

**Tier 1 Light Touch Intervention -
Child Healthy Weight Pack**

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Relevant contact numbers

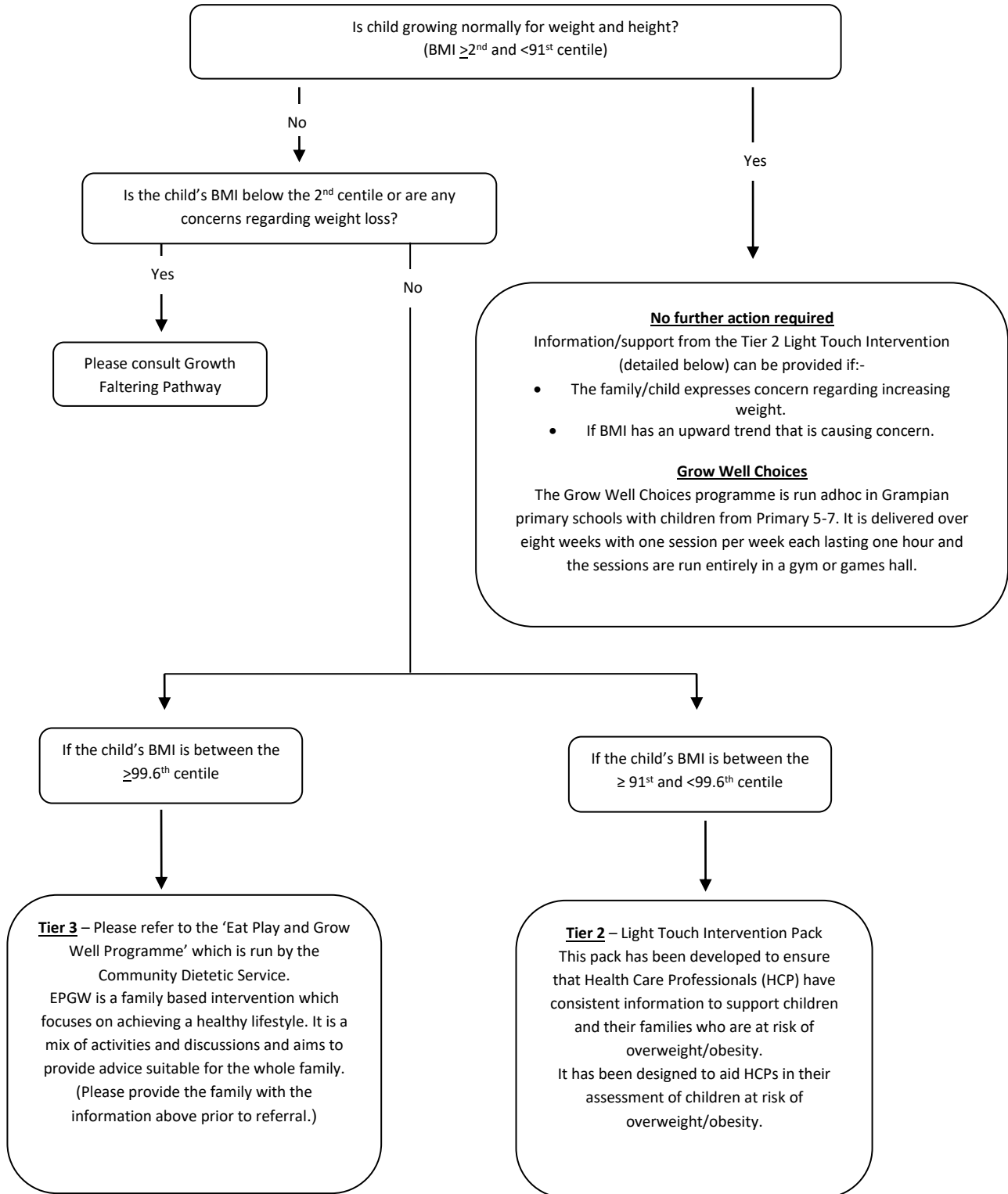
Community Dietetics – 0345 0990 200

RACH- 01224 552630

Moray Dietetics- 01343 567350

Light Touch Session – Referral Guidance

Overview of full referral pathway and intervention for Child Healthy Weight ICP



Introduction

Scotland currently has one of the highest levels of obesity among Organisation for Economic Co-operation & Development (OECD) countries. The Scottish Health Survey, which records data on children aged 2-15 years, showed that in 2017, 26% of children aged 2-6 years were overweight or obese, and 13% of 2-15 year olds were at risk obese (including morbidly obese)¹.

In 2010, the Scottish Government published 'Preventing Overweight and Obesity in Scotland. A Route Map Towards a Healthy Weight'². This specifically highlighted the early years as the best opportunity to put in place healthy behaviours around food and physical activity which should continue into adulthood, with the involvement of families being central to this.

This pack has been developed to ensure that Health Care Professionals (HCP) have consistent information to support children and their families who are at risk of overweight/obesity. It aims to provide a systematic approach ensuring best practice in relation to weight monitoring and overweight/obesity in children in NHS Grampian. It has been designed to aid HCPs in their assessment of children at risk of overweight/obesity. In particular it is designed as a checklist to highlight areas for change in the child or family's diet and activity patterns. It is not intended to diagnose medical problems and if there are specific or ongoing medical concerns these should be discussed with the GP or doctor.

The pack should be used in conjunction with the Child Healthy Weight referral procedures for children whose BMI is at or above the 91st centile or below the 2nd centile (please see NHSG Growth Faltering Pack for management of underweight children).

The pack is a toolkit of resources and signposts to relevant online resources so that forms can be photocopied/printed and shared between professionals where necessary.

¹ The Scottish Health Survey 2017 <https://www.gov.scot/publications/scottish-health-survey-2017>

² Scottish Government (2010) Preventing Overweight and obesity in Scotland: A route map towards healthy weight (<http://www.scotland.gov.uk/Resource/Doc/302783/0094795.pdf>)

Once a child has been identified as being at or above the 91st centile for BMI, the issue should be discussed sensitively with the family. Raising the Issue Training and Health Behaviour Change training modules can be completed online at <https://elearning.healthscotland.com>.

The HCP can utilise this resource to help

- Agree dietary/activity goals with family
- Provide written information in the form of the 'Top Tips' leaflet (Available from Health Information Resources: <http://www.nhsghpcat.org>.)
- Provide Meal plans and recipes from the CHEW resource, as appropriate.

The HCP should then review the child's weight and re-refer onto Community Dietetics if there has been no improvement.

The BMI charts

RCPCH have developed new growth charts (June 2012) for children aged 2-18 years. These have been designed to be more simple, accurate and relevant than previous versions, and combine data from the WHO growth standards up to age 4 years and the UK 1990 growth reference from 4-18 years. In children over 2 years old, the BMI centile is the best indicator of thinness and fatness. These charts have a BMI lookup and plotting grid, allowing you to read off the BMI centile, accurate to a quarter of a centile space, and there is a BMI centile grid at the top of the growth chart where this centile can be plotted.

Further information and training on the use of the growth charts can be found via the following link:

- <https://www.rcpch.ac.uk/resources/uk-who-growth-charts-guidance-health-professionals>

CHEW 'Eating Well for 1-4 Year Olds – Practical Guide'

The CHEW resources were produced by the Caroline Walker Trust, a charity which aims to improve public health through good food. All the information in the book can be found at the following link <https://www.cwt.org.uk/publications/>, and can be copied and printed free of charge by anyone supporting children to eat well, provided it is done on a not-for-profit basis.

The CHEW 'Eating Well -Practical Guides' have been produced to provide a visual resource to illustrate a healthy diet from 0-18 year olds. It's aimed at all those who support this age group to enable them to provide practical advice for families to help them eat well. The resources contain information about eating well for a selection of age ranges, providing a simple guide to different meals, snacks and drinks that, on average, provide the amount of energy and other nutrients that this age group require. It includes menu plans, including appropriate portion sizes, showing how children can eat to meet their energy and nutrient requirements. It also contains

photos of different kinds of foods for use when talking about healthy food choices and portion sizes, and photos of meals and snacks, including recipes which can be printed off the website and passed to parents.

Onward Referral Form to Community Dietetic Department

If, after reviewing the family you feel they require further support, you can refer into the Community Dietetic Department. Eat, Play and Grow Well is a family based intervention which focuses on achieving a healthy lifestyle. The programme is a mix of activities and discussions and aims to provide advice suitable for the whole family. It does not encourage 'diets' for children. Please provide the family with the information above prior to referral.

Please send a copy of the referral form, together with a photocopy of the HCP Dietary Assessment Form (if completed) to the appropriate address. Children referred into the Community Dietetic Department will be triaged as per the Child Healthy Weight ICP.

Referring Agent – upon discharge, the child will be referred back to the referring agent – please include clear contact details

Relevant medical information – This section tries to highlight any minor medical problems (past or present) that could contribute to any feeding problems. If there has been significant contact with RACH, please ask the parents if they have been assessed by paediatric dietitians, so they can be contacted for additional information.

Parental Consent – Ensuring that the parents/guardians are fully aware of what the form is and whom it may be shared with.

Further Information and Support

Dietetic Service in Aberdeen City and Aberdeenshire – Referral to Community Dietetics

If the advice provided by the HCP does not promote satisfactory lifestyle changes and the family remain motivated, then the child can be referred to Community Dietetics for more intensive dietetic support. Depending on the child's BMI centile, and the level of support required by the family, this may take the form of either a one-off appointment reinforcing advice provided by the HV and providing any other relevant dietary information; or it may take the form of several appointments as part of the Eat, Play and Grow Well behaviour change Child Healthy Weight Intervention.

Difference between RACH and Community Dietetics

In NHS Grampian Child Healthy Weight intervention is delivered by the Community Dietitians. As RACH dietitians work within a multi-disciplinary team in the treatment of children with other significant medical issues certain children may be passed onto

their service. Unless the child has been diagnosed with a medical problem, he/she should be referred to the Community Dietetic Department.

Dietetic Service in Moray

In Moray, as a result of the integrated Dietetic service, the Paediatric Dietitian covers the whole range of services including children less than 6 months of age. Please contact the paediatric dietitian on 01343 567350.

Child Healthy Weight Light Touch Session with Parents/Carers

Highlight the importance

Discuss with the parents/carers, the child's centiles' plotted on their weight/ height and BMI charts, highlighting the importance of weight maintenance. Emphasise the benefits of a healthy weight, including enhancing growth, development and well-being also in later life to reduce the risk of heart disease and diabetes.

Explore motivation/ readiness for making healthy changes

Ask the family think how important it is to them for to make healthy changes. – This discussion may be the parent/carer depending on the age of the child

- Use the importance scale (See Making Changes sheet page 18-19).
- Identifying why they score themselves a given value on the scale.
E.g. Ask: "Why have you scored 6 not 1? How could you move up from a 6 to an 8?"
- Through discussing the above, determine what benefits they would want to see from making healthy changes.
- If from this assessment the family have shown to have a very low importance score and overall unable to see the importance/ benefits for making changes, it may not be the right time to talk about making changes. You could reflect on this, e.g. "From what you are telling me, is it right to say that you are unconcerned with things at the moment and do not feel there is any benefit in looking at healthy dietary & activity changes for your child."
- If parents/ carers agree with this statement, you should end the intervention there. However, still give them the opportunity that it is still left 'open' for them to discuss things in the future.

Get parents/ carers to think about how confident they are in their ability, to make healthy dietary/ activity changes for their child

- Using the confidence scale (See Making Changes sheet 18-19).
- Identifying why they score themselves a given value on the scale.
E.g. you gave yourself a 5, what would have to happen to score yourself a 7? What would need to be in place to help you score higher? What makes you a 5 not a 1? Through discussing the above, determine barriers to change and what support they require to allow for changes.
- If you have explored support options, including how you could support them with making changes but their confidence is still very low to the point that they feel unable to make changes for their child at the moment, you again could give them the opportunity to end the intervention her – e.g. 'Do you feel this is the right time for you to be making changes? Perhaps it's not the right time to

be talking about this? How do you feel? Give written info (with permission) and have an 'open door' if not ready for change at present.

If family ambivalent – explore the pros & cons of making and not making changes (See Making Changes page 18-19)

“Sometimes it can be helpful to think about the pros and cons of change. Would you like to spend a few moments doing this? What do you think are the benefits of making changes? What do you think isn't so good about making changes?”

Provide information and advice

- Using the resources within the pack; discuss the principles of a healthy diet & lifestyle.
- Highlight the importance of self-monitoring (*emphasise it can help with setting/achieving goals*) and recommend the use of food and activity diaries.

Goal-setting

- Using the Simple Steps for Healthy Kids leaflet and the information from the assessment, explore with the child/parents/ carers what changes they think needs to be made with eating and activity. E.g. “Are there any particular areas you feel you could make changes?”
- Using the above, help the parents/carers to set at least 1 dietary & 1 activity goal. (*No more than 3 goals at one time*).
- As well as **what** the goal is; ask them to think **when** and **how** they are going to do the goal.
- Discuss barriers & support required to achieve the goals, this can be done in conjunction with the information found in the confidence assessment.
- Provide advice to parents/ carers in using a reward approach with the child to achieve the goals.
 - Consider a reward chart
 - Set a reward with the child for each goal achieved
- Complete the goal contract for child/parents/carers to take away.
- Decide on further review for goal progress (no sooner than 1 month).
- Agree on weight/ height re-checks.

Resources: Making Changes, Simple Steps for Healthy Kids, Goals Contract, Action Plan, CHEW Resources

Dietary Assessment – Supporting Information

Current meal pattern

A diet history can give a good starting point for discussions with the family. The HCP can also ask the family to complete a food diary; these can provide more detail but could be misleading if not filled in correctly.

Providing Advice

Children under five need lots of energy for growth and development. They have smaller stomachs so need to eat smaller amounts of a variety of food more often to get the nutrients their bodies need to help them grow. Large portions are often a contributor to excessive weight gain. The First Steps Nutrition website

(<https://www.firststepsnutrition.org/eating-well-early-years>) has a great resource highlighting appropriate portions for children ages 1-4years. See the CHEW 'Practical Guide' for more information on healthy eating in other age groups.

Close attention needs to be paid to snacks and drinks consumed between meals as this 'grazing' may affect intake at mealtimes and can make a significant contribution to overall energy intake, particularly if children are grazing on high-energy snacks such as biscuits/crisps/sweets.

Check how much milk the child is drinking as drinking too much milk can often cause toddlers to fill up too much in between meal times.

Mealtime Routine

This is looking at how the parent/carers view mealtimes, how they manage mealtimes and their child's eating habits. Try and include the following issues:

- ensure the child knows it is a mealtime by sitting at the table preferably with the rest of the family
- is the child 'attention seeking' by not eating

Witnessed Meal (mainly for Health Visitors)

To get a better understanding of how the child and parent react at mealtime's one meal could be observed by the HCP. For example, consider the following:

- Physical surroundings, e.g. location, table, chair/eating or equipment – are these suitable?
- Any distractions – music, toys, TV, pets, siblings, etc...?
- Is food offered suitable – portion size, texture, drinks...?
- Interaction between mum/dad/carer and child – verbal and non-verbal, mood of meal?
- Reaction(s) to food refusal – both positive and negative

Physical Activity & Sedentary Behaviour

Children under 5 who are capable of walking should be physically active (any intensity) for at least 180 minutes (3 hours), spread throughout the day, every day. Any extended time spent being sedentary (restrained or sitting) should be minimised

(except sleeping) (Department of Health, 2012). In this age group, physical activity is more likely to be through unstructured play, rather than formal, structured activity, and families should be encouraged to take every opportunity they can to be physically active.

Consider how regularly the child is strapped into a buggy/high chair, what kind of activities the child/family participate in, access to sedentary activities (e.g. TV/computer) and the types of activities the child prefers to do (indoor/outdoor...)

General

Highlight any medical problems that could affect oral intake and growth. If there are concerns further information can be found in the relevant guidelines.

Action Plan

To ensure that goals are achieved, only 2-3 goals should be agreed with the family at one time. As appropriate the goals contract should be completed with the child/parents/carers and reviewed at follow-up appointment. For consistency, this should be copied to all professionals and other people involved with the child. Only once these goals have been completed should further goals be provided.

Dietary Assessment Form

Child's Name..... DOB:.....

Age at time of completion (years and months):

Current Meal Pattern – complete diet history below

Breakfast

Snack(s)

Lunch

Snack(s)

Dinner

Snacks(s)

Points to consider from diet:

- Defined meal patterns? – look at snacks between meals as well i.e. sweets, crisps and biscuits
- Portion sizes – is the child getting age-appropriate portion sizes (see Practical Guide for portion sizes)
- Are good sources of iron containing foods included i.e. red meat, breakfast cereals, green veg and pulses.
- Is the food offered the appropriate type/balance/texture – family foods?

Drinks	Comments or further information
What fluids are drunk through day? (including approx. volume)	
Check volume of milk consumed, this can often be more than recommended - on average, a 1-2 year old is likely to need no more than 400ml of milk a day (about 2/3 pint). A 3-4 year old is likely to need no more than 300ml of milk a day (about 1/2 pint).	
What are fluids consumed from? (Bottle/cup/beaker/other)	
When are drinks offered?	

Mealtime Routines	Comments or further information
How would the parent/carer describe their child's appetite – do they ask for food, if so what?	
Does the parent/carer enjoy mealtimes?	
Does the child wake at night for food or drink?	
Does the child have set mealtimes or do they 'graze' through the day?	
Do the family eat together or have separate mealtimes?	
Does the child go to nursery/playgroup, if so do they receive food there? What reports do the family receive about mealtimes/foods from them?	
Physical Activity & Sedentary Behaviour	Comments or further information
Is child regularly strapped into high chair/buggy?	
When making short trips with the child, does the parent more often walk/take car/take public transport?	
What kinds of activities does the child participate in?	
Does the child prefer playing with toys/watching TV/playing outside?	
Does the child have any of the following in his/her bedroom – TV, DVD/video player, computer?	
General	Comments or further information
Does the child have normal stools (frequency and consistency)?	
Any problems with constipation? Refer to Grampian constipation guidelines	
Is there a history of food allergy or eating problems in the family?	
Is the child on a special diet?	
Are vitamin supplements given? What and how much? (A, C and D supplement recommended in under-5s)	

Witnessed Meal (optional)	Date:
Where did the child eat their meals? <ul style="list-style-type: none"> - seating - table - location, e.g. in sitting room/kitchen - where do rest of family eat meals? - Did child eat meal with whole family? 	
Any other distractions, e.g. tv, music, toys, pets, siblings	
What food was offered – general comments: <ul style="list-style-type: none"> - main course - dessert - fluid - time taken (mins) - was this a typical meal? 	
How independently does the child eat and is it appropriate for their age?	
Interactions between parent and child – verbal and non-verbal – enjoyable for parent/child? Is there more encouragement or more criticism? Is encouragement appropriate? (calm & gentle, no pleading/distractions/bribes, not left to eat alone, no negative attitude) Are the parents' expectations of the child reasonable? E.g. appropriate portion sizes; appropriate cutlery used; are parents expecting child to eat a full meal after eating at nursery?; do parents appreciate amount of food intake is variable and intake fluctuates over day/s?	
Reactions to food refusal	
General comments about meal:	

Resources

Nutrition & Activity/Healthy Lifestyle Websites

<http://www.nhs.uk/Change4Life>

Change4Life has loads of healthy eating tips and recipes, and fun ways to exercise. Change4Life is here to help you (parents and Guardians) and your kids eat well and move more.

www.takelifeon.co.uk

Takelifeon has lots of healthy eating tips and recipes, and fun ways to exercise. Takelifeon is here to help you (parents and Guardians) and your kids eat well and move more.

<http://www.nhs.uk/livewell>

This is an NHS resource that has healthy eating tips and advice and ways on being more active.

www.healthystart.nhs.uk

Families on certain benefits can get free milk, fruit and vegetables with Healthy Start vouchers.

www.readysteadytoddler.org.uk

This is a hands-on guide to help you through the challenges and rewards of the toddler years.

<http://www.greatgrubclub.com/home>

Fun games to help parents and children learn about being healthy.

www.foodafactoflife.org.uk

Food a fact of life by the British Nutrition Foundation provides a wealth of free resources about healthy eating, cooking, food and farming for children and young people aged 3 to 16 years.

www.child-smile.org.uk

A national programme to improve the oral health of children in Scotland and reduce inequalities in dental health and access to dental services.

www.teethlc.com

Games and activities to keep your smile looking good. This section contains information and resources for nurseries

www.nhsgrampian.org/healthpoint

NHS Grampian healthpoint is your one stop health information point, offering free confidential information, advice and access to reputable services in Grampian.

www.nhsinform.co.uk

NHS inform provides a co-ordinated, single source of quality assured health and care information for the people of Scotland.

www.aberdeencity.gov.uk/fis

Aberdeen City Council Family Information Service (FIS) Directory for parents, carers and professionals.

<https://www.aberdeenshire.gov.uk/childcare-contacts/>

Aberdeenshire City Council Family Information Service (FIS) Directory for parents, carers and professionals.

Healthline – free phone 08085 202030

NHS Grampian's Healthline is a free local telephone line available Monday-Friday 9am-5pm. Any information requested is sent by post free of charge. All calls are confidential and are answered by trained health advisers.

Dental Advice Line – free phone 0345 45 65 990

The Dental Information and Advice Line (DIAL) is available for patients to talk to qualified dental nurses between 8.05am and 5.45pm, Monday to Friday.

Day	Time	Food + Drinks	Activity

Week Beginning:



Day	Time	Food + Drinks	Activity

Day	Time	Food + Drinks	Activity

Day	Time	Food + Drinks	Activity

Making Changes – how DO you feel?

You can get an idea if you are ready to make change by thinking about how **important** it is to you, and also how **confident** you are about making the change.

Importance

The importance you place on making a change will depend on:

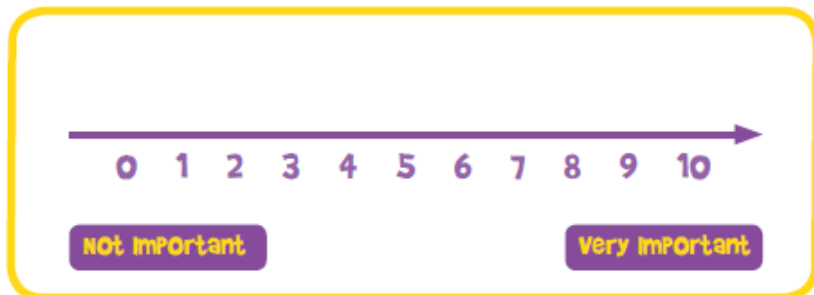


- How much you stand to gain from the change
- How much effort is needed to make the change



Use the boxes over the page to help you think about how important (or not) making the change is to you

Plot your score on the scale below.



Confidence

You also need to think about how **able** you feel to make and maintain any change.

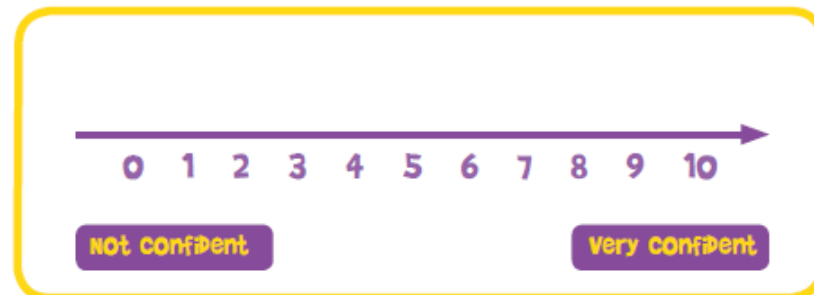


Think about:

- Past attempts at change – what went well that could help you again?
- The support you have
- Do you feel positive about making the change?



Plot your score on the scale below.



Making changes – are you ready?


There are good things but also less-good things about making any change.

Use the boxes opposite to write down the good, and the less-good things about making a change, or staying the same as you are now.

By doing this you will be able to see whether now is the right time to be making a change.

changinG – the good things:

changinG – the not-so-good things:

 The change I am thinking about making is:

.....
.....
.....
.....
.....
.....



stayinG the same – the good things:

stayinG the same – the not-so-good things:

Simple Steps For Healthy Kids



This leaflet will help you think about what family changes are needed to eating and activity, then will help you come up with simple steps on ways to make the changes.

Simple Steps

What steps do you need to make to help your child have a healthier diet and be more active?

Think about a couple of simple steps you could take each week.

These could include:

- Swapping a chocolate bar as a snack for a piece of fruit.
- Spending less time watching television.
- Allow your child to walk around the supermarket with you.
- Use small bowls and plates, often we use larger plates than we should
- Swapping sugary drinks for sugar free varieties (best of all water or semi-skimmed milk).

Think about:

1. **What** you want to do
2. **When** and **where** you are going to do it
3. **How** you are going to do it
 - Make sure healthy snacks are available.
 - Allow extra time at the supermarket

Eating more healthily

Your child needs a healthy, varied diet to provide enough energy and nutrients to help them grow and develop well but that does not contain excess fat, sugar and salt. This should include 3 meals and 2-3 planned snacks within your child's daily routine.

Can you think of any changes you feel need to be made to help your child have a healthier eating pattern?

Being more active

Each child should aim to be active for 180 minutes (3 hours) spread-out through the day, every day.

You should encourage your child with active play, indoors/ outdoors (running, dancing, jumping etc.) and prevent frequent times of sitting (watching television; using computers/ consoles and being in a high chair/ buggy).

Can you think of ways your child can be more active?

Write down your Simple Steps here:

Simple steps are:

1. I want to.....

2. We are going to do it on...

.....(when)
at.....(where)
3. We are going to do it by....

.....
.....(how)

It is important to get your family and friends to help you make the changes. Who will you ask? Write their names down and how they can help.

The people who are going to help us are:

Useful Resources Nutrition & Activity/Healthy Lifestyle

<http://www.nhs.uk/Change4Life/>

www.healthystart.nhs.uk

<http://www.takelifeon.co.uk/>

<https://www.actify.org.uk/activescotland>

www.foodafactoflife.org.uk

<https://parentsforhealth.org/>

My Goals for a Healthy Lifestyle

Date: _____

Goal 1: _____

Goal 2: _____

Goal 3: _____

For achieving these goals,
my rewards are:



Signatures

Parent/carer _____

Health Visitor _____

Action Plan for HCP Record

Up to a maximum of three goals agreed with parents/ carers:

1.
2.
3.

Who/ what support are required for these to achieve goals:

.....
.....
.....
.....

Childs Rewards for these goals:

.....
.....
.....
.....

Resources Provided:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Simple steps for Kids | <input type="checkbox"/> Goals Contract | <input type="checkbox"/> Top Tips |
| <input type="checkbox"/> "CHEW" Menu Plans | <input type="checkbox"/> "CHEW" Recipes | <input type="checkbox"/> Food Diaries |

Copies of this action plan are sent to the following people:

1.
2.
3.

N.B. If further referral is necessary, please complete Onward Referral form.



Community Dietetic Department
Aberdeen Community Health & Care Village,
50 Frederick Street
ABERDEEN, AB24 5HY
 Tel: 0345 0990 200 Fax: 01224 661591



Child Healthy Weight Referral Form

CHILD'S NAME:		G.P.:	
PARENT'S NAME:		PRACTICE ADDRESS:	
ADDRESS:			
TEL. NO:			
CHI	Male / Female	REFERRING AGENT (please <u>print</u> name, correspondence address and professional title.)	
Date of birth			
HEIGHT	WEIGHT		
BMI			
BMI centile			
Date measurements taken:			
SCHOOL		TEL. NO.	
Source of Referral (please tick or delete as appropriate):			
P1 screening <input type="checkbox"/> 27-30 month review <input type="checkbox"/> Other <input type="checkbox"/>			
Reason for Referral:			
Has any first line dietary advice (verbal or leaflets) been given?			
Relevant Medical History/Medication/Other referrals e.g. to school medical service (e.g. for children >99.6th BMI centile), previous dietetic contact etc.			

Relevant Social History (e.g. Will it be appropriate to have family/carers present? Social Work input?)	
Has a parent/guardian consented to being contacted (please tick/delete as appropriate): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any additional Information (e.g. Directions to house, name of main carer etc.)	
Signature	Date



Department of Nutrition and Dietetics,
 Dr Gray's Hospital,
 ELGIN, IV30 1SN
 Tel: 01343 567350 Fax: 01343 567487



Child Healthy Weight Referral Form

CHILD'S NAME:		G.P.:	
PARENT'S NAME:		PRACTICE ADDRESS:	
ADDRESS:			
TEL. NO:			
CHI	Male / Female	REFERRING AGENT (please <u>print</u> name, correspondence address and professional title.)	
Date of birth			
HEIGHT	WEIGHT		
BMI			
BMI centile			
Date measurements taken:			
SCHOOL			
		TEL. NO.	
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Signature	Date