Salford City Council

Salford Safeguarding Children Partnership

NHS Salford Clinical Commissioning Group

Salford Safeguarding Pathway for Obesity

SALFORD SAFEGUARDING PATHWAY FOR OBESITY
HEALTH SERVICES PROFESSIONALS

See Page 5 ***for pathway for Non-health Professionals***

Step 1 - Identification
National Child Measurement Programme (NCMP) /Opportunistic observation/concerns about weight

Step 2 - Assessment by Health Professional (0-19 team /GP/other)
- Calculate BMI https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/
- Plot height, weight and BMI centiles and record on system using the following chart and categorise degree of obesity. Boys and Girls BMI Chart - RCPCH
- Check presenting symptoms – health and social
- Consider co-morbidities (obesity assessment tool)
- Emotional health and wellbeing check
- Check environment, social, family factors and attitudes to food/ activity
- Check other agency involvement (with consent)
- **Check and explore motivation to change**
- Note pubertal status of child (GP assessment)
- Document Lifestyle including sedentary behaviour and offer diet and activity advice, provide resources
- Document parental responsibility discussion in obesity management

If following assessment **BMI is 91-99.6 Centile and no co-morbidities continue through Steps 3 to 6.**

If following assessment **BMI > 99.6th centile or presence of co-morbidity jump to Step 7**.

Step 3 - If BMI 91-99.6 Centile and no co-morbidities
- Provide lifestyle assessment/advice See Appendix 4
- Targeted weight management information see* page 3, refer red pepper programme(age >4 years)
- Discuss parental input into managing obesity

https://www.nhs.uk/live-well/healthy-weight/overweight-children-advice-for-parents/

Step 4
Review progress 3 monthly and document

Step 5
Notify GP and/or lead professional if known and document

Step 6
- If poor progress i.e. rapidly increasing weight gain, failure to reduce BMI or keep BMI static, discussion with and arrange assessment by lead professional. Document.
- Appropriate referrals to available weight management services, reiterate healthy lifestyles issues
- Consider MDT +/- Safeguarding, Undertake Graded Care profile (Thriving families Assessment Tool)

If Improvement following Steps 3 to 6 – Go to Step 8

If No Improvement or Weight increasing and increasing BMI centiles following steps 3 to 6 – Go to Step 9

Step 7 - If BMI > 99.6th centile or presence of co-morbidity
- Referral to General Paediatrics for assessment (See **Appendix 1** – Taking a History in children with high BMI and **Appendix 2** – Clinical Assessment in children identified to be overweight or obese)
- Undertake obesity assessment tool
- Assess for co-morbidities and possible aetiology
- Refer local weight management strategies-red pepper programme and consider referral to specialist weight management services once established. Referral for dietetic input- case by case basis at present
- Arrange MDT as soon as possible if high risk
- Consider Safeguarding issues- thresholds of need-refer BRIDGE if threshold met ,Involve/liaise with Community Paediatrician
- **Identify Lead Professional – Consultant/Community Paediatrician or other health professional.**
- Investigate medical causes for obesity (See **Appendix 3** – Investigations to be considered in Primary Care or Secondary Paediatrics)

If Improvement following Step 7 – Continue to Step 8

If No Improvement or Weight increasing and increasing BMI centiles following Step 7 – Jump to Step 9

Step 8 - Improvement
Regular follow up 3-6 monthly- universal services(following from Step 6) / General Paediatrics(following from Step 7)

Step 9 - No Improvement or Weight increasing and increasing BMI centiles
Assess comorbidity, challenge participation and engagement – arrange Team Around the Family (TAF)

If Comorbidity absent, reluctant to engage – Go to Step 10

If Comorbidity present, reluctant to engage/change, MEETS SAFEGUARDING CRITERIA – Jump to Step 11

Step 10 - Comorbidity absent, reluctant to engage
- Continue TAF support including paediatric assessments
- Consider endocrinology referral (RMCH referral pathway document) & review 3-6 months
- Consider disguised non-compliance

If following Step 10 No improvement/engagement & co-morbidity noted - Safeguarding thresholds met - Go to Step 11

Step 11
REFER TO BRIDGE FOR CIN/CP ASSESSMENT AND SUPPORT

Obesity assessment tool

Microsoft Word - Safeguarding Analysis Tool in the Context of Obesity V9 (manchestersafeguardingpartnership.co.uk)

Medical Assessment guidance

https://www.manchestersafeguardingpartnership.co.uk/resource/childhood-obesity-and-neglect-resources-for-practitioners-to-share/

Red Pepper

https://www.salford.gov.uk/health-and-social-care/health-services/health-improvement-connect/weight-management/
NHS England » 'Let's get kids fit' – An integrated, targeted intervention to prevent obesity in infants

Further Resources for Professionals
Let's talk about weight PHE 2017
PHE Childhood Obesity: Applying all our health
https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health

Diet, Anthropometry and Physical Activity (DAPA) Measurement Toolkit

https://www.measurement-toolkit.org/

Further information and Resources for parents and families
Change 4 life https://www.nhs.uk/change4life
Sugar smart app https://apps.apple.com/gb/app/change4life-food-scanner/id1182946415
*Indicators and changes that can be brought out within communities
https://www.england.nhs.uk/atlas_case_study/lets-get-kids-fit-an-integrated-targeted-intervention-to-prevent-obesity-in-infants/

0-5's
First steps nutrition https://www.firststepsnutrition.org/eating-well-early-years
Henry https://www.henry.org.uk/about
Infant & Toddler Forum
https://infantandtoddlerforum.org/toddlers-to-preschool/portion-sizes-for-toddlers/toddler-portion-sizes-table/
https://infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/
British Nutrition Foundation
https://www.nutrition.org.uk/attachments/article/1253/BNF%205532%20Leaflet_2019.pdf

All ages
BHF
https://www.bhf.org.uk/informationsupport/publications/healthy-eating-and-drinking/eat-better
https://www.bhf.org.uk/informationsupport/support/healthy-living/staying-active/staying-active-as-a-family
https://www.bhf.org.uk/informationsupport/publications/healthy-eating-and-drinking/understanding-your-weight
Weight concern http://www.weightconcern.org.uk/sites/all/themes/weightcon/images/OriginalTTTLeaflet.pdf
https://www.bda.uk.com/foodfacts/eatwellspendless.pdf
https://www.bda.uk.com/foodfacts/labelling.pdf
https://www.bda.uk.com/foodfacts/FruitVeg.pdf
https://www.bda.uk.com/foodfacts/HealthyEating.pdf
https://www.bda.uk.com/foodfacts/healthy_packed_lunches.pdf
https://www.bda.uk.com/foodfacts/portionsizesfoodfactsheet.pdf
https://www.bda.uk.com/foodfacts/healthysnacks.pdf
https://www.bda.uk.com/foodfacts/healthyeatingchildren.pdf
https://www.bda.uk.com/foodfacts/Want2LoseWeight.pdf
British Nutrition Foundation

CWT
http://www.thecarolinewalkertrust.org.uk/chew.html
https://www.cwt.org.uk/wp-content/uploads/2015/02/CHEW-1-4YearsPracticalGuide3rd-Edition.pdf
http://www.thecarolinewalkertrust.org.uk/pdfs/CHEW-5-11Years-PracticalGuide.pdf
http://www.thecarolinewalkertrust.org.uk/pdfs/CHEW-12-18Years-PracticalGuide.pdf

SALFORD PATHWAY FOR OBESITY FOR NON-HEALTH PROFESSIONALS

(Includes; education teams, local authority services, voluntary services)

Step 1
Identification of overweight or obese child during visit

Step 2
Advise parent/carer to seek medical advice (GP/School Nurse/Health Visitor) and record

Step 3
Check at future appointment within 3-6 months whether this has been undertaken – document

If no health advice sought – Go through Steps 4 to 6

If health advice undertaken – Jump to Step 7

Step 4 - No health advice sought
Evidence of non-engagement or compliance

Step 5
Consider if safeguarding threshold met

Step 6
Discuss with line manager if applicable.
Refer to Bridge if threshold met for safeguarding (Early Help/CIN/CP).

Step 7 - Health advice undertaken
Document & Continue to monitor and review as necessary

Appendix 1 - Taking a history in children with high BMI

Developmental History

- Type of delivery, birth weight and length, gestational age at birth, maternal gestational diabetes
- Infant feeding, including duration of breastfeeding
- Growth and development (e.g. age at which the child walked, talked)
- Schooling (e.g. need to repeat a year)

Physical and Mental Health History

- Age of onset of obesity (genetic causes for obesity should particularly be considered for onset before age 2 years).
- Weight history (including precipitating events, previous and current eating behaviours, recent weight loss or gain).
- Previous weight management interventions
- Physical disability affecting mobility
- Intellectual or developmental disability
- Mental Health (e.g. depression, anxiety, low self-esteem, eating disorder) and social experience (e.g. isolation, bullying).
- Past medical history
- Family history of obesity, type 2 diabetes, gestational diabetes, hypertension, dyslipidaemia, cardiovascular disease, sleep
- Medications that contribute to weight gain (e.g. glucocorticoids, psychoactive agents)
- Co-morbidity history (including apnoea, polycystic ovary syndrome, eating disorders, joint problems)
- Sleeping routine and presence of snoring
- Menstrual history for girls

Health behaviours history

- Dietary intake (especially high intake of sugar-containing drinks and high-energy foods, and low intake of fruit and vegetables)
- Previous and current dietary behaviours e.g. recurrent episodes of dieting, signs of pathological hyperphagia such as eating large portions very quickly, being difficult to distract from food) and signs of disordered eating (such as binge eating).
- Dietary patterns e.g. eating breakfast and regular meals, snacking, eating prepared foods outside the home (take-aways, eating out, fast foods)
- Levels of physical activity and sedentary activity e.g. hours spent in screen-based activities per day (television, computer games)
- Family capacity to make and sustain behavioural changes, and support behavioural change

(Adapted from Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia (2013))

Appendix 2 – Clinical Assessment in children identified to be overweight or obese

To identify possible causes of overweight and obesity and indicators or morbidity

Table 2: Physical assessment of children and adolescents who are overweight or obese

- Weight
- Height – short stature, a low growth velocity, or bruising or purple striae may indicate an endocrine cause for weight gain
- Signs of dysmorphism – syndromic causes of obesity e.g. Prader-Willi syndrome, Bardlet Biedl, Cohen syndrome, Ayazi Syndrome, MOMO syndrome
- Pubertal stage (e.g. using Tanner staging)
- Presence of goitre
- Blood pressure (with appropriate cuff size)
- Acanthosis nigricans (velvety light brown to black markings usually on the neck, under the arms or in the groin indicative of insulin resistance)
- Gastrointestinal symptoms (vomiting, abdominal pain, constipation, gastrointestinal reflux, faecal loading)
- Presence of hepatomegaly
- Morning headache and visual disturbance (potential benign intracranial hypertension)
- Acne and hirsutism
- Abnormal gait, problems with feet, hips and knees, difficulties with balance and coordination
- Hip and knee joint pain
- Nocturnal enuresis and daytime dribbling
- Dental health

Appendix 3 – Investigations to be considered in Primary Care or Secondary Paediatrics

1. FBC in particular for RBC indices + ferritin
2. LFT – for evidence of liver involvement
3. TFT/Early morning cortisol (before 9am)
4. Vitamin D
5. Fasting blood sugar (preferable)/Random blood sugar
6. Lipid profile
7. Sleep study if symptoms of OSA
8. USS liver for evidence of fatty liver- if AST more than 2-3 times normal
9. Microarray if any dysmorphology
10. If blood pressure is above the 95th centile for age- ECG

Referral to specialist teams for obesity investigations and/or management

1. Endocrinology (consider undertaking some investigations locally after advice if indicated)
    - If associated evidence of hyperinsulinism/hyper adrenalism/pituitary abnormalities/ovarian hyperandrogenism/metabolic syndrome
    - Failure to control BMI with adequate diet and activity – to look for generic cause
2. Cardiology
    - If abnormal BP or ECG changes to look for evidence of cardiomyopathy
    - Continuing increase in BMI (morbid obesity range)
    - Associated family history of cardiomyopathy
3. Genetics – if any evidence of dysmorphology or syndrome associated – see above table
4. Respiratory (SRFT) – if associated diagnosis of Asthma for management and spirometry
5. Dental – If associated poor dental hygiene

Appendix 4 – Key points to consider during providing healthy living lifestyle advice

Intake:

- Portion sizes and plate sizes.
- Preferably fresh foods, reduced consumption of takeaway meals and ready meals.
- Better consumption of natural foods; fruits & vegetables, role of fibre in diet.
- Become sugar smart.
- Reduced consumption of processed foods – alters the organisms in the gut of individuals thus predisposing them to develop obesity and overweight.
- Balanced diet which includes appropriate portions of carbs, proteins & fats.
- Inform of change4life website https://www.nhs.uk/change4life For children less than 4, ensure no excess milk intake.
- This does not mean children can't have treats, they just have smaller portions.
  Changes in diet should be for the family. Make small changes and set targets for all.

Exercise:

- Daily exercises and physical activities, swim, cycle, run & certainly walk to school if at all feasible.
- Use of facilities in playgrounds/school on a regular basis – free to use for all.
- Get your mates with you to do this and also your siblings and family. Family activities are better accepted by children and make it more fun.
- Reduced screen time.
- Good sleep routines.

As family:

- Be a good role model, children learn from not what you tell but seeing what you do. Help children learn good eating by cooking from scratch.
- Parents to change three key beliefs; crying always signals hunger, overfeeding cannot occur with bottle feeds and weight and growth is determined by genes rather than nutrition. There is a genetic influence however, changes in the genetic manifestation occurs due to external or environmental factors. Thus a small baby if overfed consistently with high calorie foods will become obese in later life.

Professionals:

- Impress that obese children become obese adults with ensuing health difficulties as well as physical and emotional harm.
- Provide appropriate information and website links.
- Don't contradict your advice by taking unhealthy options yourself during assessments.
- Remember low birth weight babies can become obese or overweight if consistently high calorie foods in inappropriately high amounts.