Foundations
What Works Centre for Children & Families

**Last reviewed:** January 2019

**Intervention website**: https://www.henry.org.uk/

# GUIDEBOOK INTERVENTION INFORMATION SHEET

## HENRY

Please note that in the 'Intervention summary' table below, 'child age', 'level of need', and 'race and ethnicities' information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

| **Intervention summary** | |
|---|---|
| **Description** | Healthy Families: Right from the Start (known as HENRY) is for all parents of a child between 0 and 5 years old. It is delivered by family support workers to groups of eight to 10 parents over eight weekly, 2.5-hour sessions. During these sessions, parents learn strategies for implementing and maintaining a healthy diet and increasing family physical activity. |
| **Evidence rating** | 2 |
| **Cost rating** | 1 |
| **Child outcomes** | • Preventing obesity and promoting healthy physical development<br>- Improved healthy diet. |
| **Child age** (population characteristic) | 0 to 5 years old |
| **Level of need** (population characteristic) | Universal |

| **Intervention summary** | |
|---|---|
| **Race and ethnicities** (population characteristic) | • British Asian Other<br>• White British. |
| **Type** (model characteristic) | Group |
| **Setting** (model characteristic) | • Early years setting<br>• Community centre. |
| **Workforce** (model characteristic) | Family Support Workers |
| **UK available?** | Yes |
| **UK tested?** | Yes |

# Model description

Healthy Families: Right from the Start (known as HENRY) is for all parents of a child between 0 and 5 years old. HENRY provides parents with strategies for implementing and maintaining a healthy diet and increasing family physical activity.

HENRY is delivered by family support workers to groups of eight to 10 parents over eight weekly, 2.5-hour sessions.

During these sessions, parents are guided as the primary agents of change for their children, covering key topics such as healthy routines, balanced diets, screen time, emotional wellbeing, portion sizes, and positive mealtime strategies. HENRY employs motivational interviewing and a strengths-based, solution-focused approach, encouraging active participation through group discussions, role-play, and small group activities.

Parents also receive a HENRY Healthy Families workbook, which offers practical activities and accessible information to help them implement lasting, positive changes at home. The intervention fosters learning by building on parents' existing skills and experiences while providing support to create healthier family lifestyles.

# Target population

| | |
|---|---|
| **Age of child** | 0 to 5 years old |
| **Target population** | Parents with children aged 0 to 5 years old. |

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.

# Theory of change

| Why | | Who | How | What | | |
|---|---|---|---|---|---|---|
| **Science-based assumption** | **Science-based assumption** | **Science-based assumption** | **Intervention** | **Short-term outcomes** | **Medium-term outcomes** | **Long-term outcomes** |
| • Excess weight in early childhood increases the risk of obesity and diabetes in later childhood and adulthood<br>• Over one-quarter of all children in the UK are currently obese. | Family diet and low levels of physical activity increase the risk of childhood obesity and poor physical health. | All families can benefit from increased information about a healthy lifestyle. | Parents learn strategies for healthy eating and physical exercise that can be incorporated into their daily routines. | • Parents and children have a better understanding of healthy dietary and activity patterns<br>• Parents and children incorporate healthy diet and physical activities into their daily and weekly family routines. | Children reach and maintain a healthy BMI for their height and age. | • Healthy eating habits in adulthood<br>• Increased physical activity in adulthood<br>• Reduced obesity risk in childhood and adulthood. |

# Implementation requirements

| | |
|---|---|
| **Who is eligible?** | Eligible participants were parents of infants and preschool children who were attending Children's Centres and interested in participating in an intervention to improve their family's lifestyle. |
| **How is it delivered?** | HENRY is delivered by family support workers to groups of eight to 10 parents over eight weekly, 2.5-hour sessions. |
| **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.<br>• The intervention 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.<br>• 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.<br>• Participating families receive the HENRY Healthy Families workbook which provides a structured framework of activities and simple, accessible background information for each session. |
| **Who can deliver it?** | HENRY is delivered by two family support workers. |
| **What are the training requirements?** | Practitioners receive 24 hours of intervention training. Booster training of practitioners is not required. |
| **How are practitioners supervised?** | It is recommended that practitioners are supervised by one host-agency supervisor with 24 hours of intervention training. |
| **What are the systems for maintaining fidelity?** | Intervention fidelity is maintained through the following processes:<br>• Training manual<br>• Other printed material<br>• Other online material<br>• Fidelity monitoring<br>• Two day-long sessions for training and sharing are hosted each year for on-site supervisors, which is cascaded to practitioners<br>• Ad hoc support is provided via phone/email to supervisors as needed. |

## Implementation requirements (Cont.)

| | |
|---|---|
| **Is there a licensing requirement?** | Yes |
| ***Contact details** | Organisation: HENRY<br>Email address: info@henry.org.uk<br>Websites: https://www.henry.org.uk/<br>https://www.henry.org.uk/evidence-base<br>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details. |

# Evidence summary

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

This study observed statistically significant pre–post intervention increases in the amount of healthy foods consumed by HENRY children. HENRY parents also reported improved parental self-efficacy and ability in setting limits, increased adult happiness about weight, increased adult physical activity (gardening/do-it-yourself) and reduced screen time. There were also improvements in family and adult eating behaviours, as well as frequency of healthy food consumption for adults. There was no comparison group, however.

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

## Search and review

| | Number of studies |
|---|---|
| **Identified in search** | 4 |
| **Studies reviewed** | 1 |
| **Meeting the L2 threshold** | 1 |
| **Meeting the L3 threshold** | 0 |
| **Contributing to the L4 threshold** | 0 |
| **Ineligible** | 3 |

# Individual study summary: Study 1

| **Study 1** | |
|---|---|
| **Study design** | Pre–post study |
| **Country** | United Kingdom |
| **Sample characteristics** | 71 parents with children between 0 and 5 years old (mean age 3.32 years). |
| **Race, ethnicities, and nationalities** | • 86.7% White British<br>• 8.3% British Asian<br>• 5% Other ethnic groups. |
| **Population risk factors** | The study involved parents from disadvantaged communities, many of whom were of low socioeconomic status |
| **Timing** | • Baseline<br>• Post-test<br>• Eight-week follow-up. |
| **Child outcomes** | Increased frequency of healthy food consumption for children (relevant categories: cooked vegetables; fresh fruit; and baked beans, lentils, chickpeas, soy mince etc.) |

| Study 1 | |
|---|---|
| **Other outcomes** | • Improved parental self-efficacy<br>• Improved parental ability in setting limits<br>• Improved family eating behaviours (relevant categories: sat down together for a meal; had TV on at mealtimes; eating home-cooked meal; frequency with which children eat with adult at home)<br>• Improved adult eating behaviours (relevant categories: eat while watching TV; eat when angry, bored, or feeling low; choose to eat meals you know are healthy)<br>• Increased frequency of healthy food consumption for adults (Cooked vegetables; Salads/raw vegetables; Fresh fruit; Cakes, biscuits, scones, sweet pastries etc.; Sweets, chocolate; Sweet drinks, squash, fizzy drinks; Low calorie/diet drinks)<br>• Increased adult happiness about weight<br>• Increased adult physical activity (Gardening/do-it-yourself)<br>• Reduced screen time (Adult). |
| **Study Rating** | 2 |
| **Citation** | 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. |

# Brief summary

## Population characteristics

This study involved 71 parents of infants and preschool children who attended the HENRY intervention in nine locations across England. The sample was predominantly female (96.7%), with a mean age of 30.37 years. Most participants were White British (86.7%), followed by British Asian (8.3%), and other ethnic groups (5%).

## Study design

This study used a pre–post design measuring 71 families' eating behaviours and parental self-efficacy before and after receiving the HENRY intervention.

## Measurement

Measurement took place at baseline, post-test, and eight-week follow-up.

- **Parent report** measures included the Stepping Stones measure, the modified Food Frequency Questionnaire (FFQ), Parenting Self-Agency Measure, and an Adapted Family Eating and Activity Habits Questionnaire.

The study also asked parents additional questions to assess:

- Parents' ability to encourage good behaviour and set limits
- Parental estimated body mass index through parent report of height and weight
- Parental weight-related risks through parent report of clothes size
- Parents' perceptions of their weight.

## Study retention

Pre- and post-course data was available from 60 (84.5%) parents, while eight-week follow-up data was available from 58 (81.7%) parents.

## Results

### *Data-analytic strategy*

Food frequency data were analysed using repeated measures analysis of variance, with Greenhouse–Geisser corrections where appropriate. Post hoc Bonferroni comparisons were used to identify whether significant results remained at follow-up.

Changes in self-reported family healthy lifestyle score ('stepping stones') were analysed using a paired-samples t-test.

Parental self-efficacy, eating behaviour, and physical activity items were analysed using the non-parametric Friedman's test, with significant results explored using Wilcoxon's signed-rank tests.

As a result of the number of tests being conducted, a more stringent significance level of <0.01 was applied throughout.

### *Findings*

The intervention had a statistically significant positive impact on increasing the frequency of healthy food consumption for children (relevant categories: cooked vegetables; fresh fruit; and baked beans, lentils, chickpeas, soy mince, etc.

The intervention also has positive impact on parent outcomes, leading to improved parental self-efficacy and ability in setting limits, increased adult happiness about weight, increased adult physical activity (Gardening/do-it-yourself), and reduced screen time.

In terms of eating behaviours, the intervention:

- Improved family eating behaviours (relevant categories: sat down together for a meal; had TV on at mealtimes; eating home-cooked meal; frequency with which children eat with adult at home)

- Improved adult eating behaviours (relevant categories: eat while watching TV; eat when angry, bored, or feeling low; choose to eat meals you know are healthy)
- Increased frequency of healthy food consumption for adults (Cooked vegetables; Salads/raw vegetables; Fresh fruit; Cakes, biscuits, scones, sweet pastries etc.; Sweets, chocolate; Sweet drinks, squash, fizzy drinks; Low calorie/diet drinks).

Participant evaluation form showed that respondents felt positive about the course and would recommend it to others.

## Study 1: Outcomes table

| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|---|---|---|---|---|---|
| **Child outcomes** | | | | | |
| Child food consumption (Baked beans, lentils, chickpeas, soy mince, etc.; Cooked vegetables; Fresh fruit) | Food Frequency Questionnaire (Parent report) | Not reported | Yes | 54–56 (varies based on sub-scale) | Eight-week follow-up |
| Child food consumption (Meat, chicken, fish; Chips, fried or roast potatoes; Salads/raw vegetables; Milk, cheese, yogurt; Cakes, biscuits, scones, sweet pastries etc.; Crisps or other savoury snacks; Sweets, chocolate; Sweet drinks, squash, fizzy drinks; Low calorie/diet drinks; Pure fruit juice; Water) | Food Frequency Questionnaire (Parent report) | Not reported | No | 50–57 (varies based on sub-scale) | Eight-week follow-up |

| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|---|---|---|---|---|---|
| **Parent outcomes** | | | | | |
| Parental self-efficacy | Parenting Self-Agency Measure (Parent report) | Not reported | Yes | 58 | Eight-week follow-up |
| Setting limits | Five items developed for this study (Parent report) | Not reported | Yes | 56 | Eight-week follow-up |
| Family eating behaviours (sat down together for a meal; had TV on at mealtimes; eating home-cooked meal; frequency with which children eat with adult at home) | Family Eating and Activity Habits Questionnaire (Parent report) | Not reported | Yes | 54–57 (varies based on sub-scale) | Eight-week follow-up |
| Personal eating behaviours (eat while watching TV; eat when angry, bored, or feeling low; choose to eat meals you know are healthy) | Family Eating and Activity Habits Questionnaire (Parent report) | Not reported | Yes | 51 | Eight-week follow-up |
| Personal physical activity (Gardening/do-it-yourself) | Family Eating and Activity Habits Questionnaire (Parent report) | Not reported | Yes | 52 | Eight-week follow-up |

| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|---|---|---|---|---|---|
| Screen time (Adult) | Family Eating and Activity Habits Questionnaire (Parent report) | Not reported | Yes | 51 | Eight-week follow-up |
| Family eating behaviours (eating takeaway food; children allowed to eat when they want; children allowed to eat what they want; children eat at set times) | Family Eating and Activity Habits Questionnaire (Parent report) | Not reported | No | 34–55* (varies based on sub-scale) | Eight-week follow-up |
| Family activity (Play with child at home; Take child to playground; Take child to organised activities; Involve child in domestic chores; Involve child in preparing meals) | Family Eating and Activity Habits Questionnaire (Parent report) | Not reported | No | 48–56 (varies based on sub-scale) | Eight-week follow-up |
| Personal eating behaviours (sit down to eat with others; eat standing up; eat straight from pan/bowl; stop eating when had enough even if food is left) | Family Eating and Activity Habits Questionnaire (Parent report) | Not reported | No | 50–51 (varies based on sub-scale) | Eight-week follow-up |

| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|---|---|---|---|---|---|
| Personal physical activity (Swimming, jogging, aerobics, gym; cycling; walking; housework; childcare) | Family Eating and Activity Habits Questionnaire (Parent report) | Not reported | No | 47–57 (varies based on sub-scale) | Eight-week follow-up |
| Screen time (Child) | Family Eating and Activity Habits Questionnaire (Parent report) | Not reported | No | 48 | Eight-week follow-up |
| Adult food consumption (Cooked vegetables; Salads/raw vegetables; Fresh fruit; Cakes, biscuits, scones, sweet pastries etc.; Sweets, chocolate; Sweet drinks, squash, fizzy drinks; Low calorie/diet drinks) | Food Frequency Questionnaire (Parent report) | Not reported | Yes | 50–56 (varies based on sub-scale) | Eight-week follow-up |
| Adult food consumption (Meat, chicken, fish; Baked beans, lentils, chickpeas, soy mince, etc.; Chips, fried or roast potatoes; Milk, cheese, yogurt; Crisps or other savoury snacks; Pure fruit juice; Water) | Food Frequency Questionnaire (Parent report) | Not reported | No | 53–57 (varies based on sub-scale) | Eight-week follow-up |
| Adult BMI | BMI (Parent report) | Not reported | No | 58** | Eight-week follow-up |

| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|---|---|---|---|---|---|
| Adult happiness about weight | Bespoke measure for the study (Parent report) | Not reported | Yes | 58** | Eight-week follow-up |

* Items only required for children aged >18 months, hence smaller n.

** Exact number of participants for this measure was not reported, but the study mentioned that in general, eight-week follow-up data was available from 58 participants.

# Other studies

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

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.

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.

Davidson, R. (2018) *Reducing obesity in pre-school children: Implementation and effectiveness of the HENRY programme, Luton, UK.*

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**Note on provider involvement:** This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.