



## Overview of Alive 'N' Kicking – Childhood Obesity Programme



Alive 'N' Kicking is a specialist children's and young people's obesity programme which adheres to best practice as proposed in the NICE guidelines and draws from available data on what works in intervention programmes. The core of our programme is behavioural change using appropriate goals and an approach which is delivered in a supportive and empathetic way. The programme involves the whole family and includes a process for increasing physical activity in all family members and provides support, education and practical ways to improve family diet.

The programme team are multidisciplinary though not exclusively medical personnel. There will normally be dietetic overview as well as physiotherapy support where this is necessary. The primary components of the programme are healthy eating and active lives delivered in the context of making better lifestyle choices. Depending on commissioning client's requirements families will usually be grouped into the following age classifications and operated separately:

Toddlers	(2- 4 years)
Infants	(4 – 6 years)
Juniors	(7 – 11 years)
Seniors	(12 – 15 years)
Young people	(16 – 19 years)

Alive 'N' Kicking was awarded highly commendable in the National Obesity Forum (NOF) awards for excellence in obesity care in 2006. The programme is designed for overweight and obese children (referral to an appropriate specialist is recommended for children who also have significant comorbidity or complex needs). The programme would normally be run out of a community facility such as a leisure centre or children's centre; though for older children the most appropriate setting is a leisure facility with a gym and studio.

### Programme Schedule

The programme is based upon segments of 12 weeks (3 months) and families are invited to attend each week for a one hour session. Where an extension to this is required, this is considered in line with the progress made and adherence to the programme, and this will normally be agreed with the commissioning authority on a case by case basis. Where children have a large amount of weight to lose it is appropriate for them to be on the programme for several segments of 12 weeks and the evidence supports programmes of a minimum of 6 months duration for very overweight children. Parents and other family members are also asked to monitor their weight and are encouraged to lose weight if they too are overweight.

Families take part in a mixture of activities including education sessions, physical activity programmes and behavioural change workshops, aimed at removing barriers to change and

improving self esteem. There is a 45 - 60 minute 'exercise or play' component for the children (depending on age), and this follows a progressive and monitored series of sessions during which children are measured for improvements in function such as cardiovascular fitness, balance and flexibility and muscular strength and endurance.

There will be cooking skills and food preparation sessions arranged periodically and all families undertake the "Cook, Taste and Tell" challenge which involves cooking at home together and working through a graded series of culinary challenges ranging from beans on toast to more intricate meals such as stews, rice dishes and stir fry's. This is designed to build cooking confidence in the confines of the home and to celebrate all progress no matter how small. Families report back on how they all felt about the food, and what part they played in the preparation.

## **Programme components**

### Evaluation & Measurements

- Parent(s) & Child BMI
- Family and child nutritional assessment
- Behaviour, physical activity and lifestyle profile
- Readiness (or barriers) to change. Attitudes to weight loss and weight maintenance.

### Dietary considerations

- Macronutrient profile of family / child diet.
- Convenience & packaged food, snacking culture, fast food. Food as a reward/punishment.
- Fat (inc saturates), refined carbohydrate, sugar and salt content. 5 a day
- Water & soft drink intake
- Feeding triggers and stimuli, food and hunger

### Lifestyle considerations

- Grocery shopping profile. Access to fresh foods. Cooking skills/enthusiasm.
- Structured or chaotic approach to meals. Breakfast. School meals
- Parent family activities – out of school activity. Childs attitude to physical activity/exercise.
- TV watching, computers and e-play.
- Parental role models, family boredom / motivation

### Family dynamics & relationships

- Family cohesion or conflict
- Developing respect, understanding and empathy
- Communication and sharing experiences
- Parental control

### Socio economic & other

- Economics, and financial restraints.
- Pocket money & access to food away from the home.
- Education and awareness opportunities
- Motivation, self esteem. Reasons for change
- Other support structures. Other significant people.

### **Assessment**

The programme uses a series of formal and informal assessments to determine the factors contributing to weight gain in the child, as well as willingness and motivation or barriers to change, psychosocial distress, such as low self-esteem, teasing and bullying. Data collection also examines lifestyle features such as physical activity levels and attitudes to exercise, nutrition profiles and grocery procurement, feeding and food access opportunities for the child.

An examination of family participation in active play or sedentary patterns in the home, including TV and e-play is an important indicator and correcting sedentary behaviour is one of the more challenging processes of the programme. Relative to the younger age groups, the programme will also examine the ability of parents to effectively 'play' with their children to build family cohesion. Other related behavioural traits such as feeding protocols, hunger and satiety issues are considered, alongside the part played by the parent as a role model. Identifying and addressing family conflicts surrounding food, physical activity or weight problems, remains a cornerstone of the project.

Relative to the information collected, a bespoke prioritised support strategy is devised in conjunction with the whole family. All participating family members are involved in determining the potential solutions and these are agreed alongside the commitment required from each family member with respect to their contribution to the process of change. All behavioural and lifestyle modifications are specific and time related and subject to a review process for further consideration or development at subsequent meetings with the delivery team.

All families are asked to take part in a follow up measurement 6 or 12 months following exit from the programme at the preference of the PCT.

We have developed an electronic tool which has proved very helpful in determining the readiness of families to make significant lifestyle changes and also to assess their acceptance and sense of responsibility for the child's weight. This has proved invaluable in ensuring that families entering the programme are psychologically ready. Where this is not the case, further support and advice can be given, or more time provided to allow the family to make the necessary adjustments to qualify them for the programme. This is a vital process in order to ensure those on the programme make the required progress and therefore make the best use of the limited spaces available.

## **Behavioural Change**

The programme requires families to complete projects together and provides some behaviour change support techniques, such as keeping a diary and how to work together as a family to problem solve. Families are taught how to deal with common pitfalls such as coping with 'lapses' and 'high-risk' situations. As families progress the aim is to develop confidence and problem solving skills within the family. The group component of the programme provides peer support and the one to one "coaching" elements are used further support families where this is required. All families are encouraged to return to the programme if they feel additional support is required.

Techniques used for parents involve goal setting and self monitoring of behaviour and progress, stimulus control and social support and relapse prevention. For children these issues are delivered appropriate to age and are provided alongside rewards for reaching goals and successful problem solving. All of this is offered in a supportive way giving praise and encouragement to all members of the family whenever progress no matter how small is achieved.

## **Evidence Base**

The current services that we provide are all evidence based and represent highly effective community weight management and clinical intervention programmes. Focussing on healthy eating and active lives, the programme takes its clinical lead from Healthy Weight Healthy Lives (Swanton 2008) and NICE guidelines (NICE CG43 2006) and in addition uses powerful social marketing and models to enrol target clients onto the programme with materials and messages designed to avoid stigmatising or alienating the most overweight people in society.

The programme explores opportunities for increasing physical activity considering: current activity undertaken, economic or physical barriers and the aspirations of the individual. Also physical environmental issues such as, local walkability, neighbourhood safety, green spaces and facilities are considered. The programme aims to normalise regular physical activity and uses the message highlighted in HWHL Every Activity Counts to help people to see the benefits of small amounts of movement done regularly.

These programmes have evolved over almost ten years absorbing best practice from evidence collected from our own as well as other programmes, and that reported in the literature. Over and above this we continually review the literature for innovation and development and to ensure current best practice is adhered to. As such we subscribe to the following publications:

- Obesity Reviews – Blackwell Publishing
- Medicine & Science in Sports & Exercise
- The British Journal of Cardiology (NOF)
- Proceedings of the Nutrition Society

- International Journal of Obesity – Nature
- SportEx Health (Activity for Health)

In addition we use the model toolkits such as: Lightening the Load, National Heart Forum Toolkit 2007 and work extensively from the information provided in learned documents such as Foresight Survey Tackling Obesity and Healthy Weight Healthy lives.

Programme design and development results from review of the current literature as well as from the experiences gained by the delivery teams. Our programmes continue to evolve as we work with a number of different providers who are working across a range of settings, with a complete cross section of clients. This is one of the ways in which we maintain fresh up to date and relevant components in both the training and delivery models that we provide. The current evidence base fully supports our model (A report from the BMA Board of Science 2005; Flynn, McNeil et al. 2006; Lobstein 2006; Birch & Ventura 2009; Frost 2009).

Weight Management Centre is one of only 7 providers on the Department of Health Child Weight Management Framework to provide National delivery of obesity services and training. [www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_097297](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097297).

This means that commissioners can appoint WMC in the knowledge that we have undergone a rigorous scrutiny with respect to credibility, effectiveness and value for money and this applies to both our childhood and adult services.