



# Annual Report 2016/17

We are delighted to present our Annual Report covering the financial year ended 31 March 2017.



## OBJECTIVES AND ACTIVITIES

HENRY is a registered charity (no. 1132581) which aims to give babies and young children a healthy start in life and protect them from the physical and emotional consequences of obesity during childhood and beyond. We achieve this by working with parents, practitioners, communities and volunteers to support and encourage behaviour change for a healthy lifestyle and a brighter future.

The objectives of the company, which are for the public benefit as set out in its Memorandum, are:

1. To preserve, protect and promote good health in babies and young children by encouraging families to adopt a healthier lifestyle
2. To advance education through the provision of education and training facilities for those who work with babies, young children and families.



These objectives are reflected in our [mission statement](#):

**Our mission is to support families to provide a healthy, happy start for their children and lay the foundations for a brighter future.**

We recognise that physical, social and emotional health go hand in hand. Parenting, emotional wellbeing and opportunities to learn – as well as healthy eating and activity – are all part of enabling young children to flourish. HENRY's innovative and holistic approach enables the best start for babies and children by integrating support for:

- parenting
- family lifestyle habits
- nutrition
- activity
- social and emotional wellbeing and development.



This 'HENRY approach' was developed in response to an identified gap: for a practical intervention to deliver the evidence-based messages contained in Professor Mary Rudolf's report commissioned by the Department of Health in 2009, *Tackling Child Obesity through the Healthy Child Programme: A Framework for Action*, which identified the research evidence on risk and protective factors for child obesity.

We recognise that a healthy lifestyle is not purely a matter of individual choice; family, cultural and environmental influences also play a major role. To address these influences, HENRY promotes and supports healthier lives at all levels – individual, community and population – through multi-layered intervention that includes:

- workforce development: equipping health and early years practitioners with the skills, knowledge and confidence to tackle sensitive lifestyle issues and enable them to make the most of every contact with families
- 8-week group programme to help parents get children off to a great start
- targeted 1-to-1 programme for families of children at risk of obesity or already overweight
- parent-led peer support to promote a healthy family lifestyle in local communities.

## ACHIEVEMENTS AND PERFORMANCE

The last year has been one of significant change and continued growth. We are delivering a greater and wider range of services than ever before. To support this our staff team has doubled in size. Our income has grown 59% in the past year and 134% over the past three years. As part of these changes we have been reviewing our core mission and brand. Our new strapline Healthy Start Brighter Future captures the wider application of HENRY's unique and holistic approach to tackling obesity.

Earlier Annual Reports have focused on the need to adapt our business model in response to changes in the procurement of public health services and the ongoing challenge of cuts to public health and early years budgets and services. Our strategy to achieve long-term sustainability and growth has been to diversify income streams and combine licensed delivery by local areas with direct service delivery contracts and grant-funded projects.

Our success in the last year - in growing our contract and grant income, developing our organisational infrastructure and policies to support innovative ways of working directly with young families and managing income and expenditure in a climate of funding uncertainty and cuts – means that we are well placed to continue along this path of change.

*"Now I don't put as much on his plate and I do feel happier about that. Because he's finishing it and sometimes having a little bit more, vegetables and stuff like that. So I found that really helpful, because at first I was thinking 'that doesn't look like much' but then when you see the size of his tummy you think 'oh.'"*

**Parent after Healthy Families programme**



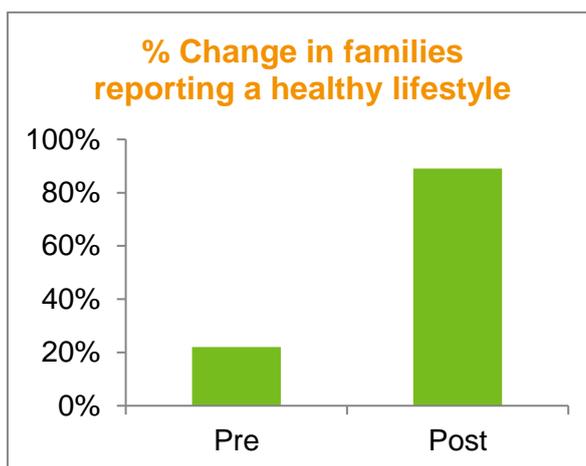
*"HENRY helped our family a lot – we learnt so much such as how to provide guided choices so that our son can feel he has a choice, but we still have the confidence that no matter which choice he makes, it is one that we are both happy with. Parent after Healthy Families programme*

## Healthy Families: Right from the Start programme

*Healthy Families* programme delivery continued to expand during 16/17. 2,034 parents attended the programme – an increase of 7% on 15/16. The programme's popularity with parents is reflected in a retention rate of 82%. 32 local areas were delivering the programme under licence and delivered a total of 282 programmes over the year. Six of these areas started delivering the *Healthy Families* programme for the first time in 16/17.

Many parents report that attending a HENRY programme is a transformational experience for their family, helping them to make changes to their family lifestyle and provide a healthier start in life for babies and young children. Significantly, many also tell us that their family is happier as well as healthier, and that their future is brighter. Rigorous internal evaluation of all our programmes delivered during 16/17 shows:

- a 58% increase in parents rating their family lifestyle as healthy or very healthy after attending a HENRY programme – from 25% parents at the start to 92% parents at the end.
- a dramatic increase in the number of children eating fruit and vegetables at least 5 times a day – from 17% of children at the start of the programme to 47% of children by the end
- a wide range of other positive changes including parents and children eating less high fat and high sugar foods, families sitting down to eating together more often, increased parenting efficacy and increased activity levels for the whole family.



The HENRY *Healthy Families* programme remains an effective and highly-regarded intervention; its focus on parenting skills and emotional well-being as well as nutrition and activity, combined with its strengths-based and motivational approach, set it apart from other programmes.



*"I was really impressed with the interactive nature of the session, the support and engagement of all the mums who were involved, and the quality of the information and advice used to back up the discussion. It seemed like a very enjoyable way to share learning and provide support".*

**Deputy Director of Food & Obesity, Department of Health**  
 – after observing a HENRY *Healthy Families* programme

In response to parents' needs identified as part of ongoing consultation activities and evidence about gaps and priorities, we have continued to expand our Healthy Families activities and resources. In 16/17 we developed:

- 10 one-off workshops on topics such as starting solids, eating well for less, fussy eating and stressbusting for parents, which were piloted in Hounslow
- a 6-session *Cooking for a Healthy Family* programme
- a session on oral health in partnership with the School of Dentistry in Leeds that will be piloted as part of the group programme.

Over the next 2 years we anticipate continued expansion of the HENRY group programme via:

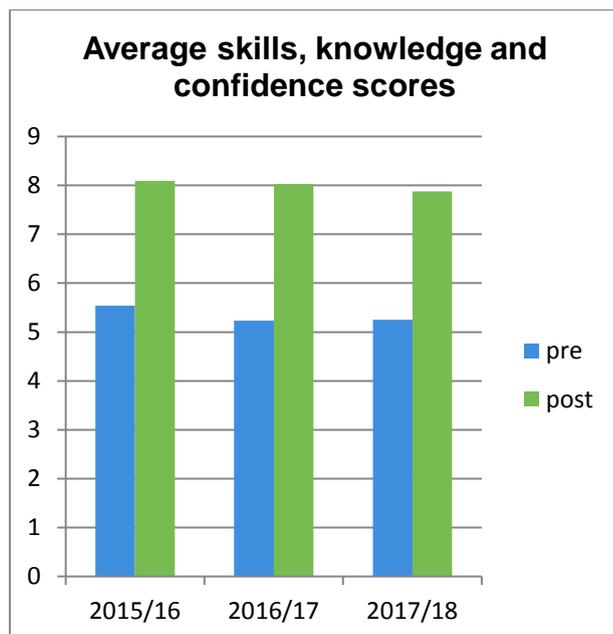
- licensed delivery in new geographical areas
- direct delivery of holistic healthy lifestyle services as part of local HENRY projects and contracts
- opportunities to extend HENRY activities into primary schools

### Training for health and early years practitioners

1,647 practitioners joined our training courses – a 26% increase on 15/16. A new practitioner best practice handbook, *A Healthy Start*, written by Kim Roberts and Mary Rudolf, was completed this year and launched in early 2017. The book's broader focus on supporting families to meet children's physical, emotional and learning needs from pregnancy onwards reflects the holistic nature of HENRY's work.

The quality of our training delivery remains extremely high; practitioner feedback shows that:

- Average increase of 60% in knowledge, skills and confidence to tackle lifestyle issues in their work with families
- 82% continuing to use the skills 6 months later
- 86% report improvements in their own lifestyle
- 96% report that training fully met or exceeded their expectations



*"I went on HENRY training thinking I would find out what I could say to get through to resistant clients. What I learned was I needed to stop talking and do more listening. Using solution-focused questioning and the wider HENRY approach will change how I go about problem-solving with 'difficult' clients. I can see how it will help me empower client and become a more effective practitioner".*

**Practitioner after attending HENRY Core Training**

## Innovative service delivery

16/17 saw the start of a major new HENRY service in Waltham Forest, as well as other projects and contracts to reach marginalised families and overcome health inequalities:

- launch of new HENRY Best Start service in Waltham Forest with a team of 15 HENRY staff providing support for infant feeding, healthy weight, oral health and speech and language development for children aged 0-5 and their families.
- new Lottery-funded Healthy Start project in Leeds, Sheffield and Telford, training and supporting local volunteers as mentors to provide structured 1-to-1 support to marginalised families.
- new services in Luton, Hounslow and Lambeth to reach vulnerable families through the *Healthy Families* group programme and new one-off workshops.
- effective targeting of vulnerable families through 1-to-1 delivery of the *Healthy Families* programme. Licensed areas such as Hull, Hampshire, Leeds and Surrey have successfully embedded individual support alongside the group programme to engage families who need more intensive support.

These projects are rich opportunities for learning and development, allowing us to test and refine new delivery models before offering more widely.

## Research and policy

Developing a strong evidence-base continues to be a key organisational priority and strength. We now have active academic partnerships with three universities, including:

- Leeds Trials Unit who are conducting an implementation optimisation study and pilot randomised control trial of the HENRY group programme
- University of Leeds School of Nutrition who are evaluating the nutritional changes made by families attending the group programme
- University of Hertfordshire who are undertaking a comparative evaluation of practitioner-led and volunteer-led family support
- Oxford Brookes University who are evaluating 1-to-1 programme delivery in licensed areas.

HENRY's expertise in transforming traditional approaches to obesity prevention in the early years is now widely recognised, resulting in a wide range of conference presentations and consultancy opportunities, enabling us to influence national policy on obesity prevention.



## Case Study: *Healthy Families* programme

### Kayleigh



I heard about the HENRY *Healthy Families* programme from my Health Visitor at a time when my daughter, Lexi, and I were going through a major change in our lives and receiving support from a social worker. When she said she could refer me I thought I should give it a go.

I was finding my relationship with my daughter difficult as we were constantly arguing about everything. Any instruction I would try to give her would end up in a confrontation. This made me feel as though I was doing things wrong and that I had a particularly difficult daughter. She had also just started school and concerns had been raised about how much weight she was putting on.

I was also finding it very hard to maintain a healthy diet for both Lexi and myself. Lexi had a very limited diet and whenever I tried to get her to try anything new she would reject it, so I stuck to what I knew she would eat.

What I appreciated most about the HENRY programme was that it focused on what was going well with us. This was totally unexpected as I thought it would be all about what we were getting wrong. This made me feel really positive about the programme from the outset. Each week we would go through a topic and discuss what I felt was important for me to work on and how I would achieve it – then I put this down in my ‘stepping stones’. I found this a really helpful way of breaking down the things I wanted to change about my family lifestyle. We would then look back at these the following week and talk about what went well and any challenges.

The programme helped me to pay a lot more attention to how much physical activity my family were doing. I started taking Lexi to the park more often and letting her chase the dog so that she could get some exercise. I got myself a step counter as well and I was surprised at how much walking I actually do in a day. It made me want to do more so I started walking whenever I could.

My confidence as a parent was increasing as the weeks went by. I shared what I was learning with my partner, who had a very different style of parenting to mine, and it helped that we both started working in a unified way. We started turning off the TV during mealtimes and I was able to get Lexi to try new foods by giving her a guided choice between two healthy options. Showing how much I was enjoying eating healthier food really helped encourage her to try it too.

During one session, we looked at food labels. This helped me become more conscious of labels when shopping and choose healthier items – I even took out the unhealthy snacks like cakes that I used to pack in Lexi’s lunch bag. Using guided choices didn’t just help with food but also helped increase her cooperation when I was asking her to do things like tidying up after playing. Before then, it would end up in an argument and I used to give in and tidy up for her! I also started using descriptive praise which I think encouraged her to repeat the good behaviour again.

The *Healthy Families* programme really helped to improve my relationship with my daughter and to bring us closer together as a family. We are now feeling happier and healthier and we keep making positive changes. The future feels brighter now for sure.

## HENRY BY NUMBERS...

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These figures are the total number since HENRY began. Figures accurate up to end March 2017.

**12,567** health and early years practitioners trained

**9,252** parents joined HENRY group programme

**84** local authorities or NHS trusts have commissioned HENRY

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*"I learnt something new every week on the HENRY programme. I've made loads of changes – eating more healthily, eating together as a family, and spending more time with my child".*

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**82%** practitioners continue to use their skills more than 6 months after HENRY training

**98%** parents on our programmes rated them 'Good' or 'Great'



## FINANCIAL REVIEW

### Financial position

HENRY remains in a strong financial position. The organisation experienced anticipated growth in 2016-2017. Total income rose by 59% to £1,465k. Income from direct contracts generated the highest growth rate, increasing from £29K to £466k. Grant income continued to increase to a level of £539k (2016: 390k), a 38% increase. This shift in our income toward direct contracts and grants saw an expected drop in income from training commissions and resource sales. Despite increased costs in staffing directly linked to new growth, we closed the year with a healthy surplus of £185k in 2017 (of which £94k was restricted funds). This surplus will enable both financial stability as the organisation continues to grow, and investment in organisational infrastructure to support this growth. The Board anticipates modest growth in 2018 as we maintain new contracts and grant funded projects.

### Reserves policy

The Trustees aim to retain free reserves (total reserves less restricted and designated reserves) of between 3 to 6 months' operating costs. Free reserves at the year-end were £411k, representing approximately 4.5 months operating costs. This policy is reviewed annually by the Board of Trustees.

### Investment policy

HENRY invests surplus funds in high interest bank accounts in order to maximise income from its cash balances. This policy is reviewed annually by the Finance Committee on behalf of the Board of Trustees.



*"Another thing we're trying is not buying junk. Just not buying it, that helps. Because it's not in the house, so you can't have it. Replacing the biscuits with fruit and fizzy drinks with fruit juice".*

## PLANS FOR THE FUTURE

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We are operating, and will continue to operate, in an external environment of change, uncertainty and reduced funding availability. Building HENRY as a resilient and sustainable organisation that is 'fit for the future' requires a clear direction of travel that supports our core vision of a healthy start in life, while remaining responsive to emerging opportunities and trends.

The HENRY brand is well-liked and respected, and we are recognised as the leading evidence-based provider in the early years. We have strong internal and external relationships that support a flexible, responsive approach. At the same time, we seek to be proactive, operating from a clear knowledge of our organisational strengths, capacity and needs, as well as the ways in which we can contribute more widely to the national preventive health agenda and work with families and children affected by obesity at different stages of the life course.

Strategic discussions at all levels of the organisation shaped a clear aim and desire to extend what we offer, while retaining our reputation and expertise in the early years, and managing change and risk in a well-planned and informed manner. Our 3-year Business Plan (2016-19) aims to retain our reputation and expertise in the early years as well as extend what we offer. Aims and ambitions are set out in our 2016-19 Business Plan, and include:

### 1. Family Support

To expand delivery of the HENRY group and 1-to-1 support, as well as volunteer-led support, in new and existing geographical areas, whilst pursuing new ambitions to:

- extend the programme to parents of primary school children and to teenagers
- reach parents before and during pregnancy
- expand content to include a greater focus on:
  - oral health
  - emotional well-being and development
  - budgeting and cooking for healthy eating
  - play
  - sleep
  - early learning and school readiness
- deliver weight management services, working with school nurses, National Child Measurement Programme and GPs to reach obese children
- develop partnerships to deliver integrated children's centre and healthy lifestyle services

### 2. Workforce development

To continue to deliver high-quality training to practitioners in new and existing geographical areas, whilst pursuing new ambitions to:

- provide behaviour change training to the wider health and social care workforce and volunteers
- develop brief online and face-to-face training modules
- develop new resources to support work with families and promote a healthy start in life

### 3. Online resources

To develop a digital strategy in consultation with parents and other stakeholders and develop 'online HENRY' in response to identified needs and opportunities.

### 4. Research and policy

To continue to strengthen HENRY's evidence base and contribute to national and international development of policy and practice, expanding our consultancy services.

### 5. Funding base

To continue to diversify our income and build a 'mixed economy' of training, licence, resources, contract, grant and consultancy income, whilst pursuing new opportunities to grow unrestricted income.

### 6. Organisational management and governance

To ensure that quality, sustainability and best practice is embedded at every level of the organisation and that we have the infrastructure, skills and capacity to achieve our ambitions for growth.

## REFERENCE AND ADMINISTRATIVE DETAILS

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Reference and administrative details are shown in the schedule of members of the Board and professional advisers as shown below.

### The Trustees

The Trustees who served the company during the period were as follows:

|                   |                           |
|-------------------|---------------------------|
| Otto Balsiger     | Treasurer                 |
| Michael Blane     |                           |
| Prof David Brodie | Resigned 20 October 2016  |
| Adam Buckles      | Appointed 20 October 2016 |
| Sylvia Cheater    |                           |
| Anne Coufopoulos  | Appointed 20 October 2016 |
| Joanna Dyson      | Chair                     |
| Cat Kernohan      | Resigned 20 October 2016  |
| Dr Anne Lloyd     |                           |
| Dr Nick Naftalin  | Resigned 20 October 2016  |
| Sam Olsen         | Appointed 20 October 2016 |
| Lisa Wiggins      | Resigned 20 October 2016  |

### Structure, governance and management

HENRY is a company limited by guarantee with no share capital, governed by Memorandum and Articles of Association, and is a registered charity, number 1132581.

|                |  |
|----------------|--|
| <b>Patrons</b> | Professor David Haslam<br>Professor Sir Alan Craft<br>Dr Helen Crawley |
|----------------|--|

|                        |             |
|------------------------|-------------|
| <b>Chief Executive</b> | Kim Roberts |
|------------------------|-------------|

### Trustees

HENRY has a Board of Trustees on which there can be a minimum of three and a maximum of ten Trustees. They can be appointed by the members by ordinary resolution on the basis of the expertise and experience that they can bring to the running and development of the company. The Board conducts an annual skills audit to help inform decisions regarding Trustee recruitment. New Trustees are identified through both professional and other contacts and by advertisement. New Trustees are provided with a full induction programme including written information on the charity, attending HENRY programmes and/or training, and meetings with key Trustees and employees. Further individual training needs are identified with the Chair of Trustees upon completion of the initial training and induction programme. At the AGM one third of Trustees retire by rotation (longest serving) but are able to put themselves forward for re-election for a maximum of three terms of three years each.

### Structure

The Board of Trustees meet as necessary, approximately every three months. Meetings are led by the Chair. Responsibility for specific areas is delegated to particular Trustees or sub committees e.g. finance, governance, safeguarding, HR etc. A Trustee is appointed to the role of Treasurer. Day to day responsibility is delegated to the senior staff (Chief Executive and Senior Management Team) who work with the wider staff team to deliver organisational objectives.

Strategic/ policy decisions are taken by Trustees. Remuneration of the charity's key management personnel is in line with the charity's established payscales and Pay & Pension Policy which are set by the Board of Trustees and periodically reviewed. Decisions on pay scales are informed by sector and market rates for similar roles.

### Risks

The Board thoroughly reviews major strategic, business, financial and operational risks and mitigating actions twice a year and can confirm that actions are in place to mitigate the significant risks which the charity faces. The key risks facing the charity are the changing public health funding and commissioning environment and the trend towards large multi-component contracts for directly delivered healthy lifestyle services.