

Parental perceptions of the School Kids Intervention Program (SKIP): a program for families with overweight or obese children

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Introduction / Aim

Nationally in 2017-18 the prevalence of overweight or obesity among Australian children 5-14 years of age was 24%¹, this has been relatively stable since 2006. However, there has been a promising downward trend in the ACT with overweight or obesity falling from 25.1% in 2006 to 19.4% in 2018 among year 6 primary school aged children². The School Kids Intervention Program (SKIP) is a family-centred service for children aged 4 to 12 years who are classified as overweight or obese, and includes medical, exercise physiology and nutrition interventions. It was initially implemented as a pilot program in Canberra in 2015 and has recently undergone a review. SKIP focusses on improving the health and wellbeing of the entire family rather than on the child's weight. SKIP is parent-led, whole of family model where parents are the agents of change.

Evidence supports a multidisciplinary, family-based approach in addressing childhood weight concerns^{3,4}. Limited resources and high number of referrals has resulted in review of the model of care (MoC). It is widely understood that partnering with consumers to plan, deliver and evaluate healthcare can lead to a more positive patient experience and higher quality healthcare⁵ and this is embedded in the National Safety and Quality Service Standards, at Standard number two⁶.

The aims of this project were

- 1 Determine the experiences and level of satisfaction of previous and current families
- 2 Use the findings of this project to develop the new MoC.

Method

Parents of children participating in SKIP were invited to participate in completing the survey. Consent to participate was gained through email. The survey was sent to parents by email or post. A free \$20 voucher to the Fyshwick Markets or National Dinosaur Museum was provided to each family once they returned a completed survey.

The survey consisted of 36 qualitative questions to determine the acceptability, appropriateness, and accessibility of SKIP. Likert scales were used for the majority of questions measuring parental perceptions. A final open-ended question was provided and responses were sorted into themes.

Participants included parents of children currently and previously enrolled in SKIP. Families who did not engage well or who had been in the program less than 3 months were excluded. Former (n = 24) and current (n = 10) families were randomly invited to complete the survey.

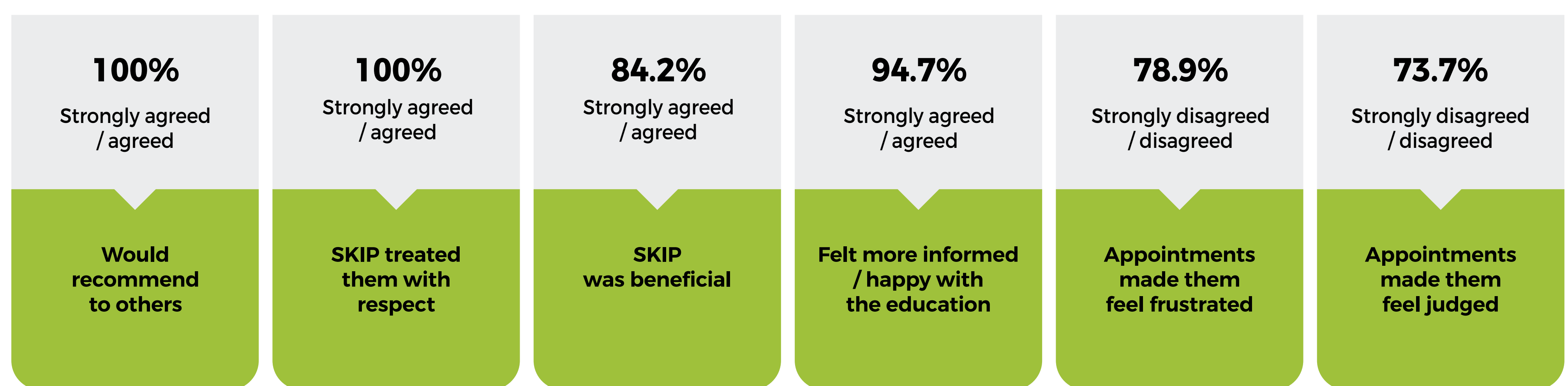
References:

1. Australian Institute of Health and Welfare 2020. Overweight and obesity among Australian children and adolescents. Cat. no. PHE274. Canberra: AIHW
2. ACT Health Directorate Focus On report: Healthy Weight in Childhood
3. Zolotarjova J, Velde GT, Vreugdenhil ACE (2018). Effects of multidisciplinary interventions on weight loss and health outcomes in children and adolescents with morbid obesity. *Obesity Reviews* 19:931-46
4. Seo YC, Lim H, Kim Y, et al (2019). Effect of Multidisciplinary Lifestyle Intervention on Obesity Status, Body Composition, Physical Fitness and Cardiometabolic Risk Factors in Children and Adolescents with Obesity. *Nutrients* 11: 137
5. Bombard Y, Baker GR, Orlando E, et al (2018). Engaging patients to improve quality of care: A systematic review. *Implementation Science* 13: 98
6. National Safety and Quality Service Standards: <https://www.safetyandquality.gov.au/standards/nsqss-standards/partnering-consumers-standard> accessed 28/06/21

Results

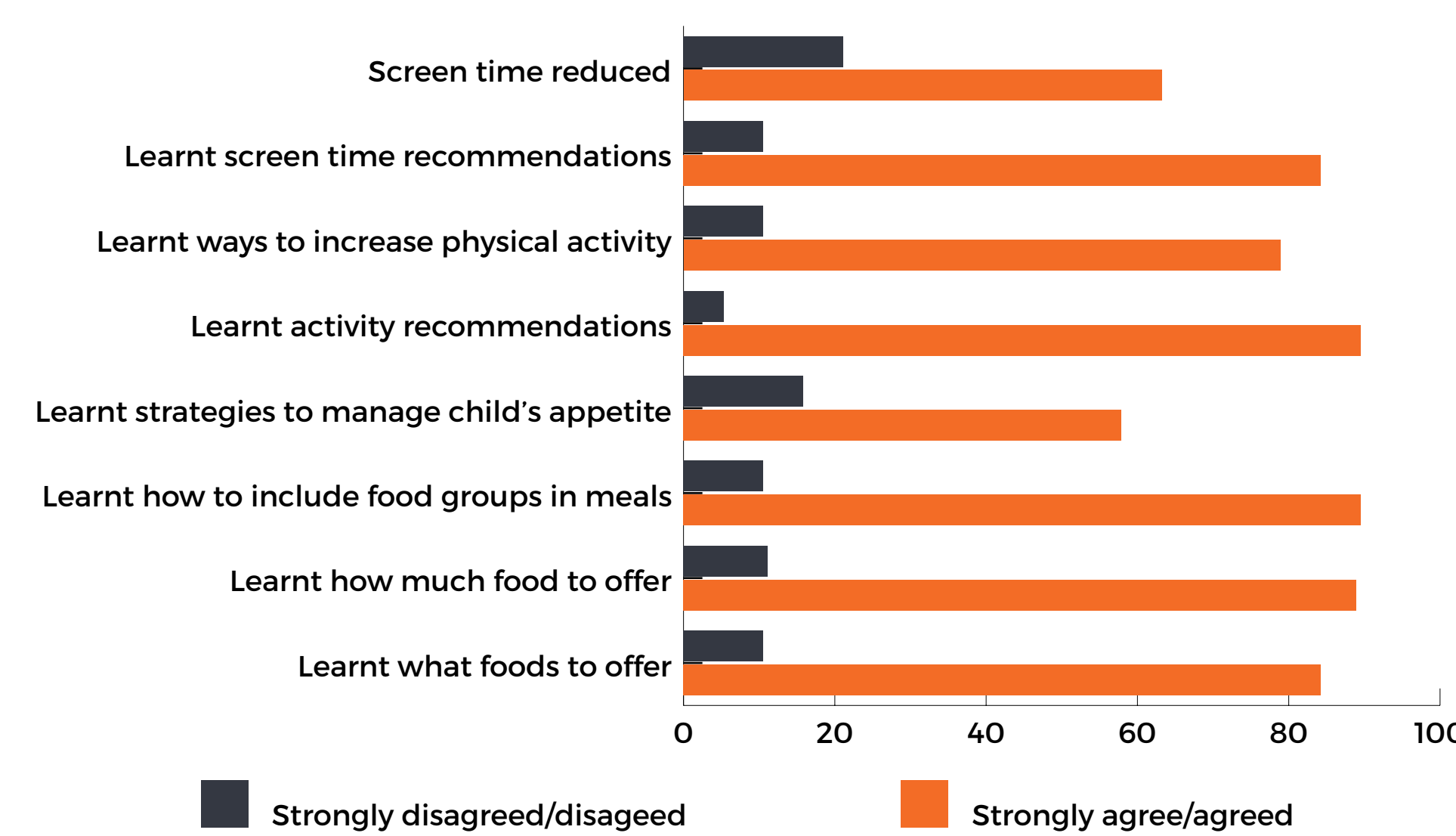
Completed surveys were received from 18 former (66.7%) and current (36.8%) families. The average age of children at their commencement of the SKIP program was 9.5 years. The median age was 10.2 years, with the youngest and oldest child being 4.9 years and 13.5 years.

Participants indicated that they had positive experiences whilst in the SKIP program.



The majority of families strongly agreed/agreed that they had increased knowledge of a range of behavioural factors indicated in Figure 1.

Figure 1: Behaviour change seen during SKIP participation

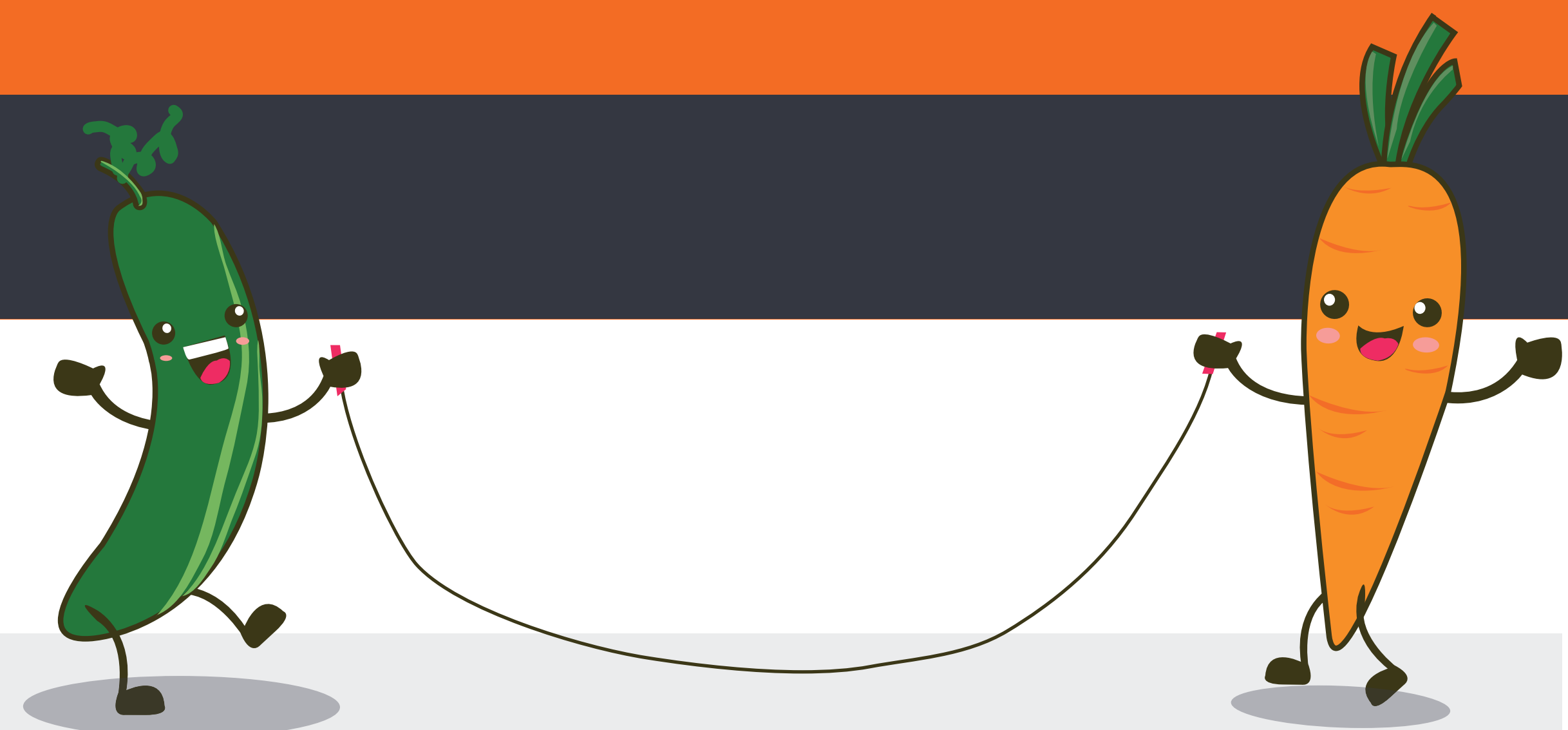


Additional comments from participants were positive. Suggestions included the benefit of flexible appointment types, more practical skill building groups offered, seeing a paediatrician early, not including children at appointments to support sensitive discussions. There was disappointment that other health professionals had not referred to SKIP, with some families finding out about the service themselves.

Conclusion / significance

Overall, families had positive experiences with SKIP, the content was relevant and appropriately individualised for families. Most importantly, an overwhelming majority of families felt respected and not judged by the SKIP clinicians and the co-ordinator. These findings are informing the develop of a new model of care for SKIP, with the following changes currently in various stages of development and implementation:

- > Continuation of the exercise program and introduction of a cooking program
- > Inclusion of psychology input
- > Continued delivery mode flexibility
- > Follow up of families post discharge
- > Inclusion of SMS goal reminders
- > Online delivery of group sessions to increase access for a greater number of families



Families were asked what they would like added to the service. Group cooking sessions, group exercise sessions, and individual psychologist/counselling sessions were the most popular responses, as indicated in Figure 2.

Figure 2: Services ideally included in SKIP

