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**Feeding your Baby sessions projects:**

**Big Project for Little teeth Report 2014-16**

**Summary of Somerset Project 2017-18**

**Any Body Can Cook! Feeding your baby sessions.**

**Background:**

*The Dental Survey[[1]](#footnote-1) for under threes during 2013 revealed that 12% of children had decayed teeth. In the south west of England there were 10% and of those with decayed missing and filled teeth, 0.65% of the children in the South west had to have teeth extracted.*

Within Wiltshire and regionally there has been some improvement in dental decay between 2008 and 2012 in five-year-olds, although the figures are not statistically significant. There is no evidence as to whether the change in decay rates is due to oral health promotion, fluoride tooth pastes or other factors. Below is a chart to identify the latest survey results:

|  |  |  |  |
| --- | --- | --- | --- |
|  | NUMBER OF TEETH DECAYED MISSING FILLED(dmf) | % OF CHILDREN WITH 1 OR MOREdmf | Per average how many children with 1 or more dmf |
| WILTSHIRE | 0.75% | 26.1% | 2.87% |
| SOUTH WEST | 0.79% | 26.1% | 3.03% |
| ENGLAND | 0.94% | 27.9% | 3.38% |

The final column figure reflects that there are still **2.87% of children with one or more dmf,** with **1.75% of the children exhibiting signs of dental sepsis – pus in their mouths.** Every week in Wiltshire a general anaesthetic session takes place in Swindon, Bath RUH and Salisbury hospitals each having a list of 8 per session. Although these figures are not all under fives, the list is for paediatrics.[[2]](#footnote-2)

To support the reduction in decay rates, current national public health policy[[3]](#footnote-3) is designed to help people make healthier eating, drinking and physical activity choices. Childhood obesity, poor oral health and less healthy food choices are all associated with lower socio-economic status.[[4]](#footnote-4)

Based on the local health intelligence and in-line with national public health policy, NICE Guidance on the promotion of good oral health[[5]](#footnote-5) and the Public Health Outcomes Framework Indicator 4.02 (Tooth Decay in Children aged 5)[[6]](#footnote-6), the Oral Health Promotion Team at Great Western Hospitals devised a partnership project – “The Big Project For Little Teeth” to try and reduce dental decay rates in Wiltshire further.

The Oral Health Promotion Team, having both commissioned and worked in partnership with Any Body Can Cook! (ABC Cook) [[7]](#footnote-7) over the past six years, approached the initiative to support this project by instilling good eating and oral health habits from birth.

Any Body Can Cook! designed the Feeding Your Baby Sessions to deliver the oral health messages required, in the most practical format possible, engaging and empowering the parents attending to make more informed and healthier choices for both themselves and their families and to ensure the development of the skills they required to facilitate this.

The sessions are based on the recommendations of the NICE guidance PH11[[8]](#footnote-8) (Maternal and Child Nutrition) with particular reference to recommendation 16 – child health promotion, recommendation 19 - oral health promotion and recommendation 22 - family nutrition.

Public Health England’s 2014 “Delivering Better Oral Health: an evidence based toolkit for prevention”[[9]](#footnote-9) is also embedded within delivery.

The Feeding Your Baby sessions support principles contained within Public Health England’s 2014 document: “Local authorities improving oral health: commissioning better oral health for children and young people”[[10]](#footnote-10).

Feeding Your Baby workshops have been developed to have flexibility within their delivery to ensure they meet the individual needs of parents attending, the group and the children’s centre requirements (linked to identified needs from parental feedback, local JSA and community priorities) and to be easily adaptable dependent on facilities available.

The information provided to participants of the Feeding Your Baby sessions has been developed from continuing and close partnership working with the Oral Health Promotion team since ABC Cook!’s inception over 5 years ago, alongside local and national guidance cited above. This guarantees that messages delivered are consistent and that principles of good oral health are relayed with the same degree of importance as other health promotion ideas. In many other projects and even national health campaigns there is definite disparity and are inconsistencies which parents and individuals find confusing.

Any Body Can Cook! has ensured messages are consistent with those delivered by the health visiting team through their observation of my delivery and feedback on handouts provided.

**ABC Cook: Feeding Your Baby Programme and audience**

The ABC Cook mission is to **encourage families and children to make healthy choices by developing a passion for cooking, infusing memories of food and food preparation that are both positive and fun.**

**The Feeding Your Baby Sessions are open to all new parents, rather than just targeted groups, because although evidence demonstrates a link at age five between dental decay and deprivation, at age three the correlation is not as statistically significant.**[[11]](#footnote-11) **(Appendix 1). Obesity data was not used in the development of the project because although many of the health promotion messages are similar in both cases there is no reliable evidence that those with poor oral health are obese.**[[12]](#footnote-12) **(Appendix 1)**

**During the session p**articipants gain knowledge of appropriate foods for the weaning process and how to prepare them. Topics covered also include portion sizes/balanced diet, food hygiene, kitchen safety principles, deciphering food labels and how to promote good oral health and protect their baby’s teeth from decay. All sessions support other areas of health promotion such as obesity and salt reduction, promotion of eating 5-a-day, cooking and eating more healthily as a family - using weaning as a starting point to motivate this.

**The** workshops deliver both in-depth knowledge and practical hands-on experience of the ingredients and methods and parents develop skills to prepare healthy and nutritious meals in an informal environment. This provides a forum for plenty of individual questions and opportunities for both parents and children (if applicable) to taste the foods and try the dishes. The recipes created demonstrate how quick and easy it is to prepare and cook food for their baby and family from basic ingredients.

Selected agencies also contribute to the sessions as ‘special guests’. These include: the children’s centre staff offering information on services/courses they have coming up, the health visiting team who provide more specific input on when and how to wean and the Health Trainer service who provide information to parents around the support they can offer on a 1-1 basis.

**Delivery plan**

3 x 2 hour sessions in each of the 30 children’s centres across Wiltshire.

1 in Terms 1/2 - Autumn/Winter, 1 in Terms 3/4 - Spring and 1 on Terms 5/6 Summer

With 22 additional sessions to be delivered where demand for sessions was high.

Sessions were aimed particularly to reach those parents with children aged 4-6 months old before they had started the weaning process, in order that the messages delivered could ensure that good habits were developed from the start.

However, we were able to accommodate parents with babies up to 1 year, where parents were not confident with the weaning process, were struggling with particular aspects of feeding their baby or had issues identified by the children’s centres.

Some centres now operate within clusters and, some clusters chose to deliver from one centre but signpost from others.

**Delivery**

112 sessions commissioned - July 2014

4 sessions delivered July 2014

2 sessions delivered October 2014

15 sessions delivered November 2014

10 sessions delivered December 2014

5 sessions delivered January 2015

12 sessions delivered February 2015

18 sessions delivered March 2015

9 sessions have been delivered in April 2015

8 sessions have been delivered in May 2015

12 sessions have been delivered in June 2015

4 sessions have been delivered in July 2015

8 sessions will be delivered in September 2015

5 sessions will be delivered in October 2015

Total sessions 112.

**Total Families reached 806 via 100 sessions (See Appendix 2)**

**Cost per family equates to: £21.30**

So far the project has engaged with 806 families directly but has reached more individuals indirectly as over 40% of the families attending had older children, for whom the oral health information and the practical skills developed would also be relevant. We also encouraged parents to attend the sessions with the older sibling(s) if it meant they would otherwise be unable to attend –this is not possible at the health visitor/nursery nurse sessions.

Of all families attending both parents attended in 5% of cases. We also had grandparents attending in a few cases where they were caring for their grandchild, foster parents and some dads attended alone where they were the primary carer.

Some parents have attended two sessions as they felt there was so much information to take in they wanted to come back to reinforce what they had learnt in the first session. (They have not been included twice in statistics).

A sheet is handed to parents at sessions with a summary of information, Any Body Can Cook!’s email address should they have any further queries or would like additional recipes, and since April a link to the Big Project for Little Teeth YouTube video.[[13]](#footnote-13)

The current project will end in October 2015 and although we have sought, in partnership with the Oral Health Promotion Team, since January 2015, to secure funding to ensure the programme delivery can be continuous, to date, we have not been able to confirm future funds.

As stated the rolling programme will cease, currently, from October 2015 although as feedback from centres and parents has demonstrated both a need for the project and a measurable impact to those participating, Oral Health Promotion and Any Body Can Cook! are both committed to addressing the funding issue in order to guarantee future sessions.

**Children’s centres**

Response and support from the children’s centre has been very positive. (See Appendix 3)

All of the centres have requested future sessions. A couple of centres were hard to engage initially, but having hosted a session are keen to run them again, they would all like to integrate them as a part of their rolling programme.

Some sessions have run as invite only sessions, in other centres they have worked better where I have attended established baby/post-natal/breastfeeding groups breakdown is roughly 60:40 - invite only : general group

Children’s centre staff joined sessions in 13 of the centres

Children’s centre volunteers joined sessions in 3 centres

Breastfeeding peer supporters joined sessions in 6 centres.

Children’s centres also reported registering new parents as a result of the sessions as parents attended session and children’s centre was then able to engage with them as well.

**Health visitors (GWH)**

Support from the health visiting team is now building as some of them have attended and observed sessions, and now actively promote them as a follow on to their own sessions.

I have invited health visitors to all the sessions but there is still reluctance in some areas to support/engage with the project. Health Visitors/Health Visiting Nursery Nurses attended sessions in Malmesbury, Melksham, Bulford, Westbury, Wilton, Tisbury and Trowbridge.

**Health Trainers (Wiltshire Council)**

Health Trainers attended sessions in Trowbridge, Devizes, Melksham, Bulford, Corsham, Bradford on Avon, Pewsey, Amesbury, Westbury, Warminster, Mere, Calne, Salisbury, Tidworth and Chippenham. They are invited to all sessions but cannot always attend.

**The health visitors and nursery nurses were introduced to the health trainer service in 4 community areas as they were not aware of the other’s provision until attending the Feeding Your Baby session.**

**Evaluation**

See Appendix 4 for a more detailed summary of feedback.

* Attendance has been very positive- with an average of 8 participants per session. (See Appendix 3)
* 100% of attendees reported learning something new. (Information or skills).
* 98.6% of parents reported feeling more confident about the weaning process following the session.
* 82.2% of parents reported feeling more confident to prepare food from scratch for their baby/family following the session
* 79.9% of parents reported feeling more aware of constituents of a balanced diet for their baby/toddler following the session.
* 92.6% of parents reported feeling more confident at understanding and deciphering food labels at the end of the session.
* 41.6% of all parent reported greater confidence that their baby’s sugar and salt intake was as low as possible following the session - some parents were unable to answer the question as they had not begun the weaning process***.***
* 99.63% of attendees reported enjoying the session.
* 73.3% of parents and/or children reported trying a new food/recipe.
* 4.1 % of parents offered some suggestions for additions or improvements to the sessions.
* 100% of parents knew that high sugar intake contributes to tooth decay.
* All the parents liked the simple recipes and the different ideas for adapting them.
* Some feedback has highlighted that parents would find it helpful to have the health visitor/nursery nurse at the session as well as I am unable to advise people on when to wean, I have to signpost. At sessions where health visiting team do attend it is a “one-stop shop” so parents can resolve answers to all their questions in one session.
* Any Body Can Cook! has had email contact from 30 parents following the sessions, requesting more recipes/additional information.
* One parent asked for some additional lessons following the session.
* See Appendix 5 for some parent voices collected at sessions.
* Any Body Can Cook! has postcode data from those parents willing to share this with us, but do not have software or time to analyse this information in order to ascertain proportion of families from each quintile of deprivation.[[14]](#footnote-14)

**Longer term impact – 3-6 month follow up.**

Follow up questionnaires were circulated via the children’s centre staff and results collected are summarised below, with full details provided in Appendix 5.

We had 87 questionnaires returned which equates to an 18.1% response rate. They were only circulated to those attending July 2014 – March 2015.

Any Body Can Cook! will request follow-up questionnaires by the children’s centres in October 2015 for sessions delivered April-July 2015, and a further follow up in January 2016 for sessions delivered September-October 2015.

Parents were asked on a scale of 1-5 (low-high) to rate

1. *How helpful sessions were when they weaned their child*

98.8% ranked their experience 5 out of 5 (very helpful)

1. *How carefully they look at food content they buy following the session*

94.4% graded this question 4 and 5 (quite a lot and a lot more)

1. *Have they changed the way they include sugar in their families’ diet since the session?*

87% graded this question 4 and 5 (quite a lot and a lot)

1. *Have they used the skills, ideas or information given at the session*

96.6% said yes

1. *Would you recommend this session to a friend*

100% said yes

1. *Would they like to see anything else included as part of the session*

*95.5% said no*

Parents were asked if they would like to comment on any of the answers they gave a short summary is given below, for more detail see Appendix 6.

* Over half the responses indicated they had made at least one of the recipes, provided on the information sheet, at home after the sessions.
* 10% indicated they were regularly using recipes given at session.
* Over 90% of responses included information on how they had changed the way they read food labels and included sugar in their diets following the session.
* One parent reported losing **a stone in weight in the 4 weeks** following the session - she thought she had been making healthy choices, which on closer inspection turned out to be less healthy than she thought.

**Appendix 1**

**Oral health survey of three year old children 2013.**

**A report on the prevalence and severity of dental decay.**

**Correlation of decay prevalence and severity with deprivation**

The association of high levels of decay with high levels of deprivation have been widely described. For example, in the most recent survey of five year olds in England, the correlation was shown to be good with 44% of the variation in decay levels in local authorities being explained by differences in deprivation. Deprivation is measured using the index of multiple deprivation.

A similar analysis using the current survey data shows a far weaker association with greater scatter and only 19% of the prevalence and 25% of the severity being explained by deprivation.

Source: Dental Public Health Epidemiology programme - Oral Health Survey three year old children 2013 - A report on the prevalence and severity of dental decay. PHE 2014

<http://www.nwph.net/dentalhealth/reports/DPHEP%20for%20England%20OH%20Survey%203yr%202013%20Report.pdf>

**British Society of Paediatric Dentistry**
Position Statement on obesity and dental decay in children - February 2015

Relationship between dental decay and obesity in the primary dentition

There is no convincing evidence to demonstrate a specific association between obesity and dental decay in the primary dentition (baby teeth).

Clearly some of the key aetiological factors are common, such as consumption of sugars and social deprivation, but the latest systematic reviews conclude that obese children are not more likely to have dental decay in primary teeth or vice-versa. Most studies on weight and dental caries tend to show that children with dental decay in the primary dentition are underweight compared to children without decay.

Pain from decayed primary teeth is one of a number of factors that can affect optimal food intake at mealtimes leading to between meal hunger which is often satisfied by frequent snacking and sugary drinks in younger children. These foods have a low nutritional value which can lead to failure to thrive in this group of children.

<http://www.bspd.co.uk/LinkClick.aspx?fileticket=17BxGRXFTbo%3D&tabid=147>

**Appendix 2**

**Feeding Your Baby Sessions - Numbers attending by location, July 2014-July 2015**

**Appendix 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Feeding Your Baby Children's Centre Evaluation Summary** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Yes | No |  |  |
| Did your Children’s centre benefit from having an ABC FYB session? | 100% |  |  |  |
| Would your centre be interested in future sessions? | 100% |  |  |  |
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| **How has your centre benefitted?** |  |  |  |  |  |  |
| Delivered through Bumps & Babes to ensure good attendance. |  |  |  |
| Able to reach & register new Mum's that had not been introduced to our centre. |  |  |
| Nursery Nurse feels the practical session dovetailed well their theory session & reinforced |  |
| health messages. |  |  |  |  |  |  |  |  |
| We don’t offer cookery sessions so this was an opportunity for families to engage in healthy |  |
| eating opportunities. |  |  |  |  |  |  |  |
| Enabled us to signpost to other opportunities. |  |  |  |  |  |
| Enables us to offer a service to parents around the time their children are starting to eat |  |
| solids through the first years of their lives. |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Benefits gained by families attending?** |  |  |  |  |  |  |
| Available to new parents. |  |  |  |  |  |  |  |
| Gained knowledge of how to read the labels. |  |  |  |  |  |
| Increased awareness of sugar content. |  |  |  |  |  |  |
| Ideas for recipes to use at home. |  |  |  |  |  |  |
| Opportunity to try different food & use fresh vegetables in cooking activity. |  |  |
| Learnt about the amount of salt and sugar in processed baby foods |  |  |  |
| It is OK to freeze foods. |  |  |  |  |  |  |  |  |
| Increased confidence in cooking simple healthy recipes. |  |  |  |  |
| Parents feeding back that they are using the recipes. |  |  |  |  |
| Allows a CAN DO approach. |  |  |  |  |  |  |  |
| Families able to engage with their children in a relaxed atmosphere. |  |  |  |
| Child Friendly Drinks-parents now more aware of contents when buying. |  |  |
| Offers simple basic recipes, demonstrates cooking from fresh for parents at an uncertain |  |
| time in their child's life. |  |  |  |  |  |  |  |
| How to care for baby's mouth/teeth, all in a non-judgemental way. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Has the centre or staff used any information, ideas or recipes within other groups?** |  |  |
| Information routinely shared in groups. |  |  |  |  |  |  |
| Information used 1:1 enabling us to promote healthier lifestyles. |  |  |  |
| We were unaware we were able to use it/them but may possibly in the future. |  |  |
| Discussions around sugars & more importantly hidden sugars has taken place in subsequent |  |
| groups. |  |  |  |  |  |  |  |  |  |
| It has increased my own knowledge as a play leader and has thus benefitted further groups. |  |
| We are adding recipes to our recipe folder and onto our website. |  |  |  |
| We have used the recipes in our own Baby Group |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **How does this session differ from others offered?** |  |  |  |  |  |
| We do not offer other sessions that are similar and open to everyone so it is very useful. |  |
| More interactive and informative. |  |  |  |  |  |  |
| A relaxed & much more practical, hands-on, visual approach which parents really like. |  |
| Delivery style suits our more vulnerable parents & those with poor literacy due to the  |  |
| practical aspect. |  |  |  |  |  |  |  |  |
| As we don’t offer cookery sessions this is the only opportunity for parents to engage in |  |
| healthy eating opportunities & more importantly for the children to try new foods. If |  |
| provided regularly it would help challenge parental views about their child's eating habits. |  |
| Parents were able to interact with their children. |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Any suggestions to improve future sessions?** |  |  |  |  |  |
| Leaflets and hand outs for recipes would be good |  |  |  |  |  |
| No we love them and would like lots more |  |  |  |  |  |
| All feedback received was positive |  |  |  |  |  |  |
| To try & incorporate it into our general Stay & Play to help us reach more parents & use the |  |
| information on an on-going basis |  |  |  |  |  |  |
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**Appendix 4**

**Questionnaire completed at Feeding Your Baby session**

The first 5 questions are completed at start and end of session and are ranked 1-7 (low-high)

The changes cited below indicate the difference between what the parent marked at the start and end of the session.

***1. How confident do you feel about the weaning process?***

98.6% reported feeling more confident following the session

72.6% showing an increase of more than 2

***2. How confident are you at preparing food from basic ingredients for your baby?***

82.2% reported feeling more confident following the session

63.3% showing an increase of more than 3.

***3. How aware are you of what constitutes a balanced diet for your baby?***

79.9% reported feeling more aware following the session.

***4. How confident are you at understanding food labels?***

92.6% reported feeling more confident at understanding and deciphering food labels at the end of the session.

84.4% showing an increase of more than 2.

***5. How confident are you your baby’s sugar and salt intake is as low as possible?***

41.6% of all parent reported greater confidence following the session.

Some parents were unable to answer the question as they had not begun the weaning process***.***

***Did you enjoy today’s session?* Yes / No**

99.63% *0.37%*

***Did you or your child try any new foods today?* Yes / No**

 73.3% 26.7%

Many of those who did not try new foods had babies that were not yet weaning.

***Any improvements?* Yes / No**

 4.1 % 95.9%

Cooler room

More recipes

Charts to show what to use for weaning and when to introduce.

***Any other sessions you would like?***

Cookery sessions – healthy eating on a budget

First aid

***Oral health also requested we asked the parents:***

***Do you think high sugar intake causes dental decay?***

100% answered yes

**Appendix 5**

**Parent’s Voice – a small sample of the verbal feedback we have received during sessions**

Parent's Voice
Feeding your Baby sessions
" I ........

Enjoyed all aspects of

today – really helpful."

Liked meeting and

talking/sharing

 ideas with other parents."

Feel I have learnt more

 information from

 this class than the

 health visitor

 weaning class."

Enjoyed cooking."

Learned new eating

habits for all of us.”

Gained some new

ideas and finger foods."

Feel more confident with

 what to feed my child."

Liked your offer of further

ideas via email –

thank you."

Saw how easy it

was to make fishcakes."

Liked the healthy

eating ideas."

Liked the fact that no

question was a stupid question."

Liked the fact the babies

and adults could try

the foods."

Learnt to eat better and watch

 what we eat in future

 especially sugary snacks."

Enjoyed

the practical cookery."

learned new things

to feed my baby."

Loved the visual aids

– sugar contents."

Learnt about the amount

of sugar and salt in food."

Thought session was an

eye opener to the

foods I eat."

Will look much more

carefully at sugar

contents in future."

Thought it was lovely to

 see … taking an interest

 in other foods and trying

them out."

Enjoyed the conversations

around sugar."

Found out about the

levels of sugar in food."

Learned new food

 and menu ideas."

Learnt about the amount

of sugar and salt in food."

Enjoyed the

 hands-on demo."

Was shocked by the sugar

 contents of foods I thought

were healthy options."

Liked the way you

used simple ingredients

to make quick and

tasty foods."

Really enjoyed

the whole session."

Enjoyed finding out

and visually seeing

the sugar content."

Learnt to give savoury

foods before sweet."

Liked making the

recipes –

 they were so easy

 and cheap."

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**Appendix 6**

***Practical workshop for feeding your baby – follow up questionnaire***

***Questionnaire results***

***Response rate 18.1% from sessions July 2014 - March 2015***

1. ***How helpful did you find the information, ideas and skills from the session when you were weaning your child?***

Not very 1 2 3 4 5 Very (please circle)

 1.2% 98.8%

***Comments Given***

*Those grading it 2 stated* they had not started weaning and felt the session would have been of more benefit to them when they had.

Weaning going well

Really useful

Lots of confidence to start weaning

Able to ask lots of questions that put my mind at rest for when I did start.

It is going well – I have done a mix of baby-led and mashes.

Showed how to start weaning without it becoming a chore.

I involve weaning in part of my everyday cooking with minor adjustments – not adding salt and sugar.

Fantastic - was good to make something in the session – to see how easy it was.

Lady was very knowledgeable

Really useful

Brilliant

1. ***Having attended the session how much more carefully do you look at the content of the food you buy?***

Not at all 1 2 3 4 5 A lot more (please circle)

 1.1% 1.1% 3.4% 13.8% 80.6%

***Comments Given***

The people giving 1’s and 2’s stated they were always careful to read food labels already.

I used the information about reading labels on “healthy products” for my older daughter as well.

Session helped to clarify what I thought I know about labels and content of foods,

Now check labels for sugar and salt.

Made me look more closely at labels for sugar and salt content.

I look more closely at labels

More obsessive about what we eat now and check contents of bought products.

Cook more from scratch so I know what goes into food.

1. ***Since attending the session have you changed the way you include sugar in your family’s diet?***

Not at all 1 2 3 4 5 A lot (please circle)

 5.7% 4,6% 2.3% 12.6% 74.4%

***Comments given:***

*Those answering 1 and 2 stated they:*

Don’t use sugar anyway

Have always been careful

Already trying to reduce sugar in diet.

*Those giving 3 as answer also stated* they were much more aware of sugar in foods.

*Those answering 4 and 5 stated:*

I did not know that dried fruit could damage my child’s teeth,

Good to learn about sugar in dried fruit

I was using raisins as a healthy snack for my toddler – she has vegetables now.

I have swapped flavoured yogurts for plain and add my own chopped fruit now.

I use plain breakfast cereals rather than flavoured now.

I give my older children less juice now.

My older children have less sweets and only after a meal now.

My children are all drinking water instead of juice between meals.

I have stopped buying the low fat snacks I was buying for myself.

Have reduced the amount of sugar we eat.

1. ***Have you used any of the information, ideas or skills from the session?***

***Yes*  / *No (please circle)***

96.6% / 3.4%

***Comments Given***

Great to discover I did not have to buy baby products as they are more expensive.

Babies love asparagus as finger foods

Made cheese scones and breadsticks since session.

Made Fishcakes

Made recipes emailed post session

Has our food - makes life easier

More creative with presenting food since session

Older child enjoyed being helper and helps more at home now.

With my older child I now make healthy foods look fun so they eat them.

My older child helps me cook more at home since session

How some foods I thought were healthy are not good for teeth.

How the 5-a –day logo can be used - making me think things are healthy when they are not as good for my child’s teeth as I thought. I always look at back of packet as well now.

Daughter loves baby corn as a snack – I always steam up some as it is so quick and easy to prepare and take it out for a snack for her.

I prepare food in bulk and freeze it now – made it so much easier as I work.

I prepare food at home as I realise now how much cheaper it is than buying baby food

I know exactly what I am giving my child now as I make it from scratch.

Session gave me more confidence to give her food I cook at home.

Have been making my own baby food – much easier and cheaper than buying it.

Read packets all the time now – I now understand what I am looking at and for.

Check sugar contents of bought food for rest of family as well.

Use info provided on sugar content in baby products all the time when shopping

Make fishcakes and use the adaptations given on recipe sheet as well.

My son has food we have now – made life much easier.

Don’t buy pre-made baby food

Made breadsticks

All info was very useful and try to use it all,

Used recipes and have adapted some myself as well.

Over half the responses indicated they had made at least one of the recipes provided at home after the sessions.

10% indicated regularly using recipes given at session.

Over 90% of responses included information on how they had changed the way they read food labels and included sugar in their diets following the session.

One parent reported changing her shopping and eating habits following the session and losing **a stone of weight in 4 weeks** – she had been trying to lose baby weight and had been choosing what she thought were healthy options but realised at the session they were in fact full of sugar.

1. ***Would you recommend the session to a friend?***

***Yes* / *No (please circle)***

100% / 0%

1. ***Is there anything else you would like to see included in the sessions?***

***Yes* / *No (please circle)***

4.5% / 95.5%

***What?***

Few more family recipes to take home

More fun healthy ideas please

More about baby-led weaning

A chart with how to introduce foods and when.

More recipes

**![C:\Users\Matt\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8ZK3M6GD\IMG_5551[1].JPG]()Summary of Feeding your Baby Somerset 2017-18**

**Background:**

*The Dental Survey[[15]](#footnote-15) for under threes during 2013 revealed that 12% of children had decayed teeth. In the south west of England there were 10% and of those with decayed missing and filled teeth, 0.65% of the children in the South west had to have teeth extracted.*

* 23% of children under 5 in Somerset experience tooth decay, slightly below the national average (25%).
* However, the severity of decay varies across the county; children in Sedgemoor are more likely to have multiple decayed teeth. Sedgemoor also has a relatively high rate of sepsis
* The prevalence of tooth decay in **twelve** year olds in Somerset is slightly higher than that seen nationally (37% v 33%). The figures are relatively high in West Somerset (46%), Taunton Deane (41%) and Sedgemoor (39%). More severe decay is also evident in West Somerset and Sedgemoor.
* 61% of children in Somerset (66,554) were seen by NHS dentists in the year ending June 2016, slightly above the national average (58%).
* However, for children less than two years of age, attendance at primary dental care services  in Somerset is below the national average, especially in Sedgemoor and West Somerset (2014).
* The most common age group for dental extraction is in 5-9 year olds. Within Somerset the proportion admitted for dental extraction in this age group ranges from 0.9% in Sedgemoor to 0.2% in South Somerset. The 'Getset' catchment area rates are highest in Sedgemoor South, Taunton North and East and Quantock West.[[16]](#footnote-16)

To support the reduction in decay rates, current national public health policy[[17]](#footnote-17) is designed to help people make healthier eating, drinking and physical activity choices. Childhood obesity, poor oral health and less healthy food choices are all associated with lower socio-economic status.[[18]](#footnote-18)

Based on the local health intelligence and in-line with national public health policy, NICE Guidance on the promotion of good oral health[[19]](#footnote-19) and the Public Health Outcomes Framework Indicator 4.02 (Tooth Decay in Children aged 5)[[20]](#footnote-20), and following the success of sessions in Wiltshire we had delivered in partnership with the Oral Health Promotion Team at Great Western Hospitals as a part of their “Big Project For Little Teeth” to try and reduce dental decay rates in Wiltshire further, we replicated the sessions created for this project as a part of our project in Somerset instilling good eating and oral health habits from birth, supporting the Somerset Oral Health Strategy 2015-18[[21]](#footnote-21)

**Summary:**

**Feeding your baby sessions:**

16 sessions in Mendip, South Somerset, Sedgemoor, and Taunton

406 families

Partnering with Getset services across Somerset and the health visiting teams

**At the session**:

98.6% of parents reported feeling more confident about the weaning process following the session.

82.2% of parents reported feeling more confident to prepare food from scratch for their baby/family following the session

79.9% of parents reported feeling more aware of constituents of a balanced diet for their baby/toddler following the session.

92.6% of parents reported feeling more confident at understanding and deciphering food labels at the end of the session.

**As a result of the sessions in follow up feedback:**

98.8% said the sessions had been helpful when weaning their child

Over half the responses indicated they had made at least one of the recipes provided at home after the sessions.

10% indicated regularly using recipes given at session.

Over 90% of responses included information on how they had changed the way they read food labels and included sugar in their diets following the session.

All partners requested further sessions.

****Sessions continue roughly every 6 weeks as our partnerships develop further.

1. #  The Child Dental Health Survey (2013) <https://www.gov.uk/government/statistics/childrens-dental-health-survey-2013>

 [↑](#footnote-ref-1)
2. Great Western Hospitals(2014) – Big Project for Little Teeth Report [↑](#footnote-ref-2)
3. #  Policy: Reducing obesity and improving diet (March 2013): [www.gov.uk/government/policies/reducing-obesity-and-improving-diet](http://www.gov.uk/government/policies/reducing-obesity-and-improving-diet)

 [↑](#footnote-ref-3)
4. Chief Medical Officers Report (2014), Chapter 5: <https://www.gov.uk/government/publications/chief-medical-officer-annual-report-surveillance-volume-2012> [↑](#footnote-ref-4)
5. NICE Guidance PH55 (2014): guidance on oral health approaches for local authorities and their partners to improve the oral health of their communities <http://www.nice.org.uk/guidance/ph55/resources/guidance-oral-health-approaches-for-local-authorities-and-their-partners-to-improve-the-oral-health-of-their-communities-pdf> [↑](#footnote-ref-5)
6. Public Health Outcomes Framework: <http://www.phoutcomes.info/public-health-outcomes-framework> [↑](#footnote-ref-6)
7. Any Body Can Cook! was the first micro-organisation to gain a Health Promotion and Community Well Being Award from the Royal Society for Public Health (2012), and one of only 3 organisations nationally to achieve a second maximum - three year - Health and Wellbeing Award from the RSPH in 2014. The work of **ABC Cook was used as an example of implementation in the NICE PH49 behaviour change guidance (2014)**

<https://www.nice.org.uk/proxy/?sourceurl=http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=717>

 for more information see: <http://www.anybodycancook.co.uk> [↑](#footnote-ref-7)
8. NICE Guidance PH11 Maternal and Child Nutrition(2008) <https://www.nice.org.uk/guidance/ph11> [↑](#footnote-ref-8)
9. Public Health England (2014): Delivering better Oral Health <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention> [↑](#footnote-ref-9)
10. Public Health England (2014):Local authorities improving oral health: commissioning better oral health for children and young people <https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities> [↑](#footnote-ref-10)
11. PHE, (2014), Dental Public Health Epidemiology programme - Oral Health Survey three year old children 2013 - A report on the prevalence and severity of dental decay.
<http://www.nwph.net/dentalhealth/reports/DPHEP%20for%20England%20OH%20Survey%203yr%202013%20Report.pdf> [↑](#footnote-ref-11)
12. British Society of PaediatricDentistry, (February 2015), Position Statement on obesity and dental decay in children - <http://www.bspd.co.uk/LinkClick.aspx?fileticket=17BxGRXFTbo%3D&tabid=147> [↑](#footnote-ref-12)
13. Great Western Hospitals (2015) Big Project for Little Teeth: <https://www.youtube.com/watch?v=lni1w2L6dVo> [↑](#footnote-ref-13)
14. Index of Multiple Deprivation 2010 [↑](#footnote-ref-14)
15. #  The Child Dental Health Survey (2013) <https://www.gov.uk/government/statistics/childrens-dental-health-survey-2013>

 [↑](#footnote-ref-15)
16. Oral Health, Somerset Intelligence Network, <http://www.somersetintelligence.org.uk/oral-health.html> [↑](#footnote-ref-16)
17. #  Policy: Reducing obesity and improving diet (March 2013): [www.gov.uk/government/policies/reducing-obesity-and-improving-diet](http://www.gov.uk/government/policies/reducing-obesity-and-improving-diet)

 [↑](#footnote-ref-17)
18. Chief Medical Officers Report (2014), Chapter 5: <https://www.gov.uk/government/publications/chief-medical-officer-annual-report-surveillance-volume-2012> [↑](#footnote-ref-18)
19. NICE Guidance PH55 (2014): guidance on oral health approaches for local authorities and their partners to improve the oral health of their communities <http://www.nice.org.uk/guidance/ph55/resources/guidance-oral-health-approaches-for-local-authorities-and-their-partners-to-improve-the-oral-health-of-their-communities-pdf> [↑](#footnote-ref-19)
20. Public Health Outcomes Framework: <http://www.phoutcomes.info/public-health-outcomes-framework> [↑](#footnote-ref-20)
21. Oral Health Strategy 2015-18, Somerset County Council (2015) [www.somerset.gov.uk/EasySiteWeb/GatewayLink.aspx?alId=103591](http://www.somerset.gov.uk/EasySiteWeb/GatewayLink.aspx?alId=103591) [↑](#footnote-ref-21)