

What are the aims of treating obesity in school age children?

Prevent further weight gain

Reduce risk factors

Increase knowledge to make choice, motivation

Increase self esteem mental health

Having fun

Long term health benefits

Friends

Treating the whole family and ensuring the child isn't stigmatised within the family

Physical activity becomes part of their life

Sustainable

Long term approach

Cooking skills within the family

Outcome Engaged in a healthy lifestyle

Games: hopscotch rounders

Peer education

Key Needs To fit in with peers/ integration. Empathic, non judgmental approach, Enjoyment

Role of Dietitian

Motivation

Evidence based

Holistic planning/ appropriate goal setting

Up to date info on foods/ appropriate information/ How you impart information is very important (very basic information only)

Engaging/supporting all key people in a child's life

Involving training /professional support/ working as multi disciplinary team

Nutrition Expert/ Coordinator/ facilitator

Community

Evaluation

Monitoring

What would the ideal treatment intervention be?

1)Service structure across the spectrum ie individuals and groups and hospital/ community/sports centre

Start with overweight children across the spectrum

Find out what children & families need, what they want

-Applies to schools & communities

- barriers
- -fixed programmes/ flexible

Find out what your resources are, assets are in the community, schools, clinics, And people who are interested are assets. This all adds to the initial groundwork

- Bring this all together
- It's a 2 way process
- Neutral locations
- Individual goals (SMART)
- Contact twice a week, after school
- Nutrition, physical activity & behaviour

2)Multi- Level Approach

Ban advertising -children

National Regulation around food promotion

More cycle & walking routes

Restriction on car ownership (eg 1 per family)

Safe spaces

Longitudinal support- Lifelong commitment

Involving community- train to deliver/peer support/ talk to them

Multi- disciplinary teams + clear ownership

Clear roles + referral/ treatment pathway (consistent approach)

Involve whole family

Inclusive/ accessible

Fun

Group & individual support

3)Location- hospital/+ or - connotations

Sports centre

Community site

Groups - +ve support

Vv individual

Team approach - local team

Nutrition/ dietetic

Psychologist

Physical activity

NHS/ commercial sector

Training for all staff

Child friendly centres ie gym/swimming pool

Low prices/access

Healthy walks

Safe

Monitoring

Length of support teaching/practical

Timing - out of hours

Recruitment

Barriers

1)The words "obese" "overweight" (classed as labels)

Raising the issue with the adult (especially if overweight/ obese)

Resources

By the time it is really visible it is already a problem

Not all professionals working together

Legal issues

Raising the issue when no treatment options available * cooking skills

- lifestyle skills (shopping, budgeting) * isolation of parents, lack of community

Funding

Advertising / food portion sizes/ availability of foods = environmental scan

Project funding limited - time restrictions

Family

SES - Deprivation, financial priorities, motivation

Food Deserts

2)Measuring- Who eg teachers/nurses

Accuracy ?

Clashing with SATS

Timing inconsistency

Competing against time/ resources compared to groups

Headteachers/ Link teachers - attitudes

- Parental involvement

"Expert" eater

Inconsistency in leisure facilities/ community

Respect from pupils/ parents

What to do with the screening results

Finances- high school vending

- profit led catering

High schools allowing children out at lunchtime
Socio economic issues
Ignoring experts (Dietitians)
Ignorance of staff/ parents
Food Industry
Motivation
Having more freedom with finances

3) Family not willing to take action

*lack of skills

*fear of being judged

- Unaware of overweight
- Other personal issues/ social problems
- Perceived barriers (eg cost, transport, time, access)
- Cultural pressures
- Environment

Leads to

Lack of ownership

Lack of partnership working

Lack of referral pathways

Lack of funding for resources, delivery + implementation

Lack of commitment from government

NHS fear of legislation culture

Solutions!

Good coordination

Multi level intervention- multidisciplinary

National - Community

Training - Dietitian to deliver - school staff/ catering staff/leisure staff

Recognise professional available

Not just Healthy Eating and Activity+ Parent skills

Consistent message

National Resources (flexible + adaptable to different area resources-

BMI Charts- Education nurses and gps

Evaluation

Specific posts to drive development

Media/ TV Dietitian involvement

