

Who is more likely to drop-out?

- Families with overweight or obese boys are more likely to discontinue treatment than those of girls.
- Families of ethnic minority are also more likely to end-care prematurely.
- Results suggest that lone-parent families and those families living in lower socioeconomic areas are also more likely to drop out.

Once enrolled, what motivates families to complete treatment?

Children's enjoyment i.e. having fun and making new friends motivate sustained engagement. Children particularly enjoy the opportunity to play with children of a (i) similar age, (ii) weight status or (iii) activity level.

Parents return primarily for the group support they receive. The shared experience often reduce feelings of "*isolation*" and many parents value the "*social acceptance*" of a group describing shared problems.

Programmes which offered practical and visual sessions further boost continued attendance. These sessions, whereby parents try new activities such as cooking demos, food shopping expeditions, visualising portion sizes, or outdoor activity sessions, motivate families to continue attending.

What causes families to drop out of treatment once enrolled?

Having staff who lack experience, enthusiasm or group management skills can hinder programme efforts and even result in some families dropping out of treatment. The continuity of staff is important to the success of any programme as relationships can be built upon week after week.



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Failure to attend and complete treatment is a common and worrying issue for health professionals and policy makers working in the area of childhood obesity treatment. Despite this there are a number of possibilities to encourage participation and minimise attrition.

RECOMMENDATIONS:

1. Recruitment and retention strategies should focus on engaging parents and children, respectively.
2. Campaigns to increase awareness of childhood overweight and obesity, and to simplify means of explaining measurement and classification are needed.
3. Future programmes should consider reframing the focus of recruitment by concentrating on quality of life and wellbeing of children, rather than focusing on weight.
4. Highlight opportunities to try new activities and learn new skills.
5. Ensure programmes are delivered in a familiar and accessible setting.
6. Discuss and troubleshoot barriers to attendance with families before programme commencement.
7. Future research should explore strategies to encourage participation with hard to reach groups as well as identifying the reasons influencing parental misperception of child's weight status.

Reference: Kelleher, E., M. Davoren, J. Harrington, et al., [Barriers and facilitators to initial and continued attendance at community-based lifestyle programmes among families of overweight and obese children: a systematic review](#). *Obes Rev*, 2016

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