nurse Partnership The Family Nurse Partnership (FNP) forms part of the Healthy Child Programme. FNP has three aims: to improve pregnancy outcomes, improve child health and development and improve parents' economic self-sufficiency. FNP is a voluntary, preventive programme for vulnerable young first time mothers

Health Start Food Vouchers Parents get the vouchers if they're at least 10 weeks pregnant or have a child under four and their family get one of the following benefits:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment Support Allowance
- Child Tax Credit

The weekly vouchers are exchanged for free: milk, fresh fruit and vegetables, infant formula and vitamins.

Healthy Child Programme The Healthy Child Programme (HCP) for children aged 0-5 years offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices.

General Practitioner GP is a doctor of medicine based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital

Health and Development Review At two to two-and-a-half years children will have another health and development review. This is usually done by a nursery nurse or the health visitor, and may happen at the home, baby clinic, the children's centre, or the child's nursery if they're attending one.

Health and Wellbeing Strategy (HWS) Our Health and Wellbeing Strategy is a document which is refreshed each year according to the findings in our JSNA. The strategy lays out the aims and objectives which will be followed to improve the health and wellbeing of the people of Manchester. It does this by informing and influencing commissioning decisions across local services. It also influences the commissioning of local services beyond health and care to make a real impact on issues which determine our health and wellbeing such as housing and transport.

Health Visitor Health visitors are nurses or midwives whose role is to promote healthy lifestyles and prevent illness. Health visitors predominantly work with families of pre-school-age children.

Healthwatch Manchester (HWM) Healthwatch Manchester is the independent consumer champion created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care

Integrated Neighbourhood Teams (INT) Integrated Neighbourhood teams are community nurses, therapists, general practices and social care working together to provide joined up place based care. INTs are collectively known as the One Team. Manchester is currently segmented into three localities: North, Central and South. These 3 localities each have 4 Neighbourhoods, 12 in total, which host the One Team placed base care.

Joint Strategic Needs Assessment (JSNA) Our JSNA looks at the current and future health and care needs of our local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within Manchester.

Local Care Organisation (LCO) Our Local Care Organisation provides out of hospital, medical and urgent care services in Manchester. It delivers neighbourhood based integrated health and social care, adopting a strength-based approach, empowering people to increasingly take responsibility for their health and wellbeing.

Manchester Healthy Schools Programme consists of five thematic areas that together support a whole school approach to health and wellbeing. One of the key areas is to promote and develop healthy lifestyles to prevent and reduce the numbers and children and young people that are overweight and obese.

Sure Start (Children's) Centre (SSC) is a place, or group of places, where local families with young children can go to use facilities and receive support that they need around education, health and social care. The facilities and activities are designed especially for parents expecting a baby, or those with a child under 5 years old.

Executive Summary

Manchester parents took part in a survey around healthy growth in children between 0 and 5 years of age. The survey examined their access to and uptake of healthy growth services for children and tested their understanding of healthy diet and exercise.

The survey revealed that parents are reliant on a small number of services from large range providers and that other services are underused through lack of access and awareness.

Parents have an overall good understanding of the requirements for healthy growth in children of this age group.

More work needs to be done to explore, better understand and address the barriers parents face in accessing local healthy growth services.

The issue of childhood obesity carries a high degree of complexity and an effective response from statutory services requires an understanding and accommodation of this. Healthy growth services need to be effectively monitored to ensure professionalism and that conflicting information is never provided to parents.

Recommendations

The recommendations in this report need to be adopted as contributory factors which influence Manchester's Health & Wellbeing Strategy through their inclusion in its Joint Strategic Needs Assessment (JSNA).

1 Further investigation by Healthwatch Manchester into the access needs of parents (around information and advice) should take place as the next stage of this investigation. In-depth exploration of their concerns regarding contextualisation (within environmental and behavioural parameters) of information around diet is required. This should take the form of qualitative local research within the next financial period.

2 Information and signposting regarding local services needs to be improved. The methods involved in achieving this need to be framed within coproduction guidelines agreed by Manchester's Local Care Organisation and delivered through Manchester's Integrated Neighbourhood Teams.

3 GPs, Sure Start Centres and Health Visitors need to acknowledge and utilise their status as gateways to the broader range of services regarding healthy diet and exercise. Support in achieving this needs to be brokered from a local source if necessary. Healthwatch Manchester is able to assist in this process.

Information and advice regarding healthy diet and exercise across this broad range of providers needs to be standardised to avoid confusion for parents.

4 Work needs to take place to address those interventions which have led to the mistrust of health professionals by parents. Situations where, for example, the 'bad news' regarding their child's obesity has been provided in the wrong manner need to be reviewed and improved to an agreed standard.

5 The role of pre-school as a key partner in educating and informing children and parents about healthy diet and exercise needs to be acknowledged, standardised and realistically resourced.

1. Introduction

This report aims to identify the information, advice and support needs of parents with children between 0 and 5 years regarding healthy diet and activity. The report presents the findings of an investigation into the levels of awareness of parents across Manchester regarding this kind of support. The guidance and information opportunities which are available for parents are assessed for their accessibility and uptake.

Key findings in this report gathered from our qualitative research aim to inform:

- The extent of parent's awareness of the services accessible to them that support healthy child growth
- Their knowledge on important lifestyle behaviours essential for preventing obesity in children within this age group

The main objectives of this report are to:

- Analyse and present the findings of the investigation, and provide insight into the effectiveness of health services when providing information and support to new parents regarding healthy child growth.
- Make recommendations for improvement in the actions taken by health services to tackle early year obesity.

2. Background & Rationale

2.1 Obesity within this demographic

Childhood obesity is a subject of major public health concern in the UK as more children are becoming obese earlier in life than ever before.

The nutritional status of children aged between 0-5 in the UK, as reported in the National Dietary and Nutritional Survey (NDNS) 2016¹ suggests that their diet is:

- too high in sugar, saturated fat and salt
- too low in fruit and vegetables
- too little oily fish
- low intakes of fibre
- low intakes of some vitamins and minerals (e.g. vitamin A and iron).

According to the latest State of Child Health Report² across England, Scotland and Wales more than one in five children in the first year of primary school are overweight or obese.

- There has been minimal improvement in the prevalence of child overweight and obesity over the past decade.

According to the Manchester Joint Strategic Needs Assessment report (2014), the percentage of obese children is higher than the national and North-West average in reception and at year six. As reported in the PHE Health profile 12.5% of children in reception were classified as obese

¹ Results of the [National Diet and Nutrition Survey](#) (Food Standards Agency & Public Health England) rolling programme for 2012 to 2013 and 2013 to 2014.

²Royal College of Paediatrics and Child Health - [State of Child Health Report 2017](#) p41

and this has more than doubled to 25.1% in Year 6³. It is these alarming statistics, raised at our Health and Wellbeing Board, which have initiated this investigation.

2.2 Identified causes of childhood obesity

Obesity within this demographic must be recognised as a complex issue. Unhealthy weight gain is aided by many different drivers such as behaviour, culture, genetics and environment⁴. For this investigation it's acknowledged that nearly all of these influences are found at home.

Evidence has consistently shown that practises that have commonly led to proliferated rates of childhood obesity include increased sedentary activities, inappropriate dietary habits such as poor infant feeding and over-consumption of sugary drinks.

Low socioeconomic status has also been cited as a strong predictor of obesity with the highest prevalence of obesity found in the most deprived areas. In 2015/2016, 40% of children in England's most deprived areas were overweight or obese, compared to 27% in the most affluent areas⁵.

The association between deprivation and obesity is further emphasised with the Manchester JSNA report (2015)⁶ highlighting an almost linear relationship between obesity prevalence in children and the Index of Multiple deprivation 2010 (IMD) for the area they live in. With 38% of children living in poverty in Manchester, the impact of poor social and economic conditions alongside unhealthy lifestyles in the adult population has implications for the potential health behaviours of young people and children.

The Healthwatch Manchester board authorised an investigation into the accessibility of local information, guidance and support for parents around healthy growth for 0-5 years. This formed part of the 2017/18 action plan for the organisation.

³ Public Health England Health Profile - [North West, Manchester](#)

⁴ Department of Health - [Childhood Obesity A Plan for Action](#)

⁵ Royal College of Paediatrics and Child Health - [State of Child Health Report 2017](#) p43

⁶ Manchester Children and Young People JSNA - [Childhood obesity](#)

3. Methodology

A paper and online questionnaire survey was developed and deployed through the Healthwatch Manchester office. The targets for deployment were parents of children 0 - 5 years old.

The questionnaire comprised of two parts:

An assessment of awareness and uptake of current NHS services accessible to new parents as well as their experiences on the effectiveness of these services.

A “5-minute quiz” testing knowledge and awareness of current public health guidelines related to healthy eating and physical activity for infants.

The survey was reviewed by the Clinical Programme Manager for Childhood Obesity in Manchester.

A factsheet of NHS-derived recommendations regarding diet and exercise for children in this age group was handed to parents as part of the survey for them to review. Any identified information and signposting needs were also tackled by Healthwatch Manchester as part of this process.

3.1 Participants

As the prevalence of obesity in Manchester is unequally distributed Healthwatch Manchester aimed to recruit parents from a range of children centres across Manchester.

Parents of children from age 0-5 were recruited on a voluntary basis from children centres or toddler groups. Access to parents was facilitated by managers of children centres and libraries. A total of 32 children centres or toddler groups were contacted from which 11 responded. The North Manchester primary school in Blackley also agreed to promote the surveys with support from the (then) Central Manchester University Hospitals NHS Foundation Trust.

3.2 Deployment

Survey deployment was successful in the following areas:

- Ardwick
- Fallowfield
- Rusholme
- Longsight
- Baguley
- Benchill
- Northenden
- Sharston
- Brooklands

To conduct the survey Healthwatch Manchester visited Sure Start Centres (SSC) and toddler groups between May 2017 & September 2017. Visits were arranged with managers to be present at sessions delivered at the children centres. Parents were approached before or after sessions to minimise intrusion. All parents gave full informed consent to take part and were offered the option to decline if they changed their mind. A total of 98 surveys were collected.

4. Findings

4.1 Support for parents

4.1.1 Access to advice and information

More parents than not (See Appendix 1 Figure 2) reported that they had sought advice on children's diet, exercise, growth & wellbeing. However out of these parents only about one third said it was easy to find.

By area (North, Central and South Manchester), there was no significant variation in the percentage of parents who reported seeking advice like this (see Appendix 1 Table 1).

A significant proportion of parents (40%) reported that they had never been offered this kind of advice. Where information had been provided it was predominantly regarding diet with significantly less information regarding physical activity, weight monitoring and the connection between healthy weight and wellbeing.

 *“There is so much conflicting information available it's hard to know what to trust”*

 *“I don't think my doctor or health visitor were helpful in these matters”*

4.1.2 Awareness and Uptake of Services

Most parents reported that they were aware of where to go for support or advice if they were concerned about their child's weight. However, 1 in 5 parents said they didn't, which is a significant proportion.

By area, there was no significant variation in the percentage of parents who knew where to seek advice like this (see Appendix 1 Table 2).

There is a significant (20-30%) gap between awareness and uptake across of all the services available to parents that we listed in the survey. The most frequently used services were GPs, the Health Visiting Programme⁷ and Sure Start Children's Centres. Parents reported a lack of awareness and/or understanding of the other services we enquired about such as the Family Nurse Partnership⁸ and Children's Health & Management Programme.

 *“Sure Start I use for my child's playgroups and for development reviews. GP I use when my child is really not well.”*

 *“I use the services offered by the health visitors- baby clinics, breastfeeding support and go to baby groups at sure start centres”*

4.1.3 Parenting and Extra Support

When asked about parenting to ensure healthy growth, all parents provided rational and cogent responses. Help was reported as most commonly sought through health visitors, GPs, midwives and nursery staff. No responses gave any cause for concern apart from one:

 *“When the health screening is carried out please ensure the children aren't aware of it as it can have an extreme impact on their development and wellbeing. My now 10 year old child was told after being weighed in reception she was overweight, which has now impacted her self-image thoughts. I know it was meant to be for parents to find out but she was for some reason informed by her class*

⁷ NICE Guidance [Local Government Briefing 22 Health Visiting](#) September 2014

⁸ Since compiling this information the Family Nurse Partnership has been decommissioned

teachers. I was upset by this as she was a normal healthy child and it had a wrong effect on her.”

Just over half of the parents we asked reported that their preschool does not offer programmes to promote healthy eating and weight management. There was no significant difference in these responses by area.

4.2 Lifestyle quiz results

4.2.1 Recommended hours sleep

Half of the respondents gave the correct value of 11 hours or more sleep each day⁹. The remaining responses indicated 10 -11 hours of sleep as appropriate which is slightly under the amount recommended by the Department of Health.

4.2.1 Screen-based activity

Nearly all parents correctly stated that children should spend no more than 2 hours per day on screen based activities. A slightly lower majority of parents also knew that mealtimes and television viewing should be separated.

4.2.2 Use of outdoor spaces and leisure facilities

The majority of respondents indicated that they have access to places and facilities which enable child's play and physical activity.

The most frequently visited places were public parks and open areas or 'play at home' in the garden or playroom.

Approximately one third of respondents said they regularly visited open areas such as public parks for an hour or more on each occasion. Half of the respondents said they visited these open spaces more than twice a week.

4.2.3 Indicators of too much food and drink

Two out of five respondents recognised the common non-verbal signs (such as spitting food out or pushing bowl and spoon away) that would suggest when a child is full. However, one in six did not recognise any of the signs listed in the quiz.

The majority of parents correctly indicated that less than 150ml of juice per serving is appropriate. Just under half of parents indicated that 120ml or less of fruit juice is an appropriate amount for their child per serving. Most other respondents indicated 120-150ml as the correct amount. Of note is the fact that it was necessary for Healthwatch Manchester to provide clarity on some occasions that this was the correct daily amount and not just per serving.

⁹ NHS Choices Livewell - [How much sleep do children need?](#)

5. Conclusions

5.1 There was a willingness by parents to access information and advice which will help them to maintain a healthy diet and lifestyle for their children.

5.2 There was difficulty accessing information and advice due to:

- Its focus on diet with low or lack of emphasis on the context of diet within behaviour
- Its lack of promotion locally.

5.3 There was a degree of mistrust of statutory providers of services by parents due to:

- Provision of conflicting information and advice
- Unprofessional behaviour in some settings.

5.4 There was a high reliance on a small number of services from the large range providers of information and advice.

5.5 There was a good local understanding of guidelines and other information.

5.6 This understanding appears to be chiefly about diet, and it is not contextualised within behaviour and environment.

Appendices

Appendix 1. Support for Parents Survey Results

Figure .1 Please give the first part of your postcode

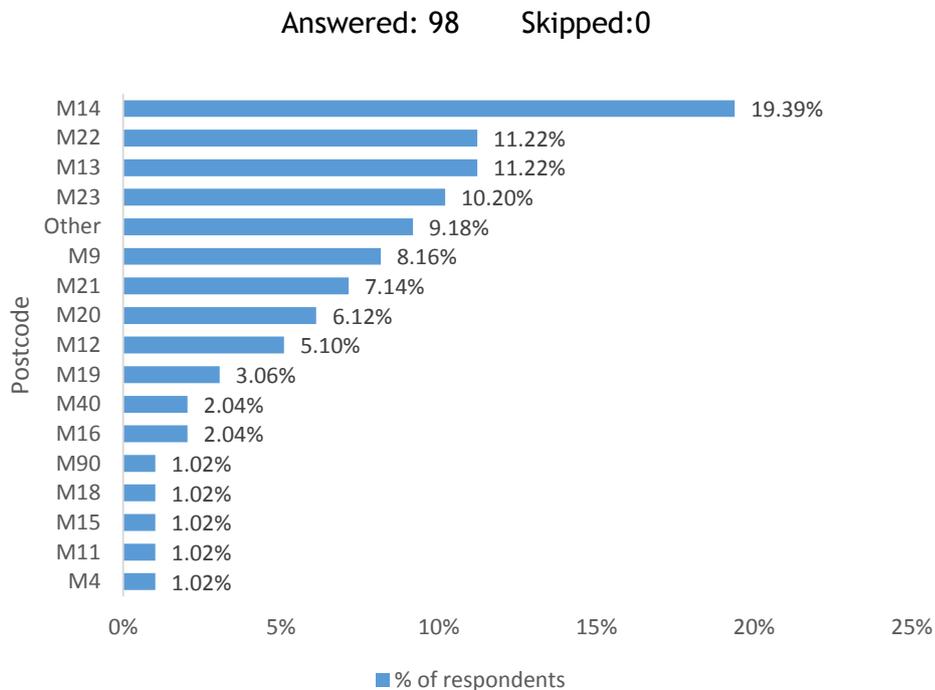
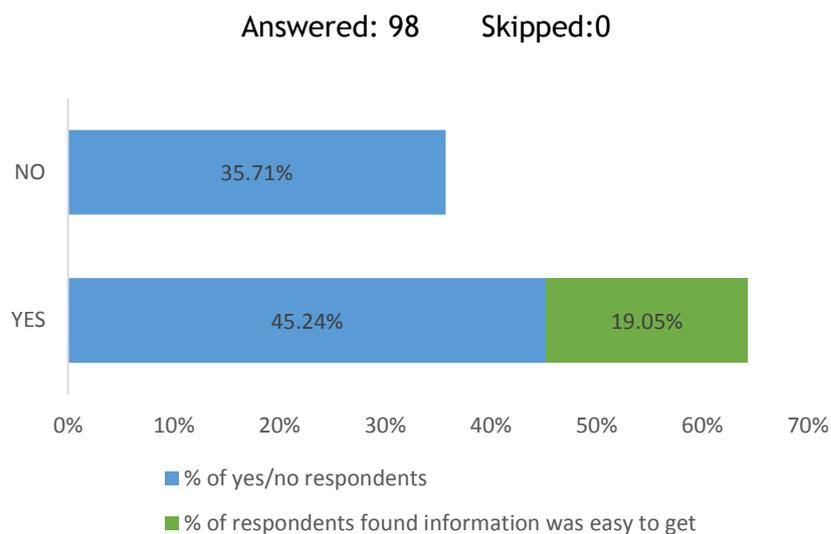


Figure 2. Have you ever looked for advice on children's diet, exercise, growth & wellbeing?



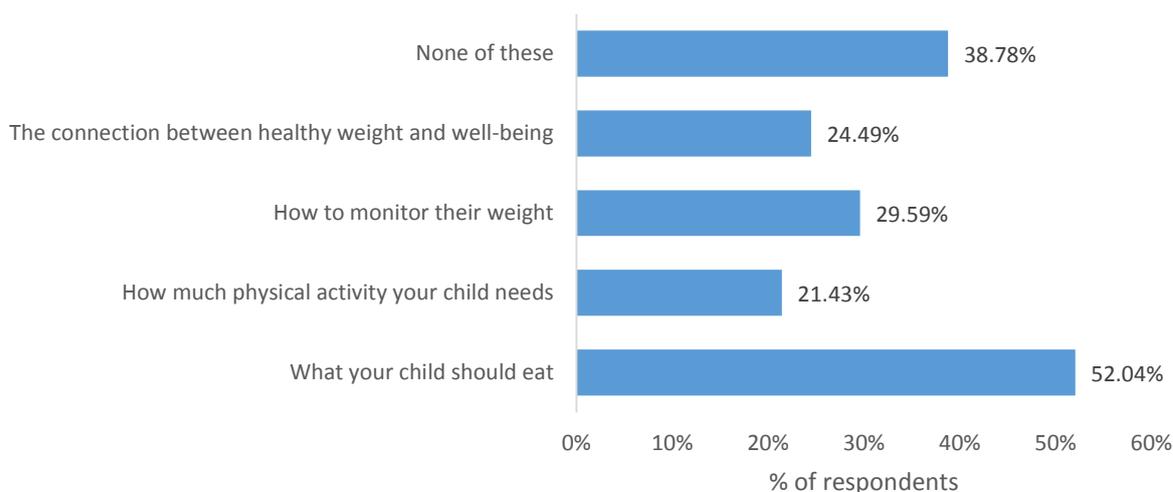
Comments from the section include what information they got and from where. The NHS website, Health Visitors and other online sources were predominantly mentioned.

Table 1. Response by North, Central & South (%)

Zone	Yes	No
North	63	37
Central	71	29
South	58	42

Figure 3. Have you ever been offered advice (by a doctor, a Health Visitor or other health professionals) about the following, tick all that apply:

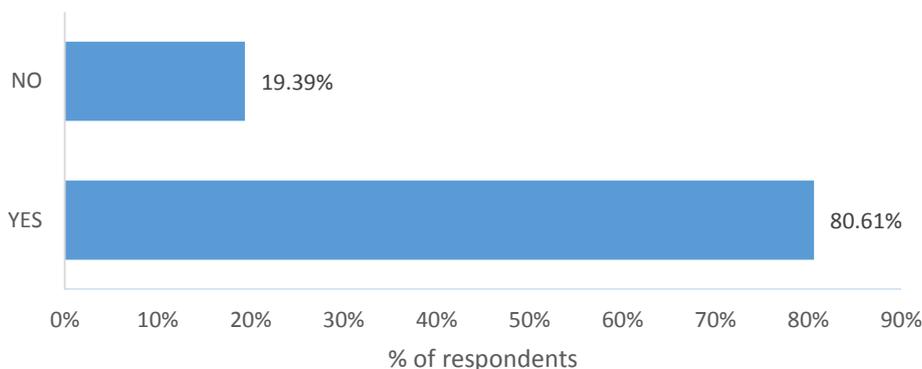
Answered: 98 Skipped: 0



Comments included getting information from Health Visitors, dentists when seeking information for a particular health issue with their child. One stated they received no advice.

Figure 4. If you were concerned about your child's weight, would you know where to go to find support/advice? What would you do? (please comment)

Answered: 98 Skipped: 0



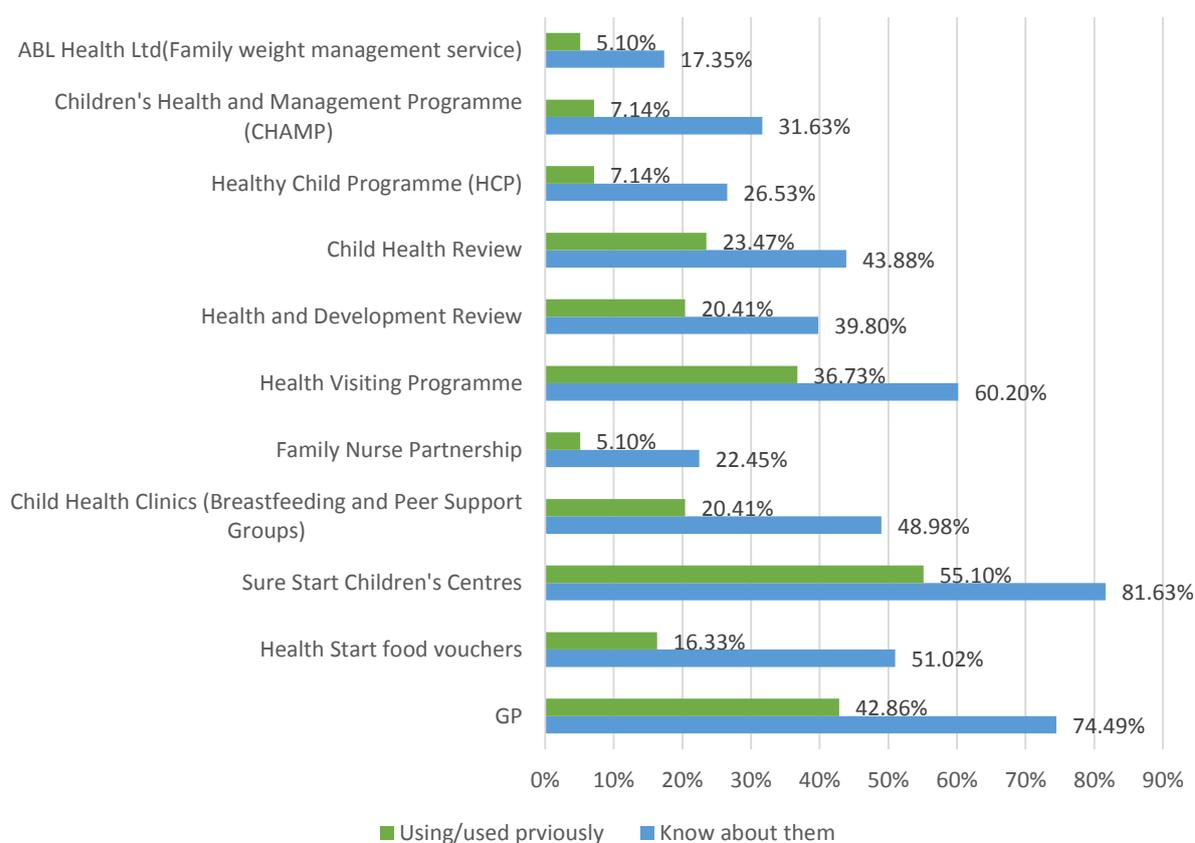
Comments included getting advice from Health Visitors, doctors, sure start centres, baby clinics or online (NHS website and google). People preferred going to the GP for advice, though a lot rely on Health Visitor's advice. One found them unhelpful; one was not concerned as children were healthy and several indicated that they will go online for help and advice.

Table 2. Response by North, Central & South (%)

Zone	Yes	No
North	82	18
Central	74	26
South	82	18

Figure 5. Are you aware of or have been told about any of these programmes on children's growth and well-being? Do you use any of them? (please comment)

Answered: 98 Skipped: 0



Comments indicated usage of Health Visitor and services he/she recommends, sure start, child health clinics. It was declared several times the lack of knowledge about most of the mentioned services or no usage of any.

‘Thinking about being a parent bringing up a young child, what do you do to make sure that they are growing up healthily? What things have helped the most? (For example, classes, or advice from midwives, doctors, Health Visitors etc.)’

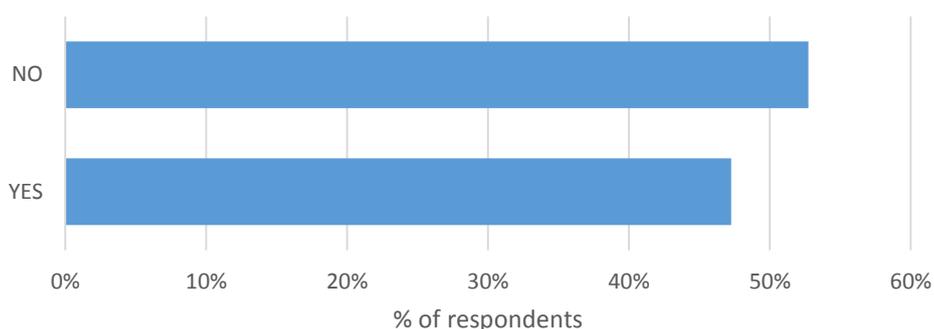
Answered: 84 Skipped: 14

- The most frequent comment was using the Health Visitor’s advice. Some used advice from doctors or midwives. Some mentioned teachers.
- Another factor, which the parents found important, was healthy eating, using natural foods. A lot of them mentioned participation in classes and groups (ex. chatter box/nursery/church or parent and child groups; one mentioned ballet and one toddler groups; most are unspecified).

- A couple of participants indicated socialising as an important factor of a healthy development and several indicated that encouragement of exercise and getting enough fresh air is important.
- Some participants used Sure Start centres. Most of the participants found necessary information in person, ex. other mothers or online. Some stated using common sense, having experience.

Figure 6. Does the pre-school/school your child attend offer any programmes aimed at promoting healthy eating and weight management? If yes, which school does your child attend?

Answered: 91 Skipped: 7



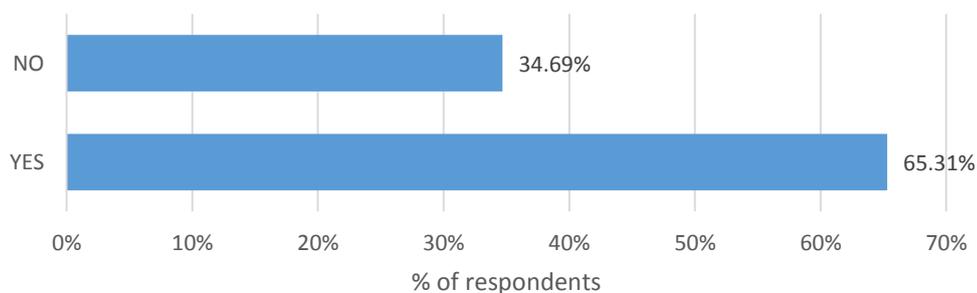
A slight majority of respondents stated that the school their child attends does not offer any programmes aimed at promoting healthy eating and weight management. Below is a map of the schools the children attend.

Table 3. Response by North, Central & South (%)

Zone	Yes	No
North	55	45
Central	41	59
South	39	61

Figure 7. Do you think the current services are effective? What other support do you think could help to ensure healthy child growth & wellbeing? (please comment)

Answered: 98 Skipped: 0



Comments included:

- More Regular visits from Health Visitors - 2
- Providing Health Visitor services on weekends - 1
- Providing translator services when needed - 2
- More activities available in the community - 2
- More sports activities - 4
- Courses for parents
- More support with weaning
- More breastfeeding support
- Cooking classes
- Playgrounds for grownups/ better facilities at Hough
- More frequent height and weight checks
- Adequate availability of services (e.g. dietitian)
- Advice on food routines for different ages
- Confidentiality issues when reporting information (overweight child was told by teachers)
- Schools to provide more information for parents - 2
- More services from Sure start

Appendix 2. Results from the optional lifestyle knowledge test

Figure 8. On average, how many hours of sleep should a child under 5 get every night?

Answered: 91 Skipped: 7

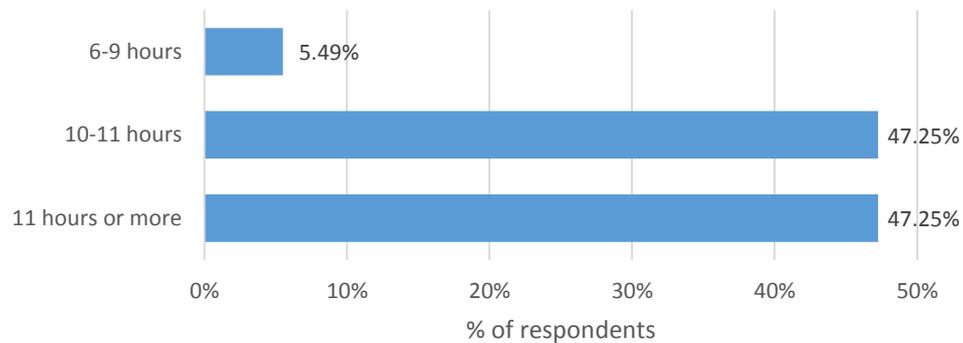
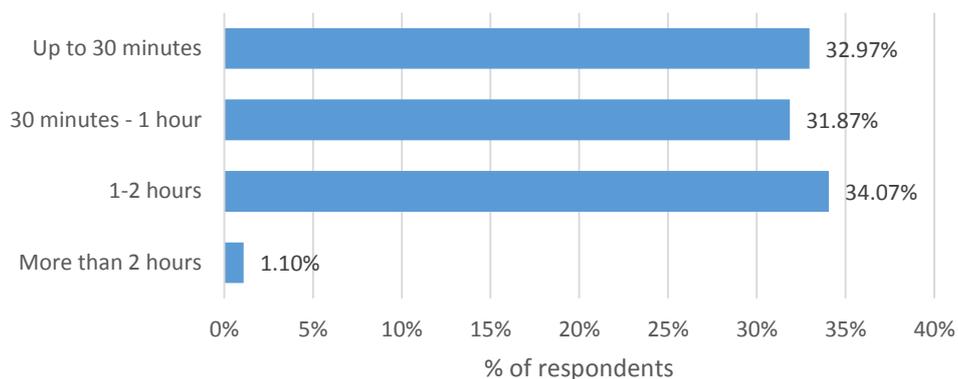


Figure 9. In a typical day, how much time should children be allowed to spend watching TV or using electronic devices e.g. iPad, mobile phones, video consoles, computer/laptop?

Answered: 91 Skipped: 7



Parents thought that their child should be allowed to spend time watching TV or with an electronic device anywhere from up to 30 minutes to 2 hours, distributed almost equally between the three answer categories. Only a few thought more than 2 hours was acceptable.

Figure 10. How often should children be allowed to eat in front of the television/ touch-screen device?

Answered: 91 Skipped: 7

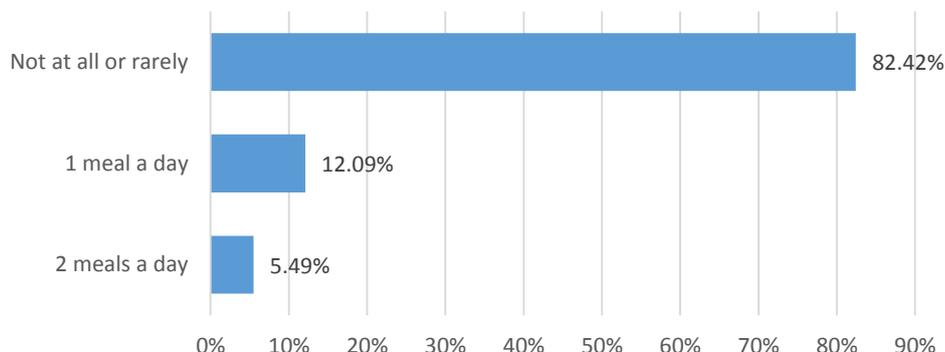


Figure 11. Does your local neighbourhood have the following places or facilities where your child can play and be physically active? (please select all responses that apply)

Answered: 88 Skipped: 10

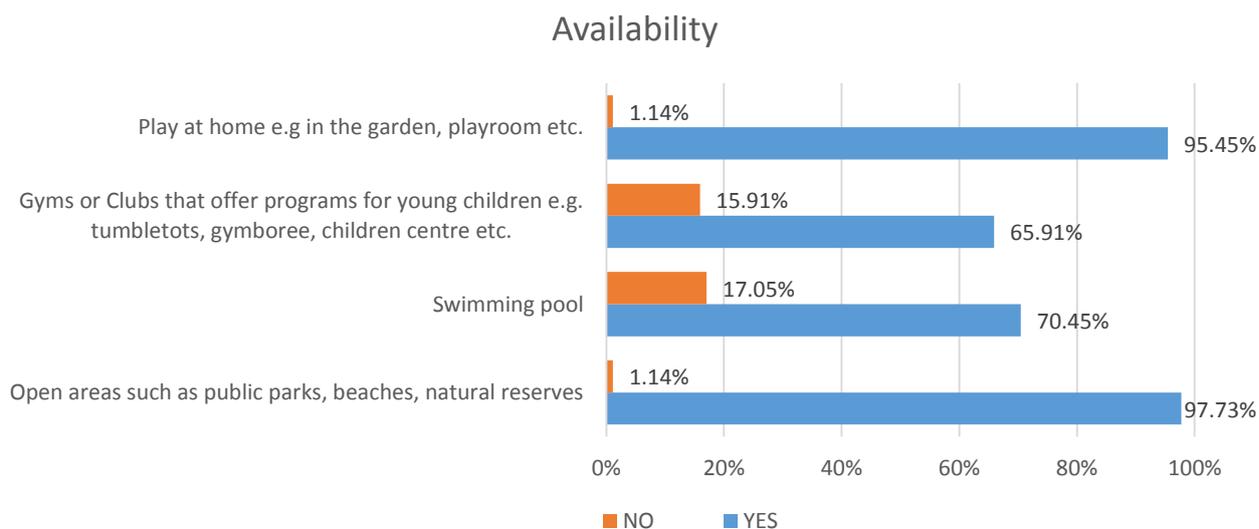


Table 4. Representing amount of time spent at the above described places and facilities.

Places/Facilities	UP TO 30 MINUTES	30 MINUTES TO 1 HOUR	1HPOUR TO 2 HOURS	2-3 HOURS	MORE THAN 3 HOURS
Open areas such as public parks, beaches, natural reserves	6.82%	19.32%	23.86%	9.09%	3.41%
Swimming pool	2.27%	17.05%	17.05%	0.00%	0.00%
Gyms or Clubs that offer programs for young children e.g. tumbletots, gymboree, children centre etc.	3.41%	10.23%	15.91%	3.41%	2.27%
Play at home e.g. in the garden, playroom etc.	4.55%	13.64%	9.09%	11.36%	15.91%

Table5 Frequency of visits to places/facilities.

Frequency per week Places/Facilities	1	2	3	4	5	6	7
Open areas such as public parks, beaches, natural reserves	17.05%	17.05%	17.05%	5.68%	3.41%	0.00%	5.68%
Swimming pool	21.59%	6.82%	0.00%	0.00%	0.00%	0.00%	1.14%
Gyms or Clubs that offer programs for young children e.g. tumbletots, gymboree, children centre etc.	14.77%	5.68%	9.09%	0.00%	3.41%	0.00%	1.14%
Play at home e.g. in the garden, playroom etc.	1.14%	4.55%	6.82%	0.00%	5.68%	0.00%	37.50%

Figure 12. Which of the following are signs that the child has been given too much food?

Answered: 85 Skipped: 13

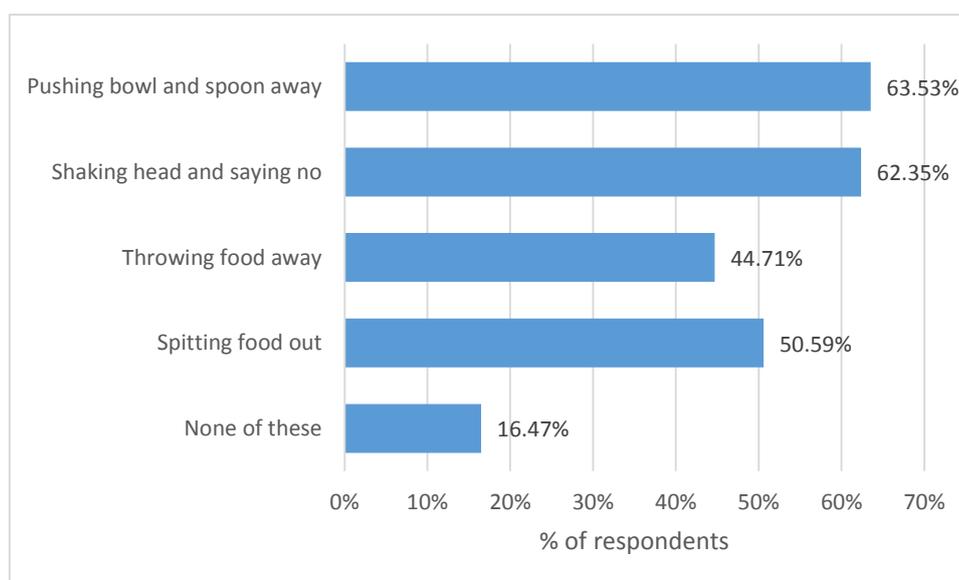
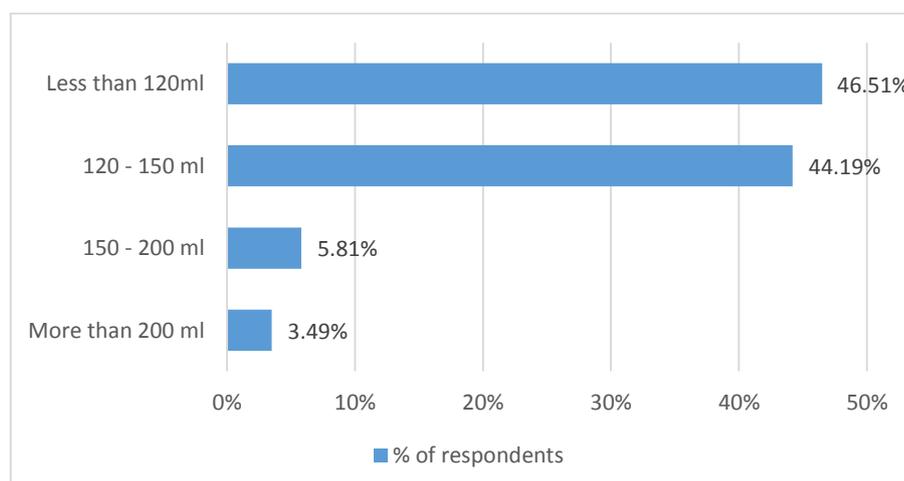


Figure 13. How much fruit juice do you think is appropriate for a young child? (per serving)

Answered: 86 Skipped: 12



Appendix 3. Demographic and characteristics of respondents

Table1 representing equal opportunities survey results

Gender	Female	91%
	Male	9%
Gender same as birth	Yes	100%
	No	0%
Relationship Status	Married	66%
	In a long-term relationship	17%
	Single	12%
	Civil partnership	4%
	Divorced	1%
	Widowed	0%
Age	<18	0%
	18-29	31%
	30-44	65%
	45-59	4%
	60+	0%
Do you consider yourself disabled?	No	98%
	Yes	2%
Race	White British	42%
	Pakistani	13%
	Chinese	11%
	White European	8%
	Other Asian	8%
	Indian	4%
	Black African (including Sub-Saharan & Somali)	3%
	Other Black	3%
	Other White	2%
	Bangladeshi	1%
	White & Black African	1%
	White & Asian	1%
	Other Mixed	1%
	Any other ethnic group	1%
	White Irish	0%
	Black Caribbean	0%
White & Black Caribbean	0%	
Traveller	0%	
Religion	Christian	34%
	Muslim	32%
	Non-religious	28%
	Hindu	3%
	Buddhist	2%
	Sikh	0%
	Jewish	0%
Sexual Orientation	Heterosexual/Straight	92%
	Prefer not to say	7%
	Lesbian/Gay woman	1%
	Gay Man	0%
	Bisexual	0%

Appendix 4: Observations

Suggestions for improvement from the parents we interviewed included:

- More regular visits from Health Visitors
- Providing Health Visitor services on weekends
- Providing interpreter services when needed
- More activities available in the community
- More sports activities
- Courses for parents
- More support with weaning
- More breastfeeding support
- Cooking classes
- More frequent height and weight checks
- Adequate availability of services (e.g. access to a dietitian), advice on food routines for different ages
- Confidentiality issues when reporting information (professional and teachers should avoid telling children directly that they are overweight)
- Schools to provide more information to parents
- More services from Sure Start

Appendix 5: Related early years health services and programmes

Figure 14. Common health services and programmes available in Manchester related to healthy weight, child growth and wellbeing. For children from 0-5 years old.

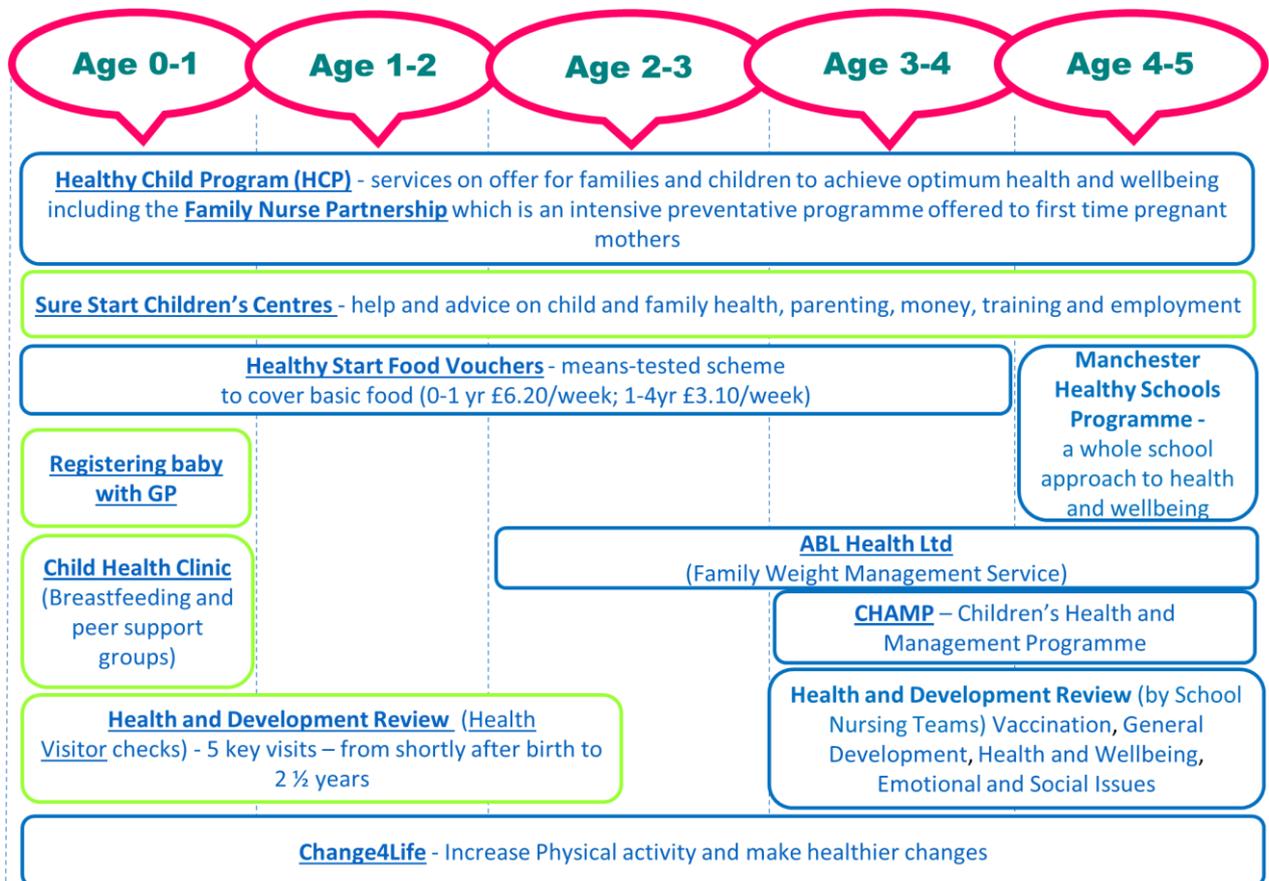


Figure 15 Example of relevant Public Health Information Initiative



Source: Public Health England¹⁰

¹⁰ Public Health England - [Childhood obesity: applying All Our Health](#)

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