

Appendix 4: Intervention Scale

Obesity Intervention Scale

Engagement & Early Help

- Parent/Carer engagement
- Consents to communicate with GP
- Share information on health, lifestyle and concerns between School, GP and Parents
- Supported through the Healthy Child Programme, including health visitors and school nurses.

Referral

Health Referral or Social Referral (School, Children's Services etc).

Multi Agency Assessment (Integrated Front Door/Access and Referral/ MASH)

Referral from Health Practitioner

- What are the medical concerns?
- What are the issues with lifestyle and care that are impacting on the child/young person's health?
- What is the background to this (Multi Agency)?
- Are School or Children's Services engaged?
- Is there a need for a co-ordinated approach to information sharing?
- Is this single agency approach (Health) able to deliver improvements to the child/young person's overall health?

Referral from Social Perspective

- Background checks
- Does this child/young person appear to be socially disadvantaged
- Could the physical impacts described amount to S.17 / S.47?
- Is the referrer engaged with health?
- What is the health perspective? – Is there one? Should there be one?
- What is the impact on the child/young person? Social? Emotional? Physical? Mental health?
- Is their potential to thrive being limited?
- Are there signs of neglect?
- What support has been offered so far? Engagement?
- What are the short term/ long term impact if they continue on their weight trajectory?

Action

- Key agency personnel need to be identified at the earliest stage
- Live information sharing should be employed between the key people. Absences from school, GP visits, Parental comments etc must all be taken in context between agencies.
- Medical Management - Consider agreeing a paediatrician to lead on medical matters. This will ensure that all health information from GP and other medical sources assessed holistically by one expert to be able to give the most accurate picture of harm in a potentially fast changing environment. For example, visits to GP outside of the Paediatric appointments.
- School, Children's Services, Dieticians, Health visitors etc to be identified to ensure that all facets of the child/young person's life are considered.
- Risks of Social isolation, bullying etc
- Is there a need for a S.47 Strategy meeting?