



Factors influencing implementation of obesity prevention programs in family day care centres.



KEY MESSAGES

- Despite their existence, few healthy eating and physical activity strategies are being implemented in family day care (FDC) services.
- This is often due to a lack of resources (equipment, space, time, etc.) and pressure from parents, children and peers.
- FDC providers are better able to implement strategies when there is strong support from families, alignment with existing resources and routines, and alignment with carers' skills and professional scope of practice.

What is this review about?

We wanted to explore the enablers (things that encourage) and barriers (things that hinder) the implementation of obesity prevention strategies in FDC services.

Why is this review important?

This review fills a gap in knowledge. It is the first systematic review to assess barriers and enablers to the implementation of healthy eating, physical activity and obesity prevention strategies in FDCs.

Existing research focuses on centre-based childcare (pre-schools, long day care, etc.) and cannot always be translated to the unique organisational structure of FDC settings. Compared to centre-based childcare, FDCs provide care for fewer children over a greater age range; operate out of the individual carer's home rather than in purpose-built facilities; and include more variable hours of operation.

In order to benefit the children attending FDCs, existing obesity prevention strategies need to be implemented. Knowing what encourages and what hinders implementation will help us to design strategies that address the unique circumstances found in FDC settings.





How did we carry out the review?

To ensure we captured a wide range of barriers and enablers, we used the Theoretical Domains Framework (TDF) to describe factors that influence the behaviour of FDC providers. This framework has been used widely in research in childcare settings.

Our systematic review included studies that capture barriers and enablers using qualitative methods (e.g., interviews, focus groups), quantitative methods (e.g., surveys) and mixed methods (e.g., surveys and interviews). Twenty studies met the review inclusion criteria (12 qualitative, six quantitative, two mixed methods).

What did we find?

The most commonly reported **barriers** to program implementation in the FDC setting include:

- Lack of adequate equipment, space or time (FDC providers often spend time managing finances and reporting requirements).
- Social pressures from parents, children and/or peers (this is also a reported barrier in childcare centres).

The most commonly reported **enablers** to program implementation in the FDC setting include:

- Programs that fit in with existing equipment, available space and/or current routines.
- Engaging parents in initiatives (FDC providers tend to have close relationships with families).
- Developing the professional skills of FDC providers.

About us

This research was conducted by researchers at the University of Newcastle, Hunter New England Population Health and the National Centre of Implementation Science (NCOIS). NCOIS is an NHMRC funded Centre for Research Excellence associated with the University of Newcastle. The research is led by Dr Alice Grady.

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Read the full article

Grady A, Jackson JK, Lum M, Delaney T, Jones J, Kerr J, Falkiner M, Yoong S. Barriers and facilitators to the implementation of healthy eating, physical activity and obesity prevention policies, practices or programs in family day care: A mixed method systematic review. *Prev Med.* 2022 Mar 3;157:107011. doi: 10.1016/j.ypmed.2022.107011. Epub ahead of print. PMID: 35248680.

