Family attendance at community-based childhood RB weight management programmes POLICY BRIEF

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Multi-component, family-focused, lifestyle programmes are efficacious in treating paediatric obesity. The success of these programmes relies on family engagement;

- The majority of families referred to treatment decline.
- Up to 75% of participants and their families who enrol in these programmes drop out before programme completion.

While non-attendance directly impacts the children and their families, it also negatively impacts the health service;

 Drop-out is usually preceded by missed appointments, which leads to a loss of practitioner productivity, contributes to increased delays for families already on waiting-lists, and increases overall health service expenses.

Governments and the health service need to provide services in a way that is acceptable and appropriate to families. This brief aims to educate policy makers and practitioners on the factors that influence families' decisions to engage or disengage with weight management programmes.

METHODS OF THE STUDY

We conducted a systematic review using a narrative synthesis approach allowing for the inclusion of quantitative, qualitative and mixed-method study designs.

A comprehensive literature search was undertaken using a range of electronic databases including PubMed, EMBASE, CINAHL and PsychINFO. Thirteen studies were included in this review.

Who is more likely to engage?

Families with overweight or obese girls are more likely to enrol than families with overweight or obese boys.

What motivates families to enrol in childhood weight management programmes?

- Parents are motivated to enrol largely because of their concern for their child's health, and a concern for their child's psychological wellbeing.
- Children participate primarily for the social interaction they appear to offer and many enrol simply *"to have fun"* and *"make friends"*.

What deters families from enrolling in childhood weight management programmes?

The stigma surrounding the issue of excess weight and associated treatment programmes is a significant barrier to initial attendance for both children and parents.

Parental denial also emerged as a barrier to enrolment - some parents refuse to accept their child is carrying excess weight and many refer to their child as 'stocky', 'broad' or 'big-boned'.



Who is more like 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., <u>Barriers and facilitators to initial and continued</u> <u>attendance at community-based lifestyle programmes among families of overweight and obese children: a</u> <u>systematic review</u>. Obes Rev, 2016 This research was conducted as part of the SPHeRE Programme, and funded by the Health Research Board SPHeRE/2013/1