



Community Planning Aberdeen

Progress Report	Project End: LOIP Aim 11.7 To support up to 50 low income families in priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023.
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Governance Group	CPA Board – 29 February 2024

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 11.7 which sought to support 50 low income families in priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023. In achieving the aim the project aimed to

- Increase the number of low income families who report improved eating behaviours
- Increase the number of low income families who report improved food practices
- Increase the number of low income families participating with percentage weight loss after attending weight management programme – after completion of weight management programme and for 6 months afterwards (to see if weight loss continues/is sustained)

Summary of Key Information

1. BACKGROUND

1.1 Overweight and obesity is a complex health issue that is influenced by more than individual behaviours. Beyond dietary patterns, physical activity and sedentary behaviour other contributing factors such as the food and physical activity environment, education and skills, and food marketing and promotion (Centres for Disease Control and Prevention, 2019) requires us to take a whole system approach (Public Health England, 2019) that has a wider focus than personal responsibility. There is strong evidence that shows the negative impact of poverty, childhood trauma and mental health on obesity.

1.2 A 'low income family' is defined by the Scottish Government as 'a family whose equivalised income is below 60 percent of median household income'. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions'. A qualitative research study was conducted in Aberdeen City in 2019/20 to explore the experiences of women and families living on a low income. Specifically the study was associated with understanding the acceptability of the early years Financial Inclusion Pathway as delivered by early year's practitioners but one of the key findings related to food security and the coping strategies that families employ when faced with insecurity in order to provide a healthy diet. Parent's descriptions emerged under two broad key themes: acquisition methods and management techniques.

Acquisition methods included

- using food charities;
- only taking (food) that was needed;
- passing on any surplus to others and;
- shopping carefully

Management techniques included

- careful budgeting and self-sacrifice
- maximising available food resources by limiting snacks and treats’;
- cooking from scratch’ and batch cooking

1.3 There is well documented evidence of increased use of foodbanks, increasing unemployment and wider financial impacts as a result COVID-19 and recent world events. Use of food banks is an important indicator, however we know that only around a third to a quarter of people experiencing food insecurity will use a food bank. The [Scottish Health Survey](#) gives Scottish level data on the food insecurity experience of families.

1.4 In 2018/19, valid height and weight measurements were recorded for 1,480 Primary 1 children in Aberdeen City (equivalent to 62.7% of the 5 year-old population). Of these, 79.5% were classified as ‘healthy weight’ – slightly higher than the figure for Scotland 19.7% of P1 children in Aberdeen City were classified as being at risk of becoming overweight or obese (compared to 22.4% in Scotland and 23.7% in 2017/18). In 2018/19, 79.5% of P1 children were classified as having a healthy weight (BMI between the 5% and 95% of the 1990 UK reference range for their age and sex) compared to 76.6% for Scotland. The percentage of P1 children who were a healthy weight varied across the City (Intermediate Zones) from 61.9% in George Street to 100% in Hanover North.

1.5 The Population Health Needs Assessment also refers to the negative impact of lockdowns on children’s mental health, specifically referencing sleep, behaviour, mood, physical activity, concentrating and eating for children between the ages of 2 – 7 years.

1.6 In 2016-19 it was estimated that 23% of the City’s adult population was obese (classified as a BMI of 30+). This is lower than the rate for Scotland of 29% and a decrease from 25% in 2014-17. Whist, in terms of physical activity, in the period 2016-19, 70% of adults in Aberdeen City were meeting the recommended guidelines for physical activity (150 minutes of moderate activity or 75 minutes of vigorous activity per week) compared to 65% for Scotland. Twenty-two percent had low or very low levels of physical activity and 9% had some activity [45].

1.7 A combination of factors impact on healthy weight, including access to healthy foods, positive food practices and physical activity. The change ideas were designed to test which would yield the greatest improvement for low income families, either as individual change ideas or when combined with each other. We recognised opportunities to provide a whole systems, whole family approach and from that identified there is a lot of ongoing work from existing groups and organisations around food, physical activity and healthy lifestyles/ choices. An asset mapping exercise had already been undertaken and provided a baseline of support that is available to families. We were also aware of the linkages this project has with other LOIP projects, as well as ideas from the locality plans.

1.8 The aim was to identify families who were already known to be experiencing financial challenge through concurrent partnership work, for example through the Financial Inclusion Pathway, families accessing the FITLike Hubs or the SAFE project, or families accessing foodbanks. An important project outcome was to identify how support can be scaled up for low income families in Aberdeen City and identifying the gaps that currently

exist as part of that process. The changes will be tested with the same group of families to measure the impact of the change ideas.

2 IMPROVEMENT PROJECT AIM

2.1 In February 2022, the CPA Board approved the project charter for the initiation of an improvement project which aimed to support 50 low income families in priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023

3 WHAT CHANGES DID WE MAKE?

3.1 The project team tested the following change ideas:

1. Work with local supermarkets/ corner shops to promote reduced prices for healthy food items and increase the number of shops signed up to the Healthy Living Programme (North Locality Plan)

The project team is grateful to University of Aberdeen students for completing mapping of local supermarkets and corner shops across five neighbourhoods; Tillydrone, Northfield, Seaton, Woodside and Torry.

2. Deliver weight management support to test online resources, with Connecting Aberdeen in Tillydrone (Central Locality community idea)

3. Promotional campaign aimed at low income families promoting a small number of key community food assets e.g. shops signed up to Healthy Living Programme (North Locality Plan)

4. Trial 'Healthy Beginnings – MAP of Behaviour Change' training for practitioners working with families with young children (0-5)

Local and national research into food insecurity tells us that families are more likely to engage with professionals and services where a trusting relationship has been built over time. In order to adopt this approach within the project we engaged with services that have regular/semi-regular contact with families over a period of time (Home-Start, Health Visitors, School Nurses, Child Smile, PEEP) and are most likely to have established relationships. Promotional materials were distributed widely across the city. Interest in the online support offer was low, as described above, and those that did agree to recruitment were single adults without children, so did not meet the criteria for this improvement project

5. Re-launch of Home-Start's the 'Recipe for Life' project

Bringing together experience and learning from before and during the pandemic to create a new project model. The basic framework is a 12-week intervention with a volunteer doing 1-1 cooking sessions in families' homes, provision of food parcels and kitchen equipment, and provision of recipes.

6. Develop and Test Healthier Futures PEEP Programme

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT

4.1 Whilst the aim of 50 has not been achieved, 20, rather than 50, low income families in priority neighbourhood supported to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight.

4.2 In the 2022/23 school year 78.2% of children with a BMI recorded in Primary 1 were of a healthy weight which is 1.3% lower than 2018/19 (79.5%). 9.6% were at risk of overweight

and 11.2% at risk of obesity (20.8% combined) compared to 19.7% across both categories in 2018/19. This is a slightly worsening position and aligns to a similar decline across child development where 3.1% of children at Primary 1 review had at least one developmental concern recorded. It can be surmised that this is the impact of lockdowns, reduced socialisation, differing access to education and other services bearing out. Similarly, access to normal levels of physical activity (sport, clubs etc) is likely to have been reduced.

4.3 Whilst, the aim has not been achieved positive impact and learning from the change ideas has been captured as detailed below:

4.4 The change ideas have resulted in improvements in the food environment and we can surmise that this is of benefit to low income families living in priority neighbourhoods, although data for shop sales cannot be broken down to the demographic of the population. It has been a challenge to recruit families to the project. Both anecdotal feedback and evidence based research tells us that weight management is less of a priority for families when living on a low income. While they would be happy to benefit from achieving a healthy weight, it is secondary to concerns such as being able to put food on the table at all.

Online healthy helpings

4.5 Recruitment started in September 2022 and proved to be slow and challenging. In order to improve recruitment the project team widened the offer to other areas of the City, prepared a podcast and a leaflet to further explain the resource and encourage engagement, utilised partners such as Home-Start, CFINE, early years practitioners and Child Smile to target recruitment and help identify potential families. By December 2023 2006 people had signed up to online Healthy Helpings. 311 of those agreed to share email addresses and be contacted. Of the 311, only 46 lived in SIMD 1&2 areas and only one person agreed to participate in programme. That person doesn't have children and therefore is not within the scope of this project.

Healthy Living programme

4.6 The Healthy Living Programme (HLP) provided each of the 5 selected stores with FREE point of sale to help direct and encourage consumers to purchase the healthier options in store. The HLP team merchandised the stores with the point of sale and helped assist and guide the retailer's on product selection. FREE fruit & veg stands were given to retailers if space allowed, to enable the retailer to enhance their fresh produce offering. Positioning & location of healthier products was all taken into consideration.

- **Premier, Oldcroft Road** – achieved a 20% increase in sales of fresh produce since a focused stand was positioned at the front of store.
- **Nisa, Hayton Road** – Healthy Living Programme (HLP) point of sale was used to highlight frozen produce and what it can be used for. A HLP stand was also located within the store and sales data shows a 35% increase.
- **Froghall Stores, Froghall Terrace** – The HLP was limited by space in store, however a small fruit stand and seasonal point of sale 'winter warmers' and 'bursting with berries' campaigns were introduced. The retailer reports a £300 per week uplift from fresh produce.
- **Spar, St Machir Drive** – The HLP used this store to run a healthy living day for the pupils from Seaton Primary School. 160 pupils visited during the course of the day. All received a voucher for a bottle of water and 53% redeemed this.
- **Keystore, Rosemount Viaduct** – Retailer reports sales of fresh produce increased since placed at the till point. Weekly sales average 20 bags of bananas, 8 bags of oranges and 2 crates of apples.

- **Nisa, George Street** – Increased range of produce and use of HLP at point of sale saw an initial sales increase of 65%. However, unfortunately the retailer had to put the store up for sale and could no longer be included in the pilot.
- Trial 'Healthy Beginnings – MAP of Behaviour Change' training for practitioners working with families with young children (0-5)
- Uptake of MAP training across Grampian has been hampered by continued lack of capacity across the system and therefore was taken to the Healthier Futures Strategic Group for discussion as a wider partnership as to how this can be progressed. 3 staff have signed up for MAP 'train the trainer' training but it is acknowledged that rollout of the programme will take time.

Healthier Futures PEEP Programme

4.7 8 families attended the PEEP programme over 10 weeks. 10 families were recruited, including 2 referrals, however the families referred did not attend. Children's fruit and vegetable consumption increased by 28.5% and water consumption increased by 42.8% by the end of the programme. Parental physical activity increased by 28.6% and 14% of participating children reduced to zero screen time and no child was spending more than 2 hours using screen time each day. The full report can be read [here](#).

Next steps which will see 2 settings use the draft toolkit containing the programme that was delivered in 2023. One setting is at Tullos, but is being delivered by a Peep trained Child smile practitioner starting in February 2024. The second will hopefully be a nursery setting. The idea is to see how the Peep practitioners in these settings manage to deliver the programme but will also focus on key health messaging and how they manage to deliver these. The toolkit will then be evaluated and adapted according to feedback.

Re-launch of the 'Recipe for Life' project, bringing together experience and learning from before and during the pandemic to create a new project model.

4.8 The basic framework is a 12-week intervention with a volunteer doing 1-1 cooking sessions in families' homes, provision of food parcels and kitchen equipment, and provision of recipes. However, the project is family-led so this programme can be adapted to meet a family's particular needs. Families decide what they want to focus on, what they cook, and how long they want the intervention to last.

4.9 Home-Start are continually flexing the project to maximise its effectiveness. Some examples:

- Volunteers can help families to plan meals and take families shopping to buy ingredients together
 - Poor mental health, low confidence and self-esteem, and social isolation are issues for many of the parents supported. A more holistic approach is taken, focusing on improving wellbeing and increasing self-efficacy, and on helping parents to understand the link between nutrition and both physical and mental health
 - The Home-Start project coordinator is about to undertake training in Kinetic Chain Release as it has been identified that a number of parents are experiencing pain which impacts their day-to-day lives.
 - To help tackle social isolation Home-Start have begun a programme of small group cooking sessions, with families cooking and eating together at Cfine Community Kitchen. We provide crèche facilities and pay bus fares to make it easier for people to attend
- Data and Feedback from 17 families (including 29 children) who have taken part in Recipe for Life June 2022-23:
- 12 families reported improved eating behaviours
 - 14 families reported improved food practices
 - 5 reported changed in budgeting and shopping

4.10 Our experience confirms the project findings that families are more likely to engage with professionals and services where a trusting relationship has been built over time.

5. HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 As described above, experience indicates that improvements aligned to the project outcomes will only be achieved when families are in a place to prioritise weight management and when delivered/introduced by professionals with whom they have established trusting relationships. Professionals who have these relationships with low income families or those living in poverty are best placed to make enquiry, engage in discussion and/or signpost to services or tools to support weight management at a time that is right for the family. This will be considered and adapted further by the next iteration of the project, along with engaging with locality based community groups who also have established trusting relationships.

5.2 A culture of continuous improvement and innovation is embedded in the culture of PEEP and Home-Start Aberdeen and in the Recipe for Life project. Through our evaluation framework we will use learning and feedback from families and volunteers to flex and adapt the project to ensure it continues to meet its objectives and the needs of families.

6. HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1 Data will continue to be reported via the outcomes Framework and through the Resilient Included and Supported Group. It is also proposed by the Resilient, included and Supported Group that a revised aim, with a continued focus on support weight management, be included within the refreshed LOIP and this is being developed by the Group to ensure that the positive impact continues and further new innovative changes are considered in this area.

7. OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 The HLP are keen to increase the engagement that they have within stores in the 5 neighbourhood areas and extend this to further areas of Aberdeen. The aim is to increase instore activity, such as the 'cooking at home' campaign and spend a couple of hours in each store speaking to consumers and educating them on cooking a healthy meal. [Healthy, Affordable Recipes | Healthy Living Programme](#)

7.2 The step-by-step videos provide the tools for the consumers to recreate the simple, affordable dishes at home.

7.3 Opportunity for healthy weight toolkit guide/training to be used by community groups to have supportive conversations within their programmes with attendees of their groups where they have trusted relations.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agrees that whilst there is positive impact and learning from the changes tested, the aim of the project has not been met with 20 families supported and in light of this and the continued importance of weight management, notes that the Resilient, included and Supported Groups are developing a revised aim for inclusion within the refreshed LOIP; and
- ii) Note that the changes tested within this project will continue within business as usual and the opportunities to scale up and spread as detailed explored by the revised aim subject to its approval in April 2024

Opportunities and Risks

Opportunities: -

There are great opportunities for future collaborative work beyond this project. It's given us an opportunity to further develop relationships with the universities, such as through hosting a couple of student placements which have added real value to our monitoring, evaluation and reporting.

Home-Start are excited about a new volunteer recruitment campaign focusing on university students in nutrition and psychology who are often looking for opportunities for some practical experience to complement their academic work and improve their employability. This is proving to be really successful and lots of students are applying. Our plan is to continue and build on this.

Consultation

Resilient, Included and Supported

Background Papers

LOIP 2016-26
Locality Plans for North, South and Central
Project Charter for 11.7

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