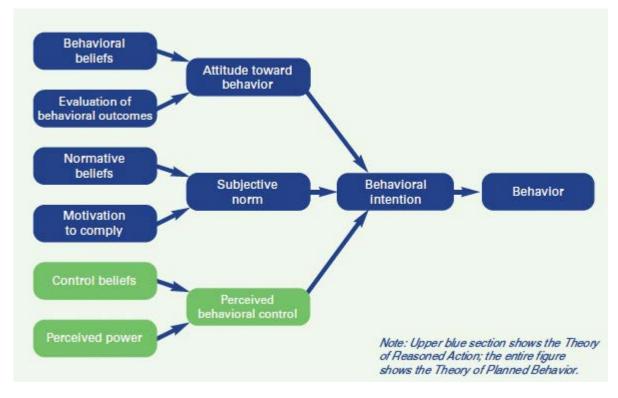
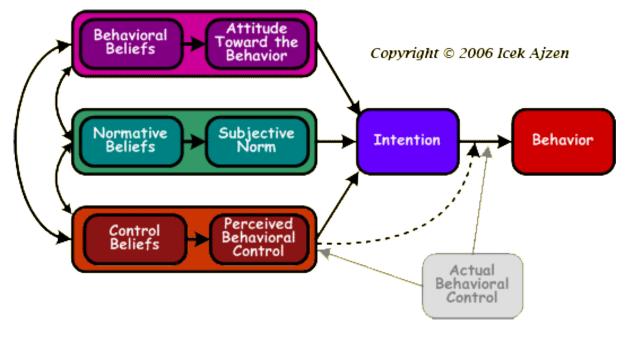
Part One – Appendices

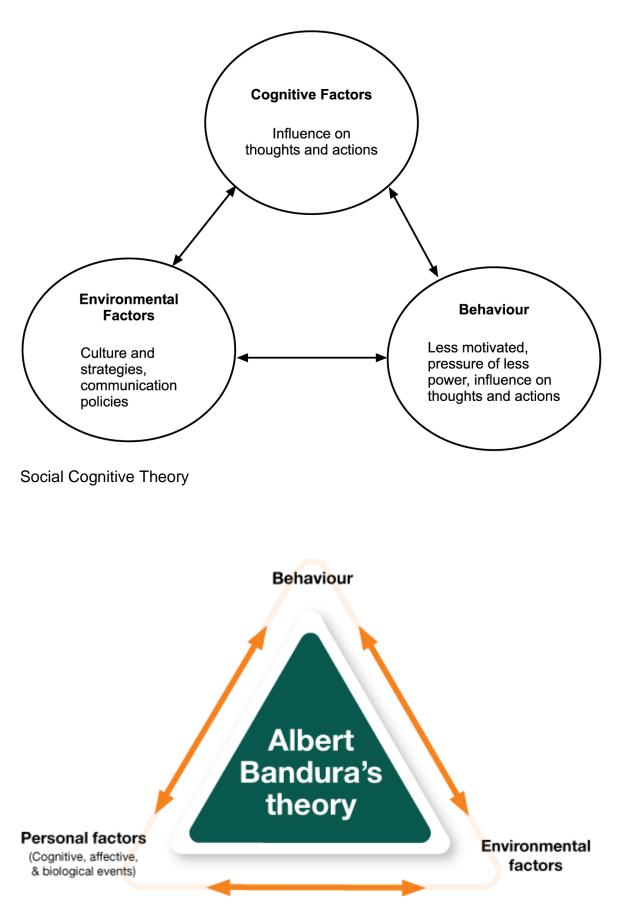
Appendix A – Behaviour-change theory models



The Theory of Reasoned Action and Planned behaviour



Behaviour Learning Theory



Bandura's Social Learning Theory

Part Two – Appendices

Appendix B – Nursery practitioner semi-structured interview topic guide

Supporting document 10: Staff questionnaire





Preschool children's Diet and Physical

Date:

A atérite Ctarle		
Activity Study		I.D. Number:
Staff Questionnaire:		
1. Name:		
2. How long have you been qualified as an Early Year's Practitioner/Nursery Nurse?		
3. How long have you worked in this particular nursery?		
4. Tell me your thoughts on childhood obesity (e.g. what are the causes, are you concerned, when should prevention start?)		
5. Who is responsible for ensuring that children lead a healthy lifestyle?		
6. Does your nursery have a policy for healthy eating?	YES NO	DON'T DECLINE KNOW
7. If the nursery does have a healthy eating policy do you know what it is, can you describe it?	YES NC	DON'T DECLINE KNOW

17/01/2013

Staff Questionnaire

.....

Version 2

8. If you were concerned about a child's weight would you feel comfortable talking about it with their parents?	YES NO	DON'T DECLINE KNOW
9. Do you feel qualified to give dietary or healthy lifestyle advice to children and parents?	YES NO	
10. What happens at birthdays/ celebrations in the nursery?		
11. What are the nursery's practices regarding fizzy drinks, sweets, crisps and so on?		DON'T DECLINE KNOW
12. Do you think your own actions and views on diet and healthy living have an impact on the children in your care?	YES NO	DON'T DECLINE KNOW
13. Does the nursery have a policy for physical activity?	YES NO	DON'T DECLINE
14. If the nursery does have a policy for physical activity, do you know what it is, can you describe it?	YES NO	DON'T DECLINE KNOW

Supporting document 10: Staff questionnaire				
15. What healthy living materials/resources do you use if any?	YES	NO	DON'T DECLINE	
16. Has the nursery taken part in any interventions/promotions?	If yes			
please describe below.	YES	NO	DON'T DECLINE KNOW	
17. What are your thoughts and feelings on introducing new polic and/or practices into the nursery?	cies		DON'T DECLINE KNOW	1
18. Would you be willing to take part in a healthy lifestyle promot intervention aimed at improving diet and physical activity pattern children that would involve parents?	s in	NO	DON'T DECLINE KNOW	
19. What would prevent an intervention/promotion being success implemented? (e.g. time, lack of training etc)	sfully			
20. Is there anything else you would like to add?	YES	NO	DON'T DECLINE	
17/01/2013 Staff Questionnaire				Version

Appendix C - Parent food map

K	Preschool Children's Diet and Physical Activity Study: Food Map	
	Name:	
	- Frequently - Between once a week and a month - Infrequently	LD No.

Appendix D – Parent physical activity map

Name:	Preschool Children's Diet Physical Activity Map	and Physical Activity Study:	
		Name:	
Frequently Between once a week and a month I.D No. Infrequently	Between once a week and a month		LD No.

Appendix E – Nursery practitioner focus group topic guide

Practitioner Focus Group

Preschool children's diet and physical activity study

Topic Guide

Research objectives:

- 1. To explore practitioners' opinions of the importance of health promotion within nursery settings
- 2. To further explore practitioners' views of the role of parents in health promoting behaviours
- To determine strategies, which promote healthy lifestyle behaviours in preschool children and their families, that can be delivered by practitioners – that are acceptable to both practitioners and parents
- 4. To determine possible barriers and facilitators for intervention implementation

Respondent profile:

• 4 female and 1 male Nursery practitioner of varying experience, duration of employment and type of preschool setting

Introduction

- Thank you all for coming today/this evening
- The purpose of our meeting today is to discuss ways in which we can help improve healthy lifestyle behaviours, such as diet and physical activity, of preschool children and their families both within the nursery setting and at home
- We will discuss current nursery practices, your feelings about the role of parental involvement, how we might best engage parents and practical aspects of implementing a healthy lifestyle programme

- The meeting will last about 1 to 1 ½ hours and with your permission we would like to tape record the session
- The results of today's discussion will be used for research purposes, everything you say will be treated as confidential and your names and the nurseries you work in will remain anonymous. We are discussing nurseries and families in general and you do not need to disclose anything about your place of work and the families you work with unless you wish to. There are no right or wrong answers and please share your point of view even if it differs from others; what you say is important. However, you do not have to answer anything you don't want to. Please try not to talk over each other too much as it is really difficult to hear speech on the tape and try not to nod or shake your head as the tape won't pick that up.
- Does anyone have any questions?

Ice-breaker

• For the purposes of the tape so that the transcriber can identify our voices, perhaps we can go around the circle and say our name and tell everyone what your favourite thing is to do in summer

Topics

1. <u>Health promotion</u>

 What sort of health promotion activities do nurseries participate in?
 Examples: no sweets rule, children must play outside every day etc

Research Objective

- To explore practitioners' opinions of the importance of health promotion within nursery settings
- What are your thoughts about health promotion as part of the curriculum?

Task 1 – Foundation priority cards 10mins Nursery practitioners will be shown 24 cards that have different aspects of the Early Years Foundation curriculum printed on them, such as, 'language for communication and thinking' and 'behaviour and self-control'. They will be asked to place them in order of importance (this will determine how high they rank health promoting aspects of the curriculum and will encourage further discussion) Blank cards will be available to document any areas they feel are lacking

- What are your feelings about promoting health to parents?
- What do you think should be the role of the parents?
- How have you engaged (involved) parents in the past?
 Examples: (not necessarily just for health promotion) newsletters, parent's evenings etc
- What do you enjoy about parent engagement (involvement) – what benefits can be gained?
- Are there any aspects you don't enjoy?

2. Strategies

To further explore practitioners' views of the role of parents in health promoting behaviours Task 2- Brainstorming session (flip-chart) 15mins

Strategies to promote health that would be acceptable to practitioners and parents

Examples: cooking sessions, health themed projects

To determine strategies, which promote healthy lifestyle behaviours in preschool children and their families, that can be delivered by practitioners – that are acceptable to both practitioners and parents

Task 3 -	Force	field	analysis	(flip-chart)
15mins				

To determine possible barriers and facilitators for intervention implementation

(Is a technique for looking at all the forces for and against a decision)

What would help or hinder the implementation of a health promotion venture with parents?

Examples: parents not being interested, staff not having enough resources

Flip-chart – facilitators and barriers = what outcome?

Task 4 – Introduction of intervention ideas

Previous research has highlighted some areas for change in children's diet and physical activity habits. What do you think of the following suggestions? How could To determine possible barriers and facilitators for intervention implementation you implement them in your preschool setting?

Add to force-field analysis

Diet:

- In nursery enforcing zero tolerance to providing or to parents providing high energy dense snacks (such as sweets, crisps, cakes, chocolate for birthdays, pack lunches etc) to children in nursery
- At home encourage parents to reduce their child's consumption of high energy dense snacks with suitable replacements
- In nursery demonstration/cooking classes for parents: healthy snacks/pack lunches etc

Physical activity:

- In nursery increase children's daily moderate to vigorous physical activity: introduce skipping games and traditional playground games
- At home encourage reduction of sedentary behaviours: less TV viewing, electronic media use
- At home encourage increased family 'active time': such as walking, cycling, playing in parks etc

What are the barriers/facilitators for these ideas

Close

- Briefly summarise the main points and ask if the summary is accurate
- Is there anything we missed that you would like to add
- What is the most important point we discussed?

Finish

Appendix F: Parent focus group topic guide

Parent Focus Group

Preschool children's diet and physical activity study

Topic Guide

Research objectives:

- 1. To explore parents' perceptions of healthy lifestyles
- 2. To elicit parental views of healthy lifestyle practices/promotion within nurseries
- 3. To explore strategies to encourage healthy family lifestyles that parents may find helpful and acceptable which can be implemented at home through advice from nursery practitioners

Respondent profile

 Mothers whose preschool children (aged 3-4 years) attend a local authority, private or community nursery

Introduction

- Thank you all for coming today/this evening
- The purpose of our meeting today is to find out ways in which we can help support young children's health and what kinds of things we can do in nurseries and at home
- We will discuss different things like diet and exercise and what your nursery currently does to support your children's health
- The meeting will last about 1 to 1 ½ hours and with your permission we would like to tape record the session
- The results of today's discussion will be used for research purposes, everything you say will be treated as confidential and your names, your children's names and the nurseries they go to will remain anonymous. We are discussing families and children in general and you do not need to disclose anything about your family unless you wish to. There are no right or wrong answers and please share your point of view even if it differs from others; what you have to say is important. However, you do

not have to answer anything you don't want to. Please try not to talk over each other too much as it is really difficult to hear speech on the tape and try not to nod or shake your head as the tape won't pick that up!

• Does anyone have any questions?

Ice-breaker

 For the purposes of the tape so that we can recognise the voices on the tape, perhaps we can go around the circle and say our name and tell everyone what is our favourite thing to do in summer – I'll start.....

Topics

1.	<u>Health behaviours</u>	Research objective
•	What do you consider to be some healthy lifestyle behaviours?	
	Examples: In relation to diet and exercise, habits you follow at home	To explore parents'
		perceptions of
		healthy lifestyles

Task 1 healthy behaviours pyramid 15mins

Parents will be shown 20 cards printed with different types of health behaviours such as 'eat breakfast', 'eat together as a family' and so on. They will be asked to pick their' top 10' and to place them in order of importance. This will hopefully induce conversation about why certain behaviours are more important than others and highlight norms and differences between families. Blank cards will be available in case parents have other lifestyle behaviours they would like to add/feel are

important.

2. Nursery practices

 What sort of things does your child's nursery do to encourage a healthy lifestyle?
 Write examples on flip chart

Examples: Snack policies, no sweets, children outside every day etc

- Have you/ your child taken part any?
- What do you feel about them
 Which things on the list work well and why?
- How do nursery staff tell you about these kinds of things? Examples: Newsletters, lunch-box rules, workshops etc

To elicit parental views of healthy lifestyle practices /promotion within nurseries

Promotion strategies

Do parents feel the need for health promotion from nursery practitioners, what would engage them?

Task 2 – Resources discussion 15mins

Parents will be shown different resources that are available to engage parents/families/nurseries such as **Change4life** 'snack swapper',' 60 active minutes' etc, **HENRY** –'balancing your plate', **Caroline Walker Trust** (CHEW) 'Eating well for 1-4 year olds'.

- What role/responsibility do nurseries have in promoting health and communicating these messages to children and/or parents?
- How would you like nursery staff to communicate health messages to your child?
- Your family? Examples: newsletters, personalised emails, workshop

To explore strategies to encourage healthy family lifestyles that parents may find helpful and acceptable which can be implemented at home through advice from nursery practitioners

Task 3 Force Field Analysis

(Is a technique for looking at all the forces for and against a decision)

Diet:

- In nursery enforcing zero tolerance to providing or to parents providing high energy dense snacks (such as sweets, crisps, cakes, chocolate for birthdays, pack lunches etc) to children in nursery
- **2.** At home The nursery to encourage parents to reduce their child's consumption of high energy dense $sn^2\theta$ ks with suitable replacements
- In nursery demonstration/cooking classes for parents: healthy snacks/pack lunches etc

Physical activity

- In nursery increase children's daily moderate to vigorous physical activity: introduce skipping games and traditional playground games
- At home The nursery to encourage parents to reduce children's sedentary behaviours: less TV viewing, electronic media use (Wii, Nintendo DS)
- **3.** At home The nursery to encourage increased family 'active time' such as walking, cycling, playing in the park etc
- What are the barriers/facilitators for these ideas?
- How do/could you put into practice health changes at home what would help or hinder you to do so
 Examples: not having sweets in the house, too expensive to experiment with new food
- Does anyone have any examples/experiences of trying to do this?
- What things worked, what didn't
- Flip-chart facilitators and barriers = what outcome?

Close

- Briefly summarise the main points and ask if the summary is accurate
- Is there anything we missed that you would like to talk about?
- What is the most important point we discussed?
- Finish

Appendix G

Ethical approval documents



09 June 2011

Lorraine McSweeney HNRC Room 1.151 1st floor Leech Building

Faculty Research Strategy Office Faculty of Medical Sciences

Newcastle University The Medical School Framlington Place Newcastle upon Tyne NE2 4HH United Kingdom

FACULTY OF MEDICAL SCIENCES: ETHICS COMMITTEE

Dear Lorraine

Title: Early Origins of Obesity; Exploring Strategies for Intervention Application No: 00303_1 (Amendment) Expected Start and end Dates: October 2009 - October 2012

On behalf of the Faculty of Medical Sciences Ethics Committee, I am writing to confirm that the ethical aspects of the changes to your proposal have been considered and your study has been given ethical approval.

The approval is limited to this project: 00303_1 (Amendment). If you wish for a further approval to extend this project, please submit a re-application to the FMS Ethics Committee and this will be considered.

During the course of your research project you may find it necessary to revise your protocol. Substantial changes in methodology, or changes that impact on the interface between the researcher and the participants must be considered by the FMS Ethics Committee, prior to implementation.*

At the close of your research project, please report any adverse events that have occurred and the actions that were taken to the FMS Ethics Committee.*

Best wishes,

Yours sincerely

M. Hollow

Marjorie Holbrough **On behalf of Faculty Ethics Committee** CC. Professor T E Cawston, Dean of Research Ms Lois Neal, Assistant Registrar (Research Strategy)

*Please refer to the latest guidance available on the internal Newcastle Biomedicine web-site. tel :+44 (0) 191 222 7073 fax :+44 (0) 191 222 5164

frsg.medicalsciences@ncl.ac.uk www.ncl.ac.uk The University of Newcastle upon Tyre trading as Newcastle University



THE QUEEN'S ANNIVERSARY PRIZES FOR HIGHER AND FURTHER EDUCATION 2005



28 September 2011

Lorraine McSweeney ESRC PhD Student FUSE (Centre for Translational Research in Public Health) Human Nutrition Research Centre Room M1151 1st Floor William Leech Building

Faculty of Medical Sciences

Newcastle University The Medical School Framlington Place Newcastle upon Tyne NE2 4HH United Kingdom Professor Michael Whitaker FIBiol FMed Sci

FACULTY OF MEDICAL SCIENCES: ETHICS COMMITTEE

Dear Lorraine

Title: Study of Kids in Preschool (SKIP) Application No: 00456/2011 September 2011 to May 2012

On behalf of the Faculty of Medical Sciences Ethics Committee, I am writing to confirm that the ethical aspects of your proposal have been considered and your study has been given ethical approval.

The approval is limited to this project: **00456/2011**. If you wish for a further approval to extend this project, please submit a re-application to the FMS Ethics Committee and this will be considered.

)

During the course of your research project you may find it necessary to revise your protocol. Substantial changes in methodology, or changes that impact on the interface between the researcher and the participants must be considered by the FMS Ethics Committee, prior to implementation.*

At the close of your research project, please report any adverse events that have occurred and the actions that were taken to the FMS Ethics Committee.*

Best wishes,

Yours sincerely

M. Hollow

Marjorie Holbrough On behalf of Faculty Ethics Committee

cc. Professor Michael Whitaker, Dean of Research & Innovation Ms Lois Neal, Assistant Registrar (Research Strategy)

*Please refer to the latest guidance available on the internal Newcastle Biomedicine web-site.



The University of Neuroastle rulen Type trading as Neuroscillo University



THE QUEEN'S ANNIVERSARY PRIZES FOR HIGHER AND FURTHER EDUCATION 2005

Part Two – Appendices

Appendix H – Nursery practitioner training manual

Study of Kids in Preschool

Practitioner Information Pack



Study of Kids in Preschool

Human Nutrition Research Centre Newcastle University <u>I.a.mcsweeney@ncl.ac.uk</u> Tel: 0191 2227642

fuse The Centre for Translational Research in Public Health



Table of Contents



	Page
Overview	3
The SKIP Programme	4
The SKIP Plan	4
Notice Board Example	6
Expectations	7
— Nursery Staff	
— Parents	
— Children	
Parenting styles	8
 Working with parents (partnership model) 	10
 Behaviour change and goal setting 	
Nutrition information	14
Physical activity information	18
Sedentary behaviour information	19
SKIP modules timeline	20
Parent session timetable	26
 Behaviour change techniques 	28
Children session timetable	29

Overview



Welcome to the Study of Kids in Preschool (SKIP) programme.

You are probably aware that the level of obesity in the UK population is rising at a alarming rate . Obesity holds a myriad of long-term health implications including type 2 diabetes, asthma, sleep apnoea, cardiovascular risks, joint pain, gall bladder disease and some cancers.

Children too are being affected by the rise in obesity; the National Child Measurement Programme (NCMP) reports that in 2008/09 10.3% of school reception age children in the North East were classified as obese; this was higher than the national average for England of 9.6%.

It is a common belief that young children are naturally active, however, recent research has suggested that children aged 3-5 years are only achieving between 20-25 minutes of the recommended 60 minutes moderate to vigorous physical activity per day.

It has been suggested that the optimum time for instilling positive health behaviours such as healthy eating and physical activity is the preschool years. It has been shown that parental involvement in health promotion interventions can improve effectiveness.

The purpose of SKIP is to test the process and acceptability of such a programme with the aim of improving healthy behaviours in preschool children and their families. If successful the programme may be rolled out to other preschool centres.

You will be guided in the delivery of the programme, working alongside the children in your care and their families.

At the end of the programme implementation you will be asked to evaluate the programme; this may be by completing a questionnaire or/and participating in a discussion group with your colleagues.

I hope you will enjoy being part of the SKIP programme and benefit from the process

Lowanie Mcsweener

The SKIP Programme

The aim of the SKIP programme is to

- · Reduce the amount of high fat, sugar and salt snacks (specifically the
- consumption of crisps, sweets, chocolate, biscuits and cakes and soft drinks)
- Increase the awareness of the importance of, and encourage children to eat a healthy breakfast
- Decrease sedentary behaviours such as TV viewing
- Increase physical activity at home and nursery
- Increase family 'active time'

The SKIP Plan

Phase one: measurements



- · All children will have their heights and weights measured
- Parents will be asked to keep a simple 4 day diary of their child's everyday food consumption
- · Parents will be asked to record how often they do something active as a family - such as swimming, going to the park and so on
- Parents will be asked to record the frequency and duration of their child's TV viewing
- A number of children will be given a physical activity monitor to wear for 4 days to record their activity
- A number of children will be given cameras to take photographs of the food they eat during the diary period

Phase two: intervention

- Using the information sheets and guides provided each month, you will work with the parents and children to set, monitor and achieve shared goals relevant to the aims of the programme
- You will be asked to set up and maintain a SKIP information board, this will advertise to parents the information, goals, challenges and tips of the month (see page 6 for a notice board example)
- · Using the ropes and games provided you will include skipping and playground games into the daily physical activity curriculum





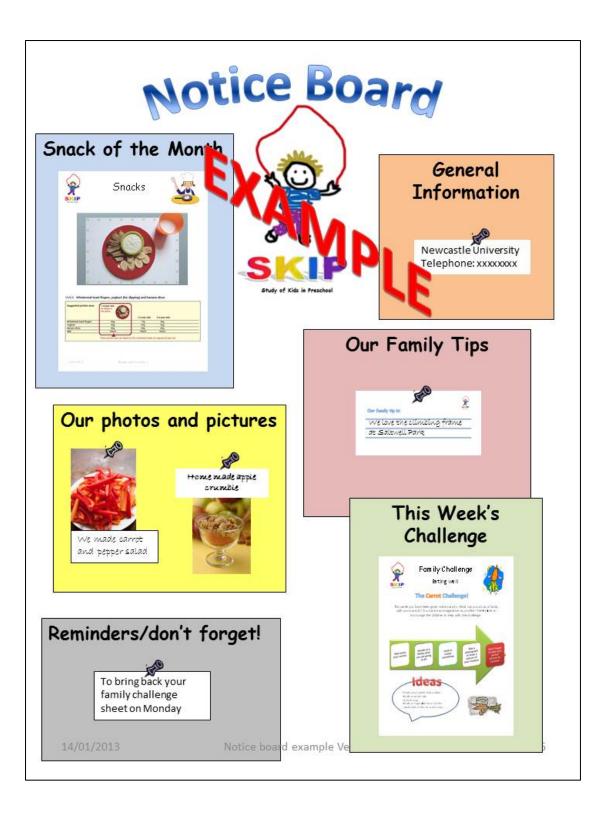
Phase three: follow-up measurements and evaluation

- Previous measurements (as described in 'phase one') height, weight, food diaries and so on will be repeated
- Practitioners and a selection of parents will be asked to tell us what they think of about the programme by questionnaire and/or discussion groups

Phase four: feedback

• You will be given a report about the programme, any results and any changes made to the programme following your feedback





Expectations



Nursery Staff

You will be asked to arrange monthly meetings with the participating parents. This should be 10-15 minutes per parent per month. This can be on an individual or group basis, whichever suits you and your nursery best.

You will be given monthly activities and tasks to complete with the children and you will be asked to encourage parents to complete activities at home. This handbook and subsequent manuals will guide you through the process.

You will be asked to set up and maintain a SKIP information and notice board in a prominent area of the nursery. This will not only remind parents of current events/activities but will also serve as a sharing point and discussion board whereby parents and children can share ideas, pictures and photographs. This will help parents help each other and increase child learning.

You will be asked to complete activities each month with the children so that a holistic approach to the programme can be achieved; thus ensuring optimal child participation and learning.

Parents

Participating parents will be asked to meet with you on a monthly basis and to set goals for their families and to monitor behaviour related to the aims of the project.

They will be asked to join in with the monthly activities and tasks and to share ideas, photographs etc.

They will be encouraged to involve their child in all aspects of the programme such as planning, changing habits and practices and monthly activities.

Children

All children will be encouraged to participate in the programme and to plan, discuss and to reflect with staff the information, activities and changes.

The children will be encouraged to learn to skip both individually and to join in with group skipping games to increase moderate to vigorous physical activity.

Parenting Styles



It has been suggested that parenting styles have an enormous impact on children's socialisation, self-esteem, behaviour and up-bringing; which in turn influences their dietary preferences, consumption and habits.

Parenting styles have been divided into three distinct categories by Baumrind (1967)¹: authoritarian, authoritative and permissive.

Authoritarian style parents are described as 'high control/low warmth' this means parents attempt to shape and control their child by strict rules, they discourage and punish wilful behaviour and children's conduct is measured by religious or other high standards of behaviour.

Authoritative parents (high control/high warmth) set standards for their child and expect mature behaviour, however, this is fostered in a warm, supportive way. Although authoritative parents will enforce their control; autonomy and self-expression is encouraged and the parent recognises there should be a balance between child and adult rights.

Permissive parents (low control/ high or low warmth) allow the child to regulate their own behaviour and remove as many constraints as possible without compromising the child's safety. Parents can be warm and supportive and believe the child has adult rights but few responsibilities¹.

More recently a fourth category of parenting style has been identified: neglectful parenting. The parents are self-involved or shrink from parental duties, they believe the child does not require parental guidance and may be emotionally cold².

It is thought that an authoritarian style of child feeding could restrict the development of the child's self control of eating³. Previous research has identified that children of authoritarian parents are five times more likely to be overweight than children of authoritative parents⁴. Authoritarian style parents are most likely to 'monitor' rather than 'model' food behaviour⁵. Children of permissive parents have been shown to consume more soft drinks and sweets.

A recent study with preschool children concluded that an **authoritative** style of parenting facilitated the child's development of self-control and healthy eating.



Parents rarely fall into one category of parenting style and may even differ from child to child, however, the **authoritative** style of parenting is considered to be most beneficial to the child and the parents.

Authoritative feeding styles

- The parent is responsive and sensitive to the child's likes and dislikes but will continue to expose the child to new foods/flavours and encourage tasting/trying in a relaxed manner, i.e. not use threats or bribes. The parent knows that a child may need to be exposed to a new food/flavour at least ten times before it is accepted
- The parent offers a guided choice; the child is given an instruction but with a choice. "It's snack time, would you like an apple or an orange?"
- The parent will consult with the child when shopping for food, e.g. "shall we buy carrots or sweetcorn for dinner?"
- · Parents will ensure availability of fruit and vegetables
- Parents will reason with their child and explain why it is important to eat fruit and vegetables
- Parents encourage the consumption of dairy foods

References:

- ¹ Baumrind, D. (1967), Child care practices anteceding three patterns of preschool behaviour, *Genetic Psychology Monographs*, Vol. 75, No. 1, pp. 43-88
- ² Carlson, L. and Grossbart, S. (1988), Parental style and consumer socialisation, *Journal of Consumer Research*, Vol. 15, pp. 77-94
- ³ Vereecken, C. et al. (2004), Influence of mother's educational level on food parenting practices and food habits of young children, *Appetite*, Vol. 33, pp. 93-103
- ⁴ Blisset, J. And Haycraft, C. (2007), Are parenting styles and feeding practices related? *Appetite*, Vol. 50, pp. 477-485
- ⁵ Hubbs-Tait, L. et al., (2008), Parental feeding practices predict authoritative, authoritarian and permissive parenting styles, *Journal of the Dietetic Association*, Vol. 108, No. 7, pp. 1154-1161

Working with parents



You may, in your work practice, already be familiar with the 'The Family Partnership model', 'The Parent Partnership model' or 'The Parent Advisor model'. These models are underpinned by a "shared sense of purpose, mutual respect and the willingness to negotiate. This implies a sharing of information, responsibility, skills, decision-making and accountability"¹.

The more control parents have within a practitioner/parent relationship, the more their confidence may be enhanced thus increasing their ability to provide a healthy environment for their child.

Partnership development requires time, patience and effort. It may not be possible to establish a rewarding relationship with all parents². This may be hampered by lack of confidence, time or interest or communication or rapport issues.

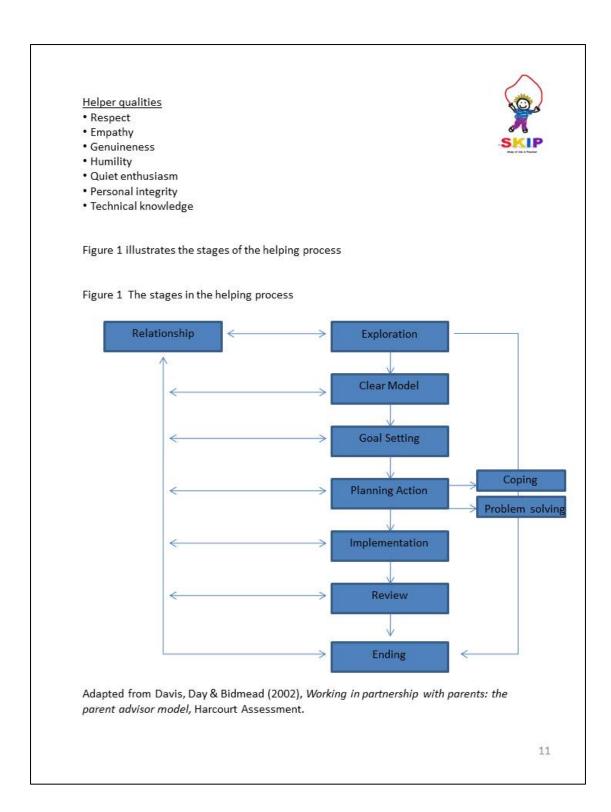
The Family Partnership model focuses on the process of 'helping' that is, 'helper qualities, helper skills and the helping process'³.

The intended outcomes of helping are:

- Do no harm (provide the best help and advice possible)
- · Help parents and children to identify and build on strengths
- Help to clarify and manage problems (the helper is not expected to know or find all the solutions)
- Foster resilience and problem anticipation (increase parents' abilities and resources in general)
- Foster development and well-being of children (help parents relate appropriately to their child)
- Facilitate social support and community development (enable parents to build, strengthen or use existing social support networks more effectively)
- Enable service support (enable parents to obtain information about services relevant to them)
- Compensate where necessary (there may be situations in which it is ineffective or unsafe to work solely through parents and the provision of high quality support is required)
- · Improve the service system

Helper skills include:

- Attention/active listening
- Prompting and exploration
- Emphatic responding
- Summarising
- Enabling change
- Negotiating
- Problem solving





Relationship:

It is important, that a relationship with the parent is established and that trust and communication are built upon. Parents need to feel that the helper (practitioner) will not judge them. Some parents may view practitioners as someone who is superior to them and thus may find communication difficult. The overall experience of being respected, listened to and involved can aid the relationship process.

Exploration (Exploring the issues with parents):

The helper and parent work together to explore the issues of the SKIP programme. Are there any issues with eating behaviour, sedentary behaviour and activity that affect the parent/family? What do the parents think of their current situation/practices? Together the family 'picture' can be established, what is the context, what are the parent/family's strengths and weaknesses?

Model (Identifying and building on strengths of parents):

If the parent feels any change is necessary, the parent is encouraged to think about which techniques and skills they already have which may facilitate change. The helper will discuss the techniques and skills and if necessary may help to develop some alternative views and techniques. Sometimes simply talking about their situation may provide new insights that will enable change. For example the parent may present the 'model' that her child will not eat breakfast, the helper may challenge this statement and suggest alternative strategies (an alternative 'model'). The 'model' decided needs to be clarified by both parties.

Setting goals:

The parent is encouraged to set their aims and goals in relation to eating, sedentary and active behaviours. Aims are seen as more general outcomes and goals are more specific. It is important that the goals are discussed in detail as parents may have unrealistic expectations of what they can achieve.

If the parent feels there is more than one issue she/he would like to tackle, the goals can be broken down and prioritised; this may make any changes more manageable. Goal setting may strengthen a parent's self esteem and build and enhance problem-solving skills which can be transferred to other areas in their life.

Planning action (coping, problem solving):

The parent and helper will evaluate the aims and goals and identify if any barriers exist for implementing the goals. Exploring and discussing possible solutions together will draw on the parents own experiences and resources.

Implementation:

It is important the parent feels prepared to carry out the changes agreed. The helper can assist by supporting the parent emotionally and practically. It may be necessary to monitor and review practical issues if unforeseen difficulties arise.



Review (Evaluation):

The helper and parent discuss whether the parent felt the strategies to implement their goals were successful. Certain areas that the parent felt were difficult/ not successful may need to be revisited and the next steps agreed. It is important that the parent acknowledges theirs and their family's success and efforts.

Ending (next steps):

It is important that the parent knows when the monthly sessions will end. An agreed plan/next step strategy may help the parent to sustain any changes in their family's lifestyle.

This manual is unable to go into the models in great depth, if you wish to know/read more the following references may be of use

- ¹ Pugh, G. et al., (1987), Partnership in Action: Working with Parents in Preschool Centres, National Children's Bureau, London
- ²Davis, H, Day, C. & Bidmead, C. (2002), Working in Partnership with Parents: The Parent Advisor Model, Harcourt Assessment, London
- ³Davis, H. & Meltzer, L. (2007), Working with parents in partnership, Department for Education and Skills, <u>http://media.education.gov.uk</u>

Nutrition information



Children should be encouraged to eat the same as the rest of the family, they do not need special children's foods.

Children need a varied diet and should eat something from each of the 4 main food groups every day, as recommended by the Department of Health.

- Bread, other cereal and potatoes
- Fruit and vegetables
- Milk and dairy foods and alternatives such as soya milk
- Meat, fish and alternatives such as eggs, beans and lentils

Children should be encouraged to eat 5 fruit and vegetables a day; a child's portion size of fruit and vegetables is about the size of their fist (approx 40g).

Energy

Most of the energy (calories) children consume should come from starchy foods such as bread, potatoes, pasta and rice. Some will also be provided by milk, other dairy products, eggs, meat, fish, beans and other protein alternatives. Sugary drinks and snacks provide energy but they often contain few other nutrients.

Fat

Fat provides the most concentrated form of energy in the diet. There are basically two types of fat:

- Saturated fats come mostly from animal foods, e.g. Meat, milk and other dairy products
- Unsaturated fats, which include polyunsaturates and monounsaturates come from vegetable foods and fish

Some fat in the diet is essential and under-5s should not be given low-fat diets or low-fat foods. However, a child who eats well can be given semi-skimmed milk from the age of two years.



Carbohydrates

Carbohydrates are an important source of energy and should come from starchy foods such as bread, pasta, rice and potatoes, and from sugars naturally present in milk and other dairy foods and fruits and vegetables.

Children do not need sugar for energy. All carbohydrates break down in the body to simple sugars and it is better to have carbohydrates that break down more slowly.



Protein

Protein is essential for growth and repair of tissues. Most people in the UK have plenty of protein in their diets.

Meat, fish, poultry, meat alternatives (such as eggs, beans, soya and nuts), dairy produc and many cereal foods are good sources of protein.

Fibre

Fibre is found in whole grain products and in fruit and vegetables. Children under 5 should not be given a 'high-fibre' diet as this may be too bulky to allow them to get all the nutrients they need.

If a child has constipation, a moderate increase in fibre-rich foods, as well as more fluid, may help.

Vitamins



Vitamin A is found in both animal foods as retinol and in foods of fruit and vegetable origin as carotene

- Vitamin D is obtained from the action of sunlight on the skin and from foods such as oil-rich fish, eggs, fortified margarine and fortified breakfast cereals
- B vitamins are found in cereal foods, meat and dairy products. Vitamin B12 is only found in foods of animal origin, so those who restrict all animal products such as vegans need to make sure they include a source of vitamin B12 in their diet
- Vitamin C is found in fruit and vegetables. Vitamin C cannot be stored in the body, therefore, fruit and vegetables need to be eaten every day

Iron

Iron is found in foods of both animal and non-animal sources but it is absorbed better from animal sources. Good sources of iron include red meats, liver, oil-rich fish such as sardines, pilchards, mackerel, some fortified breakfast cereals, green leafy vegetables, dried fruit, and beans and pulses.

Children who drink a lot of cow's milk and do not eat well at meals are at risk of not getting enough iron.

Calcium

Dairy products such as milk, yoghurt and cheese are the best source of calcium.

Green vegetables, soya products, sesame seeds, canned fish eaten with the soft bones and white bread are some non-dairy sources.



Sodium (salt)

- Too much salt is not good for very young children
- Children who eat salty foods such as sauces, soups, crisps, salted snacks, processed meats and cheese, tinned foods in sauce such as spaghetti and beans and take-away and fast foods, may be getting too much salt
- Having salty snacks every day can get children used to the taste of salty foods. It is better to serve these foods occasionally with meals rather than as a snack





What we know about children's diets

The National Diet and Nutrition Survey is a programme of surveys designed to assess the diet, nutritional intake and nutritional status of the general population aged 18 months upwards.

The Survey of Young People aged 4-18 years in 2000 reported the foods most commonly consumed by children of this age group. They were: white bread, savoury snacks, chips, biscuits, boiled, mashed and jacket potatoes and chocolate confectionery. Fruit and vegetable intake was varied among the age groups. The largest contributor of sugar was soft drinks ¹.

Initial results from the most recent survey – 2010, revealed that the consumption of saturated fats, although still higher than recommended daily levels, fell in this age group. The consumption of sugars still remains higher than the recommended level of 11%, the main contributors being cereals, cereal products, preserves and confectionery. Soft drinks in the 4-10 years age group contributed 19% of sugar consumption.

The consumption of fruit and vegetables was higher in toddlers than in previous surveys, however, the proportion of older children reaching their '5-a-day' (five portions of fruit and vegetables) was still very low 2 .

The evidence suggests that although some improvements in young children's diets can be seen, further work and health promotion activities are needed to ensure children are growing up with the best advice and diets to promote and sustain good health into adulthood.

The nutritional advice given in this document and which will be available to give to parents is from the Caroline Walker Trust (CWT), <u>www.cwt.org.uk</u>. The CWT provides evidence-based expert reports and training materials to encourage eating well.

- ¹ Department of Health, (2000), Main findings from the diet and nutrition survey: young people aged 4-18 years, The Food Standards Agency
- ² Food Standards Agency, Department of Health, (2010), National Diet and Nutrition Survey: Headline Results from Year 1 of the Rolling Programme, 2008/09



Physical activity information



The evidence about physical activity in the early years is fairly new. The studies conducted support the conclusion that regular physical activity in the early years provides immediate and long-term benefits for physical and psychological well-being. The risk that childhood inactivity will lead to poor health in later life is high ¹.

Activity is good for developing strength, coordination and balance. In the past the Department of Health recommended that all children from age 2 years should achieve at least 60 minutes of moderate intensity activity every day ('moderate activity' means enough to make them feel warm and slightly out of breath').

A more recent UK-wide Chief Officer's report includes for the first time recommendations specifically for the under-fives and for minimising sedentary behaviour 1 .

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments
- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day
- All under fives should minimise the amount of time spent being sedentary (being restrained or sitting) for extended hours (except time sleeping)
- ¹ DOH, (2011), Start Active, Stay Active: A report on physical activity for health from the four home countries Chief Medical Officers, <u>www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf</u>

Parents will receive 'staying active' tips and ideas. They will find out why it is important for their child (and themselves) to be as active as possible.



Sedentary behaviour information



Sedentary behaviour is defined as behaviours that include sitting or lying down and results in very low levels of energy expenditure¹.

There is some evidence to suggest that sedentary behaviour may be linked to overweight and obesity. An Australian study with preschoolers demonstrated that children who watched more than two hours of TV a day had a greater likelihood of being overweight when older ².

There has been a sharp increase in the number of children who have a TV in their bedroom and it has been shown that children who have their own TV watch significantly more TV than those who don't ³. Children who watch more than 2 hours of TV per day have been shown to consume less fruit and vegetables, more high energy drinks and more 'unhealthy' snacks ⁴.

Sedentary behaviour is not the opposite of physical activity. Children who are physically active may also watch TV and participate in screen time (computers, play-stations etc) for long periods of time.

There are currently no UK guidelines for children's screen viewing time, however the American Academy Of Pediatrics has proposed that children should not watch more than two hours of TV per day due to the association with increased risk of obesity ⁵.

One of the aims of the SKIP programme will be to reduce the amount of time spent in sedentary behaviour – the focus being TV viewing.

- ¹ Okely, A.D. & Jones, A.R. (2011), Sedentary behaviour recommendations for early childhood, *Encyclopedia on Early Childhood Development*, Centre of Excellence for Early Childhood Development, Wollongong
- ² Monasta, L. et al., (2010), Early-life determinants of overweight and obesity: a review of systematic reviews, *Obesity Reviews*, Vol. 11, No. 10, pp. 695-708
- ³ Rennie, K.L, et al., (2005), Behavioural determinants of obesity, Best Practice & Research Clinical Endocrinology & Metabolism, Vol. 19, No. 3, 343-358
- ⁴ Granich, J.M. et al., (2010), Understanding children's sedentary behaviour: a qualitative study of the family home environment, *Health Education Research*, Vol. 25, No. 2, pp. 199-210





SKIP Modules Timeline



Ths find: TV and a tivity dam beings to

Month one (Measurement):

Information and recruitment

- · Information and invite letters distributed to parents
- Parent recruitment days
- · Measurements (diaries, physical activity, cameras)
- Staff training with researcher

Month two (Module 1):

Parents

Introductory session with parents

- Goals and aims of the project
- Introduce themes:
 - Eating behaviour
 - Sedentary behaviour
 - Physical activity
- Reflection of monitoring and measurements (staff with parents)
- Goal setting (1)
- Information sheets:
 - Activity Tips
 - Eating Well for 3-5 year olds Healthy Eating Tips
- 'Our Family's Achievements' monitoring sheets

Children

Introduction to SKIP and Fruit Tasters

- Introduction to the SKIP programme
- Fruit tasting session/game (healthy snacks)
 - SKIP's song sheet: 'Apples and Bananas'
- Notice board set-up involvement





Month three (Module 2):

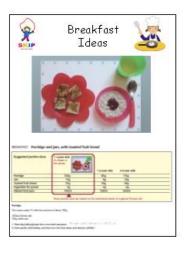
Parents

- Refection and monitoring of goals
- Goal setting (2)
- Information sheets:
 - Eating Well for 3-5 year olds: Snack tips
 - 'Five a Day' Tips
 - Portion size advice
 - Snack and breakfast ideas
 - Activity Tips
- Monthly Challenges
 - The Carrot Challenge
 - No TV day challenge
- 'Our Family's Achievements' sheets
- Our Family Reward Chart
- Sharing Tips sheet

<u>Children</u>

Learning to Skip with SKIP

- Introduction of skipping to children
- No TV day pictures/signs
- · Ideas to do instead of TV
- Activities with carrots
 - SKIP's song sheet: 'The Good Food Song'





Month four (Module 3):

Parents

- · Reflection and monitoring of goals
- Goal setting (3)
- Information sheets:
 - Eating Well for 3-5 year olds: Meal Times and Drink Facts
 - Snack and Breakfast ideas
 - Activity Tips : Active Play
- Monthly Challenges
 - The Apple Challenge
 - No TV for 2 days Challenge
 - Family Active Challenge
- 'Our Family's Achievements' sheets
- Rewards
- Sharing Tips sheet

Children

Breakfast is Cool

- Skipping games (group work)
- Importance of breakfast
- No TV signs and ideas
- Activities and cooking with apples
 - SKIP's song sheet: 'Round the Apple Tree'







Month five (Module 4):

Parents

- Reflection and monitoring of goals
- Goal setting (4)
- Relapse prevention/coping
- Information sheets
 - Eating Well for 3-5 year olds: 'My child doesn't like vegetables'
 - Snack and breakfast ideas
 - Activity Tips: 'Rainy day activities'
- Monthly Challenges
 - The Broccoli Challenge
 - No TV for 3 days Challenge
 - Family Active Challenge
- · 'Our Family's Achievements' sheets
- Rewards
- Sharing Tips sheet

Family	y Challenge
NO.	- 10°.
	195
S NO IV	for 3 Days! We far
SKIP	
	an of tanks which that we will not
	at us will find other interesting. River, to
its (Add the children what such of	
Charles of the	
Westk	
West	
Wreit	
West	
West R	
for scopes creations.	WTo post take a plate
fe angle craiter	of your lacety actives
Susception conductions from the first sector	of one family actions familiar stor test fey/
for complex constants. Instang for the series Hoging of model (character) games	of your lacety actives
Susception conductions from the first sector	of your family actives functions store (socker) group in mire

Children

Vegetable Tasters

- Increase/advance skipping games
- Family activity ideas
- No TV ideas
- Activities with broccoli and vegetable tasting sessions and games
 SKIP's song sheet: 'Oh, Do You Eat Your Vegetables?'





Month six (Module 5):

Parents

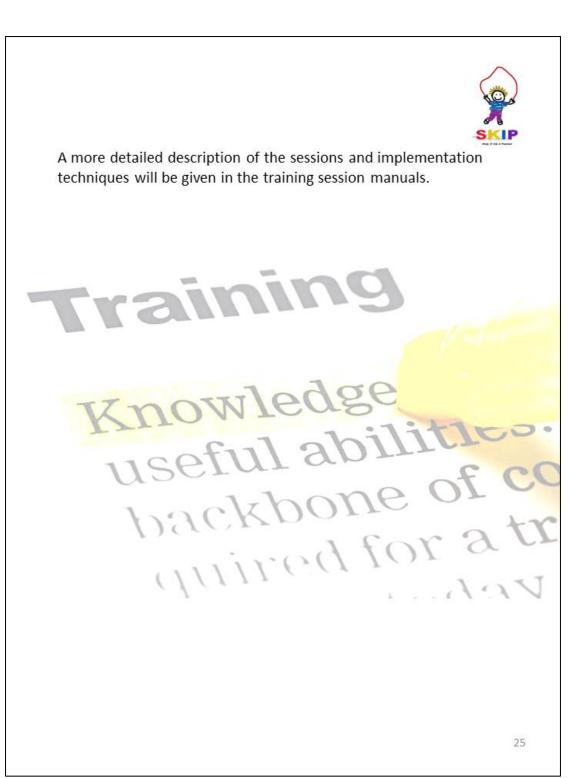
- Reflection and monitoring of goals
- Goal setting (5)
- Information sheets
 - Eating Well for 3-5 year olds: 'Snack Swaps'
 - Snack and breakfast ideas
 - Activity Tips : 'Make walks interesting'
- Monthly Challenges
 - The Banana Challenge
 - No TV for 5 days Challenge
 - Family activity Challenge
- 'Our Family's Achievements' sheet
- Rewards
- Sharing Tips sheet

<u>Children</u>

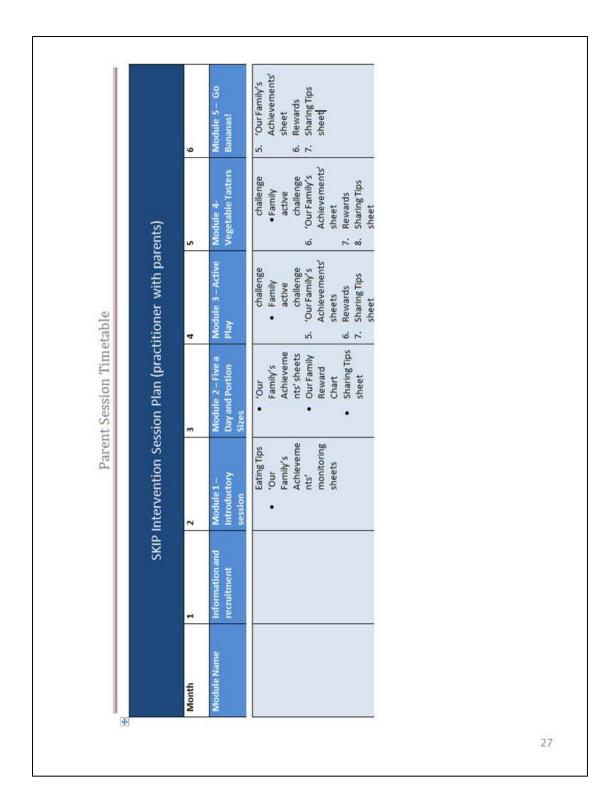
Party Time

- Continue to advance skipping games
- Ideas for no TV for 5 days
- Activities with bananas
 - SKIP's song sheet: 'Buy me a banana'
- No TV party





Month	1	2	8	4	5	9
Module Name	Information and recruitment	Module 1 – Introductory cossion	Module 2 – Five a Day and Portion Sizes	Module 3 – Active Play	Module 4- Vegetable Tasters	Module 5– Go Bananas!
Activity	 Information letters distributed to parents Parent recruitment days Data collection and avsurements Staff training session with researcher 	 Goals and aims of programme Introduction of themes Introduction of themes Eating behaviour Sedentary behaviour Physical activity Reflection of monitoring and measurements (staff with parents) Goalsetting (1) Information sheets Eating Well Sheet- healthy 	 Reflection and monitoring of goals Goal setting (2) Information sheets: Eating Well sheet- sheet- sheet- sheet- sheet- sheet- Portips Portips Portips Portips Activity Tips Activity Tips Activity Tips Activity Tips Activity Tips Activity Tips Nonthly challenge No T V day challenge 	 Reflection and monitoring of goals Goal setting (3) Information sheets: Eating Well Sheet- Meal Times Sheet- Sheet- Sheet- Sheet- Sheet- Sheet- Sheet- Activity Tips Activity Tips Activity Tips Activity Tips Active Play Anonthly Challenges: No TV for 2 days 	 Reflection and monitoring of goals Goal setting (4) Relapse Relapse Relapse Prevention / prevention / coping Information Information Eating Well - 'My child doesn't like Snack and breakfast Snack and breakfast Activity Tips Monthly Challenges: NOTV for 3 days 	 Reflection and monitoring of goals Goal setting (5) Information sheets: Eating Well sheet- Snack Swaps Snack Swaps Snack sudd breakfast ideas Activity Tips Monthly Challenges: The Banana Challenge No TV for 5 days Family activity challenge



ethe ethe 3. 11. 0 11. 12. 11. 0 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	5	9
2. Promptself- monitoring of behaviour 2. Promptself- monitoring of behaviour 2. 3. Provide monitoring of behaviour 3. 4. Provide 3. Model/ 3. how to perform the behaviour 4. Prompt practice 4. 6. Provide rewards 5. 6. Provide rewards 5. 6. Provide rewards 6. 6. Provide rewards 7. 7. Provide and tasks 8. 8. Set graded tasks 8. 9. Provide 9.	1. Goalsetting	1. Goal setting
monitoring of monitoring of behaviour 3. Provide 3. Model/ 3. Instruction on behaviour how to perform behaviour 4. Prompt practice 4. 4. Prompt barrier 5. Provide rewards 5. identification successful behaviour 6. instruction on how to perform the behaviour 7. 8. Set graded tasks 8. 9. Provide 9.		2. Prompt self-
behaviour behaviour 3. Provide 3. Model/ 3. Provide 3. Model/ how to perform behaviour 4. Prompt barrier 5. Provide rewards 5. Provide rewards 5. Instruction on behaviour 6. Provide rewards 6. Instruction on how to perform 8. Set graded tasks 8. Set graded tasks	monitoringof	monitoringof
3. Provide 3. Model/ 3. instruction on how to perform demonstrate the behaviour 4. 4. Prompt barrier 5. Provide rewards 5. 6. Provide rewards 6. 6. 7. Provide rewards 7. 7. 8. Set graded tasks 8. 8. 9. 9. 9.	behaviour	behaviour
instruction on demonstrate the how to perform behaviour the behaviour the behaviour 5. Provide rewards 5. I provide rewards 5. I provide rewards 5. Provide rewards 5. Provide 6. Instruction on how to perform how to perform the behaviour 7. Provide 3. Pr	3. Model/	3. Model/
how to perform behaviour the behaviour 4. Prompt practice 4. Prompt barrier 5. Provide rewards 5. identification contingent on successful behaviour 6. instruction on how to perform how to perform 17. 7. Provide 7. 8. Set graded tasks 8. 9.	e demonstrate the	demonstrate the
the behaviour 4. Prompt practice 4. Prompt barrier 5. Provide rewards 5. identification contingent on successful behaviour 6. Provide 6. instruction on how to perform 17. T. Provide 7.	behaviour	behaviour
Prompt barrier 5. Provide rewards 5. identification contingent on successful behaviour 6. instruction on how to perform the behaviour 7. 7. Provide 7. 8. Set graded tasks 8. 9.	4. Prompt practice	4. Prompt practice
contingent on successful behaviour 6. Provide 6. instruction on how to perform the behaviour 7. Provide 7. 8. Set graded tasks 8. 9. Provide 9.	5. Provide rewards	5. Provide rewards
successful behaviour Provide 6. instruction on how to perform the behaviour Provide 7. information Set graded tasks 8. Provide 9.	contingent on	contingent on
behaviour Provide 6. instruction on how to perform the behaviour Provide 3. Set graded tasks 8. Provide 9.	successful	successful
Provide 6. Instruction on how to perform the behaviour 7. Provide 8. Set graded tasks 8. Provide 9.	behaviour	behaviour
instruction on how to perform the behaviour Provide Set graded tasks Provide 9.	6. Provide	6. Provide
how to perform the behaviour Provide 7. Set graded tasks 8. Provide 9.	instruction on	instruction on
the behaviour Provide 7. Information 8. Set graded tasks 8. Provide 9.	how to perform	how to perform
Provide 7. Information 8. Set graded tasks 8. Provide 9.	the behaviour	the behaviour
information Set graded tasks 8. Provide 9.	7. Provide	7. Provide
Set graded tasks 8. Provide 9.	information	information
Provide 9. 1	8. Setgraded tasks	8. Set graded tasks
	9. Provide	9. Provide
information information	information	information
about other's about other's	about other's	about other's
approval/ approval	approval	approval
behaviour /behaviour	/behaviour	/behaviour
	10. Relapse	
	prevention	
_		

	SKIP	SKIP Intervention Session Plan (practitioner with children)	ion Session Plan (practitioner	tioner with chil	dren)	
Month	1	2	3	4	5	9
Session Name	Information and recruitment (parents)	Module 1- Introduction to SKIP, Fruit Tasters	Module 2 – Learningto Skip with SKIP	Module 3 – Breakfast is Cool	Module 4– Vegetable Tasters	Module 5 – Party Time
Activity	Children will be having measurements taken and some children will be given a physical activity monitor to wear or a digital camera to record food consumption	 Introduction to SKIP, 'how SKIP can help us to be healthier' Fruit tasting sessions/games SKIP's song sheet - 'Apples and Bananas' Setting up the SKIP notice board 	 Learning to skip Making 'no TV' pictures/signs What can we do instead of watching TV? Snack/activities with carrots SKIP's song sheet - 'The Good Food Song' 	 Learning to skip together Activities Activities around breakfast More 'no TV' signs and ideas Smack/activities Snack/activities Sheet - 'Round the Apple Tree' 	 Increase skippinggames skippinggames Family activity ideas More 'no TV' ideas Snack/art activities with broccoli SKIP's song sheet - 'Oh, Do You Eat Your 	 Continue with skippinggames skippinggames Ideas for 'no TV' for 5 days Snack/activities with bananas SKIP's song sheet - 'Buy me a Banana' 'No TV' party
29						





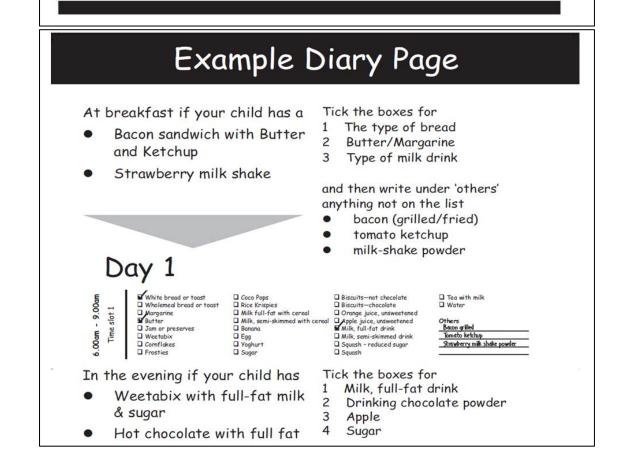
This food, TV and activity diary belongs to Name				
Situdy of Kids in Preschool				
Dear Parent or Guardian				
This diary is to record everything your child eats and drinks over the next 4 days.				
• At nursery observers will record what your child eats and drinks.				
 At home - we need you to record EVERYTHING your child eats and drinks. Could you specify the type(s) of the following you use at home spreads i.e. spreadable butter, flora light squash i.e. ribena, ribena light (esp. if your child has a packed lunch) 				
Please remember that your child should eat and drink as they usually do. All the information we collect is confidential and there are no right or wrong answers.				
X X				

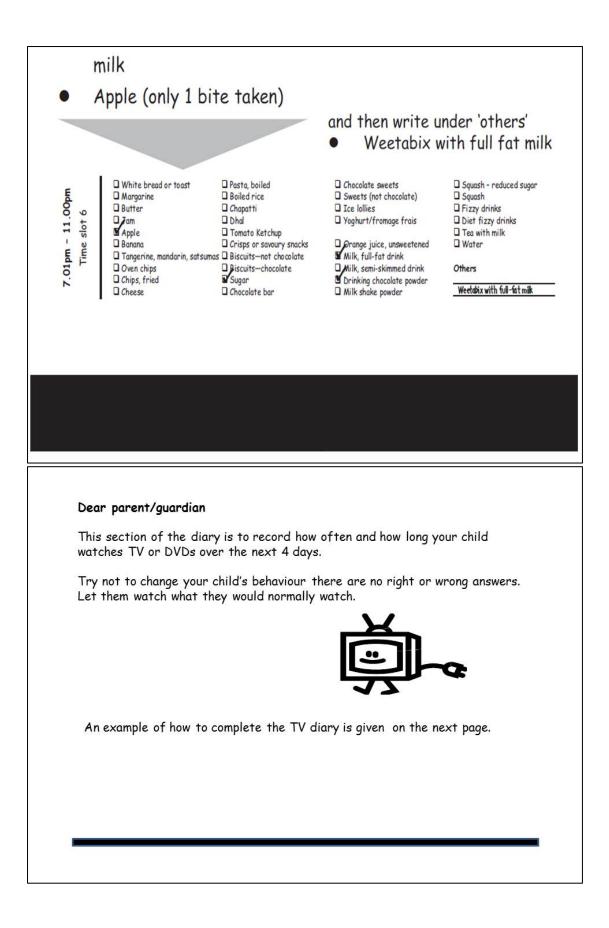
We just need to know what your child eats, not how much. For example, if your child eats white bread for breakfast, tick the box for white bread whether they eat only one mouthful or several slices.

An example of how to fill in the diary is given on the next page Each day is divided up into 6 time slots

6.00 am - 9.00 am
9.01 am - 11.00 am
11.01 am - 2.00 pm
2.01 pm - 4.00 pm
4.01 pm - 7.00 pm
7.01 pm - 11.00 pm

Some of the most common foods eaten by children at each of these times are listed. If what your child has eaten is listed then simply tick the correct box. If an item is not listed then write it down in the 'other' box (stating the brand/supermarket e.g Asda/Netto own brand).





TV or DVD	My child started to watch TV at	My child stopped watching TV at
TV	8 am	8.20am
DVD	11am	11.50
TV	Зрт	3.45pm
тv	6pm	6.20pm
		Š

D	ay 1			Home lunch School lunch Pack lunch
6.00am - 9.00am Time slot 1	 White bread or toast Wholemeal bread or toast Margarine Butter Jam or preserves Weetabix Cornflakes Frosties 	Coco Pops Rice Krispies Milk full-fat with cereal Milk, semi-skimmed with cereal Banana Egg Yoghurt Sugar	 Biscuits—not chocolate Biscuits—chocolate Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash—reduced sugar 	Squash Tea with milk Water Others
9.01am - 11.00am 6.00am - 9.00am Time slot 2 Time slot 1	White bread or toast Wholemeal bread or toast Margarine Butter Am or preserves Apple Banana Pear		 Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash-n-educed sugar Fizzy drink Diet fizzy drink 	Water Others
11.01am - 2.00pm Time slot 3	White bread or toast Wholemeal bread or toast Margarine Butter Cheese Cheese spread / triangle Baked beans Fish fingers Ham Chicken or turkey (not nuggets Sausage roll Tuna, tinned Eggs, boiled Pasta, tinned, in tomato sauce	Oven chips Chips—fried Potatoes—other Peas Sweetcorn Carrots Cucumber Tomato Crisps or savoury snacks Caray Apple Banana Tangerine, mandarin, satsuma	Grapes Grapes Strawberries Raisins Biscuits—not chocolate Biscuits—not chocolate Voghurt / fromage frais Cake or sweet pastry Custard Chocolate bar Sweets (not chocolate) Orange juice, unsweetened Squash—reduced sugar Squash	Fizzy drink Diet fizzy drink Water Others
2.01pm - 4.00pm Time slot 4	 White bread or toast Margarine Butter Apple Banana Pear □ Tangerine, mandarin, satsuma □ Crisps or savoury snacks 	Biscuits—not chocolate Biscuits—chocolate Chocolate bar Chocolate sweets Sweets (not chocolate) Ice lolly Cheese Tomato ketchup	 Yoghurt / Fromage frais Orange juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash-reduced sugar Squash Fizzy drink 	Diet fizzy drink Water Others
4.01 pm - 7.00pm Time slot 5	White bread or toast Margarine Butter Apple Grapes Strawberries Oven chips Chips—Fried Boiled potatoes Potatoes—other Carrots Peas Sweetcorn Cuumber	Tomato Tomato Broccoli Sousages Pasta, boiled Posta, tinned in tomato sauce Fish fingers Chicken or turkey nuggets Chicken or turkey (not nuggets) Pizza Baked beans Cheese Boiled rice Ham Chapatti Dhal	Gravy Gravy Gravy Gravy Gravy Grave	Milk, semi-skimmed drink Squash-reduced sugar Squash Fizzy drink Tea with milk Water Others
7.01pm - 11.00pm Time slot 6	 White bread or toast Margarine Butter Jam Apple Banana Tangerine, mandarin, satsuma Oven chips Chips-fried Cheese 	 Pasta, boiled Boiled rice Chapatti Dhal Tomato Ketchup Crisps or savoury snacks Biscuits—not chocolate Biscuits—chocolate Sugar Chocolate bar 	Chocolate sweets Sweets (not chocolate) Ice Iollies Yoghurt / fromage frais Orange juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Drinking chocolate powder Milk shake powder	Others

TV or DVD	My child started to watch TV at	My child stopped watching TV at
DVD	TO WATCH IV AT	watching IV at
<u>e</u>		
-		
		Š
-		

D	ay 2			Home lunch School lunch Pack lunch
6.00am - 9.00am Time slot 1	White bread or toast Wholemeal bread or toast Margarine Butter Jam or preserves Weetabix Cornflakes Frosties	Coco Pops Rice Krispies Milk full-fat with cereal Milk, semi-skimmed with cereal Banana Egg Yoghurt Sugar	Biscuits—not chocolate Biscuits—chocolate Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash—reduced sugar	☐ Squash ☐ Tea with milk ☐ Water Others
9.01am - 11.00am 6.00am - 9.00am Time slot 2 Time slot 1	White bread or toast Wholemeal bread or toast Margarine Butter Jam or preserves Apple Banana Pear		Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash—reduced sugar Squash Fizzy drink Diet fizzy drink	Water Others
11.01am - 2.00pm Time slot 3	White bread or toast Wholemeal bread or toast Margarine Butter Cheese Cheese spread / triangle Baked beans Fish fingers Ham Chicken or turkey (not nuggets Sausage roll Tuna, tinned Eggs, boiled Pasta, tinned, in tomato sauce	Oven chips Chips—fried Potatoes—other Peas Sweetcorn Carrots Cucumber Tomato Crisps or savoury snacks Gravy Garay Apple Banana Tangerine, mandarin, satsuma	Grapes Grapes Strawberries Raisins Biscuits—not chocolate Biscuits—not chocolate Voghurt / fromage frais Cake or sweet pastry Custard Chocolate bar Sweets (not chocolate) Orange juice, unsweetened Squash—reduced sugar Squash	
2.01pm - 4.00pm Time slot 4	White bread or toast Margarine Butter Apple Banana Pear Tangerine, mandarin, satsuma		Yoghurt / Fromage frais Orange juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash-reduced sugar Squash	Diet fizzy drink Water Others
4.01pm - 7.00pm 2 Time slot 5	Crisps or savoury snacks White bread or toast Margarine Butter Apple Banana Grapes Oven chips Chips-fried Boiled potatoes Potatoes-other Carrots Peas Sweetcorn Cucumber	Tomato ketchup Tomato	Fizzy drink Gravy Tomato ketchup Yoghurt / fromage frais Crisps or savoury snacks Biscuits—not chocolate Biscuits—chocolate Cake or sweet pastry Chocolate bar Chocolate sweets Sweets (not chocolate) Ice cream Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink	Milk, semi-skimmed drink Squash-reduced sugar Squash Fizzy drink Tea with milk Water Others
7.01pm - 11.00pm Time slot 6	 White bread or toast Margarine Butter Jam Apple Banana Tangerine, mandarin, satsuma Oven chips Chips-fried Cheese 	 Pasta, boiled Boiled rice Chapatti Dhal Tomato Ketchup Crisps or savoury snacks Biscuits—not chocolate Biscuits—chocolate Sugar Chocolate bar 	Chocolate sweets Sweets (not chocolate) Ice Iollies Yoghurt / fromage frais Orange juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Drinking chocolate powder Milk shake powder	□ Squash—reduced sugar □ Squash □ Fizzy drinks □ Tet fizzy drinks □ Tea with milk □ Water Others

TV or	My child started to watch TV at	My child stopped watching TV at
DVD	to watch TV at	watching TV at
		Š

D	ay 3	•••••		Home lunch School lunch Pack lunch
6.00am - 9.00am Time slot 1	 White bread or toast Wholemeal bread or toast Margarine Butter Jam or preserves Weetabix Cornflakes Frosties 	Coco Pops Kice Krispies Milk full-fat with cereal Milk, semi-skimmed with cereal Banana Egg Yoghurt Sugar	Biscuits—not chocolate Biscuits—chocolate Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash—reduced sugar	Guash Tea with milk Water Others
9.01am - 11.00am 6.00am - 9.00am Time slot 2 Time slot 1	White bread or toast Wholemeal bread or toast Margarine Butter Jam or preserves Apple Banana O Pear		Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash—reduced sugar Squash Fizzy drink Diet fizzy drink	Water Others
11.01am - 2.00pm Time slot 3	White bread or toast Wholemeal bread or toast Margarine Butter Cheese Cheese spread / triangle Baked beans Fish fingers Ham Chicken or turkey (not nuggets Sausage roll Tuna, tinned Eggs, boiled Pasta, tinned, in tomato sauce	Oven chips Chips—fried Potatoes—other Peas Sweetcorn Carrots Cucumber Tomato Crisps or savoury snacks Gravy Gravy Apple Banana Tangerine, mandarin, satsuma	Grapes Strawberries Raisins Biscuits—not chocolate Biscuits—not chocolate Voghurt / fromage frais Cake or sweet pastry Custard Chocolate bar Sweets (not chocolate) Orange juice, unsweetened Squash—reduced sugar Squash	Fizzy drink Diet fizzy drink Water Others
2.01pm - 4.00pm Time slot 4	White bread or toast Margarine Butter Apple Banana Pear Cangerine, mandarin, satsuma		Voghurt / Fromage frais Orange juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash-reduced sugar Squash	 Diet fizzy drink Water Others
4.01pm - 7.00pm 2 Time slot 5	Crisps or savoury snacks White bread or toast Margarine Butter Apple Banana Grapes Oven chips Chips-fried Boiled potatoes Potatoes-other Carrots Peas Sweetcorn Cucumber	Tomato ketchup Tomato	Fizzy drink Fizzy drink Fizzy drink Gravy Tomato ketchup Yoghurt / fromage frais Crisps or savoury snacks Biscuits—not chocolate Biscuits—chocolate Cake or sweet pastry Chocolate bar Chocolate sweets Sweets (not chocolate) Ice cream Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink	Milk, semi-skimmed drink Gaussh—reduced sugar Gaussh Fizzy drink Diet fizzy drink Tea with milk Water Others
7.01pm - 11.00pm Time slot 6	 White bread or toast Margarine Butter Jam Apple Banana Tangerine, mandarin, satsuma Oven chips Chips-fried Cheese 	 Pasta, boiled Boiled rice Chapatti Dhal Tomato Ketchup Crisps or savoury snacks Biscuits—not chocolate Biscuits—chocolate Sugar Chocolate bar 	Chocolate sweets Sweets (not chocolate) Ce Iollies Yoghurt / fromage frais Orange juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Drinking chocolate powder Milk shake powder	 Squash—reduced sugar Squash Fizzy drinks Diet fizzy drinks Tea with milk Water Others

TV or DVD	My child started to watch TV at	My child stopped watching TV at
DVD	To watch IV at	watching IV at
-		
		Š

D	ay 4			Home lunch School lunch Pack lunch
6.00am - 9.00am Time slot 1	 White bread or toast Wholemeal bread or toast Margarine Butter Jam or preserves Weetabix Cornflakes Frosties 	Coco Pops Rice Krispies Milk full-fat with cereal Milk, semi-skimmed with cereal Banana Egg Yoghurt Sugar	Biscuits—not chocolate Biscuits—chocolate Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash—reduced sugar	Squash Tea with milk Water Others
9.01am - 11.00am 6.00am - 9.00am Time slot 2 Time slot 1	White bread or toast Wholemeal bread or toast Margarine Butter Jam or preserves Apple Banana Pear		Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash—reduced sugar Squash Fizzy drink Diet fizzy drink	Others
11.01am - 2.00pm Time slot 3	White bread or toast Wholemeal bread or toast Margarine Butter Cheese Baked beans Fish fingers Ham Chicken or turkey (not nuggets Sausage roll Tuna, tinned Eggs, boiled Pasta, tinned, in tomato sauce	Oven chips Chips—fried Potatoes—other Peas Sweetcorn Carrots Cucumber Tomato Crisps or savoury snacks Gravy Garay Apple Banana Tangerine, mandarin, satsuma	Grapes Grapes Strawberries Raisins Biscuits—not chocolate Biscuits—not chocolate Voghurt / fromage frais Cake or sweet pastry Custard Chocolate bar Sweets (not chocolate) Orange juice, unsweetened Squash—reduced sugar Squash	Fizzy drink Diet fizzy drink Water Others
.01pm - 4.00pm Time slot 4	White bread or toast Margarine Butter Banana Pear Tangerine, mandarin, satsuma		Voghurt / Fromage frais Orange juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Squash—reduced sugar	Diet fizzy drink Water Others
4.01pm - 7.00pm 2. Time slot 5	Crisps or savoury snacks White bread or toast Margarine Butter Apple Banana Grapes Strawberries Oven chips Chips—fried Boiled potatoes Potatoes—other Carrots Peas Sweetcorn Cucumber	Tomato ketchup Tomato	Fizzy drink Gravy Tomato ketchup Yoghurt / fromage frais Crisps or savoury snacks Biscuits—not chocolate Biscuits—chocolate Cake or sweet pastry Chocolate bar Chocolate sweets Sweets (not chocolate) Ice cream Orange juice, unsweetened Apple juice, unsweetened Milk, full-fat drink	Milk, semi-skimmed drink Squash—reduced sugar Squash Fizzy drink Diet fizzy drink Uet fizzy drink Water Others
7.01pm - 11.00pm Time slot 6	 White bread or toast Margarine Butter Jam Apple Banana Tangerine, mandarin, satsuma Oven chips Chips-fried Cheese 	 Pasta, boiled Boiled rice Chapatti Dhal Tomato Ketchup Crisps or savoury snacks Biscuits—not chocolate Biscuits—chocolate Sugar Chocolate bar 	Chocolate sweets Sweets (not chocolate) Ice Iollies Yoghurt / fromage frais Orange juice, unsweetened Milk, full-fat drink Milk, semi-skimmed drink Drinking chocolate powder Milk shake powder	Squash—reduced sugar Squash Fizzy drinks Diet fizzy drinks Tea with milk Water Others

TV or	My child started to watch TV at	My child stopped watching TV at
DVD	TO WATCH IV AT	watching IV at
<u> </u>		
<u>6</u>		
		Š

Dear parent, this section of the diary is to record how often your family does something **'active' together**.

Try not to change your behaviour, do what you would normally do.

An example of how to complete this section is given on the next page.



Family 'Active Time' Section

Example.....



Day 1:

Mum and children walked to nursery/school. 8.30 to 8.50am

Dad took children to play in park after tea. 6.00 to 6.40pm

Day 2:

Mum and child walked home from nursery. 11.30 to 11.55 am

Mum and child swimming class. 2.00 to 3.00 pm

Day 3:

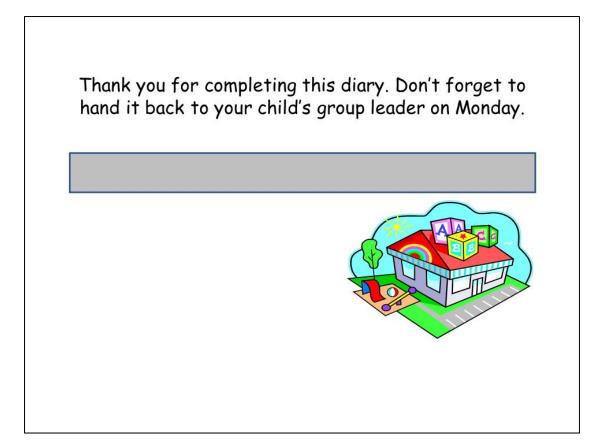
Family walk and games at the beach 1.30 to 4.00 $\rm pm$

Dad and children played football in the garden. 6.00 to 6.30 pm

Day 4:

Mum, Grandad and children took dog for a walk. 10.45 to 11.30am

Day 1:	
Day 2:	
Day 3:	
Day 4:	
Duy 4.	



Part Three – Appendices

Appendix J – Undergraduate project abstract

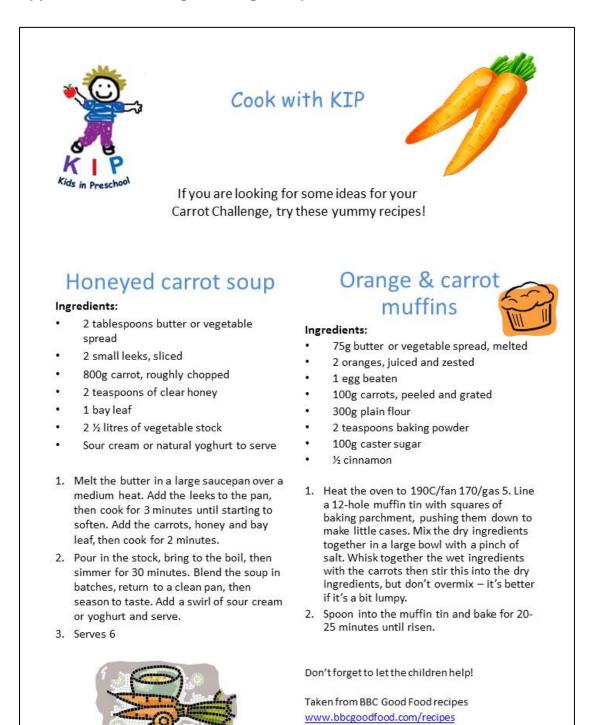
Introduction: There is evidence that consuming a balanced diet, rich in fruit and vegetables can have a positive effect on health throughout all stages of life. It is of importance that children adopt healthy eating patterns in their early years as lifestyle behaviours established during this period have the potential to influence health in later years. However, the majority of children in the UK are failing to meet the '5 A DAY' target. This, in turn, may result in higher energy intakes and can lead to a greater prevalence of obesity and susceptibility to cardiovascular disease, type 2 diabetes mellitus and certain cancers. In order to address this problem, numerous lifestyle intervention studies have been carried out in school and community settings to increase acceptance of fruits and vegetables. Such interventions have so far produced mixed results; however their popularity remains strong due to the convenience of the school setting. One such intervention the Study of Kids in Preschool (SKIP) Project, aimed to modify the lifestyle behaviours of preschool children in the North East of England. In the current study, aspects of the SKIP Project were adapted for use with children aged 7-9 years, with the aim of increasing their knowledge of, and preference for, fruit and vegetables, using the principles of Social Cognitive Theory to increase self-efficacy for change.

Method: Two classes of children were recruited from a Gateshead primary school to take part in the intervention. A four week programme of interactive activities, tasting sessions, homework 'Challenges', worksheets and parental information sheets was developed by the researcher and implemented by class teachers. Baseline and post-intervention data were collected using the NFER 'Thinking about Food' questionnaire to determine if significant changes in knowledge and/or preference had occurred. In order to assess the suitability and acceptability of the intervention, an interview was conducted with the class teachers at the end of the programme.

Results: Overall preference for fruit (p=0.23) and vegetables (p=0.77) did not increase significantly following the intervention. However, preference for fruit as a snack did show a significant increase (p<0.01). Overall knowledge scores also increased (p<0.001), with knowledge of healthy snacks, knowledge of food items which constitute a portion of fruit, and knowledge of the '5 A DAY' message demonstrating the greatest changes. The teachers reported that the programme was suitable for the target age group, well received by the children and convenient to implement in the school environment.

Conclusions: The present intervention demonstrated a greater effect on the children's knowledge of fruits and vegetables, rather than their preference towards them. The results may have been influenced by the short duration of the intervention. However, despite this limitation, a positive trend was evident. Social Cognitive Theory states that in order to facilitate long-term behaviour change, knowledge and self-efficacy must first be increased before significant changes in behaviour will be seen.

Appendix K – Cooking challenge recipes





Cook with KIP



If you are looking for some ideas for your Broccoli Challenge, try these yummy recipes!

Cheesy broccoli pasta bake

Ingredients:

- 280g penne pasta
- 280g broccoli, cut into florets
- 25g butter or vegetable spread
- 25g plain flour
- 300ml milk
- 1 tablespoon wholegrain mustard
- 140g mature cheddar cheese, grated
- Cook the pasta in boiling water, adding the broccoli for the 4-5 minutes and cooking until tender. Drain well, then heat the grill
- Heat the butter in a saucepan and stir in the flour. Cook for 1 minute, then gradually add the milk, stirring well between each addition. Bring to the boil, stirring, then simmer for 2 minutes before stirring in the mustard, half the cheese and seasoning.
- Mix the pasta and broccoli into the sauce and spoon into an ovenproof dish. Scatter over the remaining cheese and place under a hot grill for 3-4 minutes until golden and bubbling.

Sweet potato & broccoli frittata

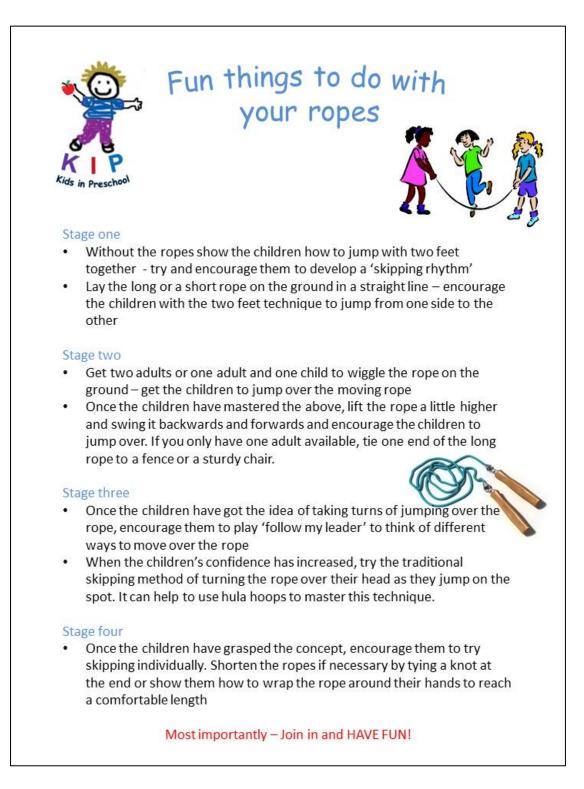
Ingredients:

- 1 sweet potato, peeled and cut into small cubes
- 1/2 head broccoli, cut into small florets
- Olive oil
- 1 garlic clove, crushed
- 5 eggs, beaten
- 50g cheddar cheese, grated
- Cook the sweet potato in boiling water for about 8-10 minutes until it is tender, adding the broccoli for the last 5 minutes. Drain well. Heat a little oil in a small deep frying pan and then add the garlic, sweet potato and broccoli. Toss together and then spread the vegetables in an even layer in the frying pan and pour on the eggs.
- Cook until the bottom is set and then sprinkle on the cheese and grill very briefly until just set.
- Serve with salad or in a pitta bread with salad.

Don't forget to involve the children! Taken from BBC Good Food www.goodfood.com/recipes



Appendix L – Playground games sheet







Musical Colours

Place 4 different coloured hoops in different corners of the playground. In your hand hold 4 corresponding coloured pencils.

Play some music or sing a song. When the music stops the children must run to one of the hoops and stop. Hide the pencils behind your back and reveal one pencil. If you pull out, for example, a blue pencil all the children standing at the blue hoop are 'out'. Continue until you have one or two 'winners'.

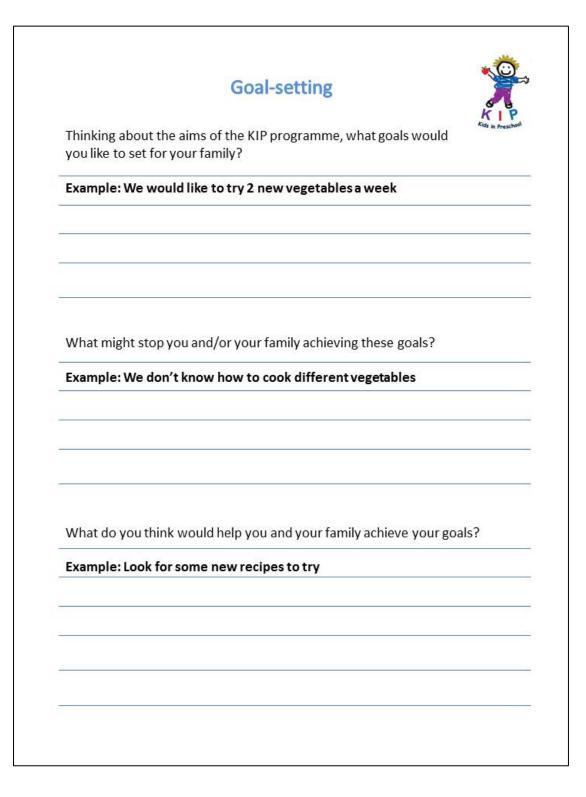


Walk like a ?

Line all the children up at one end of the playground. Tell them "we are going to walk like a ……" (choose an animal, fairy, giant and so on) and encourage the children to traverse across the playground in the chosen manner. You can also fly, creep, hop and so on – whatever gets the children moving.



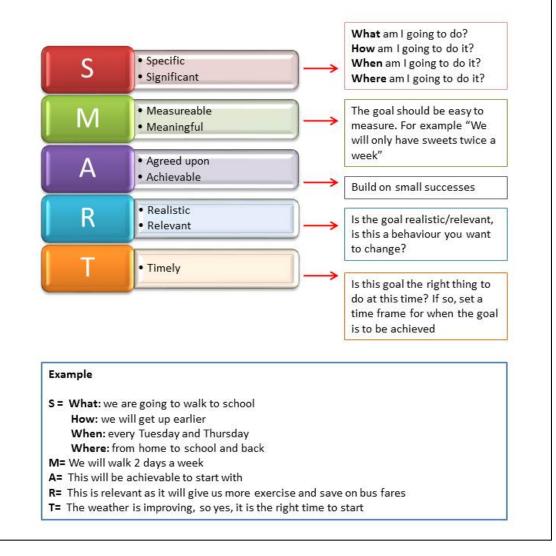
Appendix M – Adjusted parent goal-setting sheets





Create SMART Goals

Setting goals increases the likelihood of changing the behaviours (eating, physical activity and sedentary) you would like your family to focus on. Your goals need to be 'SMART'.



Appendix N – Increasing activity with Frisbee information sheet





Have fun with your Frisbee

What does playing with a Frisbee do for my child?

- This will encourage your child to run about increasing their heart-rate. This is known as moderate to vigorous activity which is good for health
- It will help strengthen your child's bones and muscles
- It will help to improve your child's hand-and-eye coordination
- Exercising encourages a healthy appetite
- They will have fun, especially if they are playing with their family and friends so
 remember to join in, it's good for you too!

Games to play

- Make sure you have plenty of space to play either in the garden or go to your nearest park or beach
- Show your child how to throw and spin the Frisbee, encourage them to keep trying
- Play simple passing games, if there is more than two of you stand in a large circle and say the name of the person you want to pass it to so that they are ready to catch!
- When your child gets used to throwing the Frisbee put a small object on the grass/sand such as small ball or toy and see if you can throw the Frisbee onto the object to cover it

Appendix O

Presentations and seminars

Title	Venue	Date
Early origins of obesity: Exploring strategies for intervention	Institute of Health and Society, Newcastle University	02/02/2010
Can nursery schools prevent obesity?	Research Beehive, Newcastle University	03/06/2010
Childhood obesity: Exploring Strategies for intervention	Human Nutrition Research Centre seminar, Newcastle University	25/10/2010
Can nursery schools help prevent obesity?	Nutrition Society Scottish Section meeting, Glasgow	05/04/2011
Can nursery schools prevent obesity?	Institute of Health and Society postgraduate research day	27/01/2012
Development and implementation of a feasibility study of a behaviour-change intervention in nursery schools	UKCRC summer meeting plenary session, Leeds	06/07/2012
Development and implementation of a feasibility study of a behaviour-change intervention in nursery schools	Research Development Forum, Newcastle University	02/10/2012
Development and implementation of a feasibility study of a behaviour-change intervention in nursery schools	North East Obesity Forum quarterly meeting, Teesside University	24/10/2012
Development and implementation of a feasibility study of a behaviour- change intervention in nursery schools	Newcastle University psychology student lecture	30/10/2012

Appendix P

Training, courses and conferences

Title	Venue	Vendor	Course type	Date
Managing your research degree	Newcastle University		Workshop	29/09/2009
Development of Food Preferences and Early Feeding Behaviour	University of Nottingham	School of Psychology	Conference	08/09/2009
North East Postgraduate Conference	Newcastle University		Conference	23/10/2009
Lab Books, Research Diaries and Dealing with Information	Newcastle University		Workshop	02/11/2009
Academic Integrity	Newcastle University		Workshop	04/11/2009
Introduction to Bioethics	Newcastle University		Workshop	04/11/2009
Document management 1	Newcastle University		Workshop	09/11/2009
Preventing Childhood Obesity: European	The Kings Fund, London	ECOTEC Research and Consulting	Conference	11/11/2009

Perspectives				
Further evidence on the relationship between income, income equality and health	Newcastle University	Institute of Health and Society, Dr John Wildman	Guest seminar	12/11/2009
The School Fringe	Newcastle University	Prof J.T Winkler	Guest seminar	07/12/2009
Why aren't obesity prevention interventions working: how might video games solve the problem?	Newcastle University	Dr Tom Baranowski	Guest seminar	16/12/2009
Data handling and spreadsheets	Newcastle University		Workshop	11/01/2010
Introduction to IT Databases	Newcastle University		Workshop	12/01/2012
Academic Writing	Newcastle University		Workshop	13/01/2010
Promoting the public understanding of scientific research	Newcastle University		Workshop	20/01/2010
What makes a good poster?	Newcastle University		Workshop	27/01/2010
Further Endnote	Newcastle University		Workshop	16/02/2010

Personal Development Plan: Preparing for your Progress Review Panel	Newcastle University		Workshop	01/03/2010
Growing up Healthy in Gateshead	Sage, Newcastle upon Tyne	Human Nutrition Research Centre	Conference	16/03/2010
Chief Medical Officer: Review of 12 years in Office	Marriot Hotel, Newcastle upon Tyne	Sir Liam Donaldson	Guest lecture	17/03/2010
Voice coaching and body language	Newcastle University	Simon Raybould	Workshop	18/03/2010
Publishing a world class paper	Newcastle University	Elseiver	Lecture	22/03/2010
Building robust search strategies how to cover all the bases	Newcastle University		Workshop	25/03/2010
Literature Reviews and First Year Reports	Newcastle University		Workshop	26/04/2010
Good Clinical Practice and Regulatory Requirements	Centre for Life, Newcastle upon Tyne		Course	30/04/2010
North East Obesity Forum	University of Durham	Amelia Lake	Conference	12/05/2010
SPSS Advanced Workshop	Newcastle University		Workshop	25/05/2010

Bridging the Gap: Translating Knowledge into Action in Health and Social Research	Newcastle University	The British Sociological Association	Conference	03/06/2010
Focus groups	Local Government Data unit, Cardiff	Social Research Association	Workshop	09/06/2010
Introduction to Qualitative Data Analysis	Local Government Data unit, Cardiff	Social Research Association	Workshop	10/06/2010
Nutrition and Health: Cell to Community	Heriot Watt University, Edinburgh	The Nutrition Society Summer Meeting	Conference	20/06/2010
Academic Writing: Accessible Abstracts	Newcastle University		Workshop	08/07/2010
Introduction to NVivo	Manchester	Data Solutions Services	Workshop	26/08/2010
Intergenerational and Familial Influences on Obesity and Related Conditions	Durham University	The Society for the Study of Human Biology and the Biosocial Society Joint Symposium	Conference	16/09/2010
Residential Workshop on Public Health Research	York University	Public Health Research Consortium	Workshop	21/09/2010

Interpreting and writing up qualitative findings	Local Government Data unit, Cardiff	Social Research Association	Workshop	23/11/2010
HENRY Core Training	Chowdene Children's Centre, Gateshead	HENRY	Course	12/01/2011
Engaging Children and Young People in Research	Newcastle University	Beacon North East	Conference	24/10/2011
Presentation Skills	Teesside University	Simon Raybould	Workshop	01/11/2011
Thesis Writing	Newcastle University		Workshop	03/02/2012
The Viva and Beyond	Newcastle University		Workshop	19/04/2012
Scientific Writing	Newcastle University		Workshop	25/05/2012
Managing long documents	Newcastle University		Workshop	26/05/2012
The Nutrition Society Summer Meeting	Belfast	Nutrition Society	Conference	04/06/2012
FUSE Early Career Researchers Sandpit Event	Linden Hall,	FUSE	Workshop	26/02/2013

	Northumberland			
The Nutrition Society Summer Meeting	Dublin	The Nutrition Society	Conference	16/06/2013

Appendix Q

Papers (pending)

1. A qualitative study of nursery practitioner and parent views of health promotion in preschool settings

Abstract

This qualitative study examined nursery practitioners' and parents' of preschool children views of health promotion within nursery settings. Nursery practitioners took part in semi-structured interviews and focus group sessions. Parents completed a mapping activity and also participated in focus group sessions. Research challenges within the study included recruitment and focus group attendance. Thematic analysis was applied to interpret the findings; complex communication issues surrounding nursery dietary 'rules' were apparent. The nursery practitioners were keen to promote health to families and felt that parents needed 'education' and 'help'. Parents were open to the idea of health promotion in preschool settings but were wary of being 'told what to do' and being thought of as 'bad parents'. Family friendly health promotion activities and strategies should to be developed and delivered in a manner that is sensitive to parents' concerns.

2. A feasibility study of a preschool intervention to improve family lifestyle behaviours

Abstract

Background

The proportion of overweight and obese children in England has escalated; one in five children starting reception class is now overweight/ obese. There is a paucity of interventions to prevent overweight in preschool-age children in the UK. Previous research has demonstrated some positive results in changing some health behaviours, however, positive trends in overall obesity rates are lacking. Further research to determine which prevention strategies and methods are acceptable and operational in a 'real world' setting is required. Preschool settings may provide

valuable opportunities to access children and their families not only for promoting healthy lifestyles, but also to develop and evaluate behaviour-change interventions.

Methods

This paper presents a feasibility study of a behaviour-change nursery practitioner-led intervention conducted in four preschool centres in the North East of England. Children's anthropometric, dietary and physical activity and family 'active' time data were collected at baseline and intervention end. Family intervention tasks included family goal-setting activities, cooking challenges, no TV challenges and increasing family 'active' time. Preschool activities included increasing physical activity and activities to increase knowledge of and acceptance of healthy eating.

Results

Preschool centres appeared to have difficulties with enforcing school health policies. 'Gatekeeper' permission and lower-hierarchal compliance were on-going problems throughout the study. The majority of nursery practitioners and parents stated liking and finding the intervention methods and activities acceptable and positive changes in family health behaviours were reported. This study shows that a preschool centre behaviour-change intervention is feasible, however, further work with nursery practitioners is required to determine how personal attitudes and school policy application can be enhanced to progress such an intervention.

Conclusions

Feasibility studies of this type are important to inform further obesity prevention strategies research. The findings from this study are likely to have policy relevance and contribute to the body of literature.