



Introducing Mini-MEND

Mini-MEND was developed as a result of strong interest in early years obesity prevention initiatives from health care and childcare practitioners. Mini-MEND is open to **all** families with 2-4 year old children, irrespective of weight, although the primary target group is at-risk toddlers, e.g. those with an obese or overweight parent(s) or sibling(s). The programme incorporates messages around healthy eating, behaviour change, promoting physical activity and reducing sedentary behaviours.

Mini-MEND has been designed by healthcare professionals and has been created as a “solution in a box” to make implementation on the ground as easy as possible. The standardised nature of Mini-MEND and the built-in quality assurance processes make it possible for sessions to be delivered by non-specialists (i.e. non-nutrition, fitness or psychology experts).

Mini-MEND leaders are provided with comprehensive training by MEND’s central team, and receive a complete set of teaching manuals, together with a full kit of teaching aids (including bespoke stories specially created for Mini-MEND by an experienced TV writer) needed to deliver the programme. All families on the programme also receive a full set of handouts to accompany the lessons, together with a Mini-MEND beaker and T-shirt.



Programme structure

Mini-MEND is a 10-week programme, running once a week for 90 minutes. Each session comprises:

- 30 minutes of parent-toddler physical activity
- 15 minutes of parent-toddler snack-time
- 45 minutes of parent/carer workshop and simultaneous crèche-style activities

Session No.	Workshop Title	Discussion Topic(s)
Week 1	Welcome	Meet the Leaders and measurements
Week 2	Introduction	Practicalities, group agreements, and expectations
Week 3	Healthy eating for families	Exploring the five food groups and looking at hidden fats and sugars
Week 4	Be healthy, get active	TV guidelines for toddlers and ideas for TV-free activities
Week 5	What’s in your child’s food?	Reading food labels
Week 6	Food without fuss	Dealing with fussy eaters and growing vegetables
Week 7	Portion sizes	How much should toddlers eat?
Week 8	Fun with food	Making healthy and tasty snacks
Week 9	Encouraging healthy habits	Rules, routines, and tantrums
Week 10	Farewell	Feedback, measurements, and certificates



Extremely positive results achieved to date

A Mini-MEND field trial, part funded by a donation from Nutricia Ltd, was conducted between September and December 2007 at five sites across the UK (Downham, New Cross (both London), Hillingdon, Plymouth and South Tyneside). Feedback from these pilot sites has been very enthusiastic, and indicates that Mini-MEND provides an opportunity for local authorities and PCTs to achieve PSA targets relating to child obesity and health inequalities. This feedback also reflects the uniformly positive outcomes achieved.

The five pilot sites were drawn from a diverse range of organisations to test whether Mini-MEND can be run successfully in a variety of different settings. Organisations included two Local Authorities, one Primary Care Trust, a Children's Centre, and a New Deal for the Community (NDC) organisation. Similarly, the venues used to deliver the programme varied broadly between children's centres (2), a primary school, an early years centre and a leisure centre. The fact that the pilot sites comprised a diversity of organisations and delivery venues yet achieved equally positive results with equally positive feedback demonstrates that Mini-MEND can be run successfully in a variety of settings and by a broad range of different delivery partners.

Key statistics from Mini-MEND pilot

37 toddlers completed programme (4 drop-outs)	53% male; 47% female
Mean attendance rate was 88%	57% of parents/carers were overweight/obese
Mean age was 2.8 years	Mean BMI z-score at baseline was 0.5
93% of attending parents/carers were mothers	72% were from minority ethnic groups
28% were single mothers	

Key outcomes of the Mini-MEND pilot

Mini-MEND significantly reduces the risk factors of toddlers becoming obese in later life:

- A mean BMI reduction of 0.2 SD* (NS**) was achieved in toddlers attending the programme
- 89% of parents reported spending more time playing with their children
- 72% of parents have cut down on the amount of time their child spends watching TV
- 94% now give their child a wider range of fruit and vegetables than before Mini-MEND
- 94% are able to manage their child's behaviour more effectively
- 83% have cut down on the amount of milk, juice or sugary drinks they give their child
- 83% now understand appropriate food portion sizes for their child
- 72% now deal better with fussy eating at mealtimes
- 61% of families are more structured/use a routine at meal times
- 94% are now able to read and interpret food labels properly
- 70% of parents have changed their own eating habits to be a better role model for their child
- 78% of parents said their child's confidence has improved
- 78% of parents said their relationship with their child has improved
- 82% of parents now feel more confident about being able to bring their child up to be healthy

* standard deviations ** non-significant



Mini-MEND helps local authorities achieve government targets

Pilot sites reported great enthusiasm about Mini-MEND's ability to help them achieve the key targets outlined in the "Every Child Matters" agenda, the government's Children's Plan (December 2007) and the new obesity strategy, *Healthy Weight, Healthy Lives* (January 2008), particularly those relating to:

- increasing opportunities for children's play and physical activity
- preventing child obesity
- addressing health inequalities

In October 2007, 30 new PSAs were defined to articulate the Government's highest priority outcomes. Mini-MEND is an ideal vehicle for local areas to use in addressing at least four of these PSA targets:

PSA 12: Improve the health and wellbeing of children and young people which commits to reverse long-term trends on childhood obesity and includes action to improving the experience of parents of disabled children with the services they receive.

PSA 18: Promote better health and wellbeing for all which includes stretching national targets to narrow the gap in life expectancy between the poorest areas and the national average and reduce smoking rates, alongside improving access to psychological therapies.

PSA 21: Build more cohesive, empowered and active communities, which aims to create thriving places in there are shared values and a sense of belonging - people's perceptions of their local communities will be key to measuring progress, alongside commitments to increase participation through volunteering and in a wide variety of cultural and sporting activities.

PSA 22: Deliver a successful Olympic Games and Paralympic Games with a sustainable legacy and get more children and young people taking part in high quality PE and sport which will drive delivery of the Olympic park and venues and bring a focus on maximising the legacy of the Games.

Mini-MEND supports the achievement of these PSA targets by virtue of the following:

- It is underpinned by a robust and comprehensive monitoring and evaluation framework (entitled OMMS: Operating Management and Monitoring System) as well as by research (being undertaken at Great Ormond Street Hospital and the Institute of Child Health, University College London) to prove that the outcomes specified in PSAs can be attained through implementation of the Mini-MEND Programme.
- Its standardised framework, centralised training and "solution in a box" nature catalyses multi-agency working between local partner organisations. This is a very important qualitative benefit of the programme, since both the Children's Plan and the Joint Assessment Review Process now mandate that local authorities and PCTs must work together in developing their local obesity strategies and their Local Area Agreements. Local child obesity strategies must also be closely aligned with local Children and Young People's Plans (CYPPs). As such, the catalytic quality of Mini-MEND serves as a direct vehicle for local partners to achieve this mandated joined-up working. In turn, such partnership working realises significant efficiencies in the delivery of local services.
- It empowers local communities and well as tangibly builds capacity and skills at a local level by utilising non-specialists rather than highly qualified health professionals to deliver health promotion services. This represents a particularly cost-effective and efficient utilisation of public funds in responding to PSA targets.



Positive feedback from parents/carers

- 'I have totally cut down the amount of TV my 2 year-old watches. We play games together instead'
- 'I really enjoyed doing sporty things together and it was good to see how easily we can do these activities at home too'
- 'Snack-time was a great way to get the kids trying new things and get them used to sitting down ready for school'
- 'We loved the fun with food session and now make smiley faces at home every day – mealtimes are so much more enjoyable'

Moving forward...

Mini-MEND will be available for national roll-out from May 2008. Organisations interested in implementing Mini-MEND in their local area are encouraged to contact MEND's Partnership Development team, on 0207 231 7225 or by email on partnership@mendprogramme.org, who will be happy to provide further information on how they can go about doing so.

