

# Lifestyle weight management services for overweight or obese children and young people overview

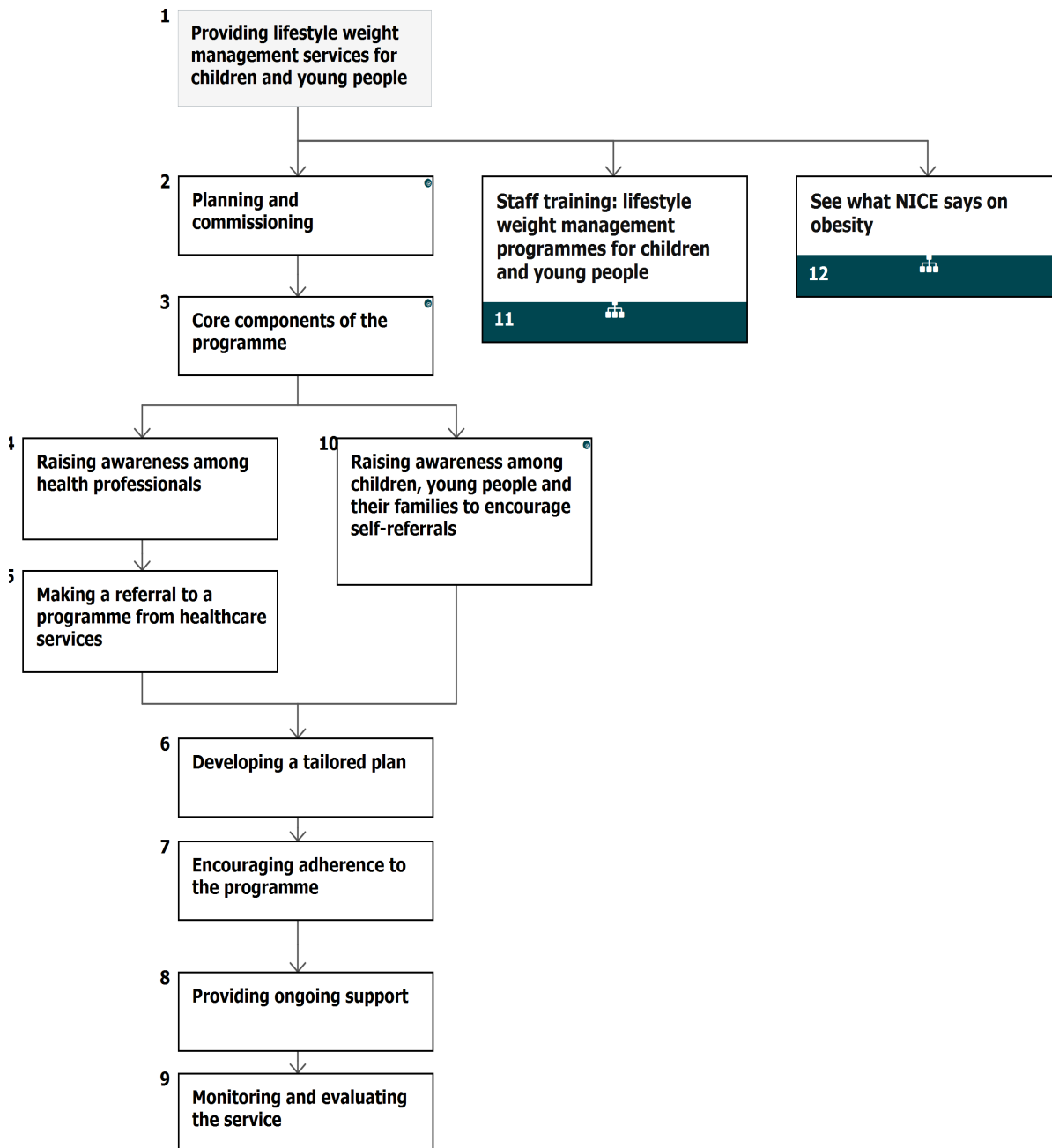
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<http://pathways.nice.org.uk/pathways/lifestyle-weight-management-services-for-overweight-or-obese-children-and-young-people>

Pathway last updated: 02 October 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



## 1 Providing lifestyle weight management services for children and young people

No additional information

## 2 Planning and commissioning

### Who should take action?

- Directors of public health and public health teams working on obesity and child health and wellbeing.
- Health and wellbeing boards.
- Local authority commissioners.
- Clinical commissioning groups.
- NHS England.
- Public Health England.
- Children's services.

### Planning lifestyle weight management services for children and young people

- Ensure family-based, multi-component lifestyle weight management services for children and young people are available as part of a community-wide, multi-agency approach to promoting a healthy weight and preventing and managing obesity. These services should contain the core elements described in [core components of the programme \[See page 5\]](#). They should be provided as part of a locally agreed obesity care or weight management pathway.
- Dedicate long-term resources to support the development, implementation, delivery, promotion, monitoring and evaluation of these services. See [fostering an integrated, community-wide approach](#) in what NICE says on obesity: working with local communities and [evaluating effectiveness](#) in what NICE says on behaviour change.
- Use data from the joint strategic needs assessment and the National Child Measurement Programme to identify local need. See [integrating action](#) and [joint strategic needs assessment and the joint health and well being strategy](#) in what NICE says on obesity: working with local communities.

## Commissioning lifestyle weight management programmes for children and young people

- Identify needs using the joint strategic needs assessment. Use community engagement techniques with local families to identify any barriers and facilitators discouraging or encouraging the uptake and completion of programmes.
- Commission lifestyle weight management services to meet the needs of local children and young people, including those of different ages, different stages of development and from different cultural backgrounds. Services should be in line with the health and wellbeing strategy.
- Consider how best to provide services for overweight or obese children and young people with special needs or disabilities. For example, through specific programmes where these are available. Or by making reasonable adaptations to mainstream programmes (including training staff) and evaluating them. Ensure there is an appropriate interface with Specialist obesity services to help those with more complex needs manage their weight.
- Ensure all lifestyle weight management programmes are designed and developed with input from a multidisciplinary team and have taken into account the views of children, young people and their families. The team should include professionals who specialise in children, young people and weight management. These include the following:
  - a state-registered dietitian or registered nutritionist
  - a physical activity specialist
  - a behaviour-change expert, such as a health promotion specialist (for physical activity, a sport and exercise psychologist may be appropriate)
  - a health or clinical psychologist, or a child or adolescent psychiatrist, to provide expertise in mental wellbeing
  - a paediatrician or paediatric nurse.
- Ensure programme content is regularly reviewed and updated by the multidisciplinary team.
- Ensure providers can demonstrate that staff are trained to deliver the specific programme commissioned and are experienced in working with children, young people and their families.
- Ensure sufficient resources are dedicated to monitoring and evaluation.
- Ensure there are clearly defined programme objectives, outputs, outcomes and monitoring and evaluation requirements in programme specifications and in contracts. Contracts should also specify any at-risk groups that should be targeted, such as black and minority ethnic groups, or children and young people from low income families or neighbourhoods.
- Ensure key performance indicators are agreed with programme providers, including the proportion of sessions that must be attended to complete the programme (see [monitoring and evaluating the service](#) [See page 12]).
- Ensure the contract or programme specification requires that height and weight are measured and that both body mass index (BMI) and BMI for age and gender ([BMI z score](#)

[See page 16]) are recorded. All children and young people should be measured at the following times:

- at recruitment to the programme
- at completion of the programme
- 6 months after completing the programme
- 1 year after completing the programme.

For recommendations for providers see [core components of the programme \[See page 5\]](#), [encouraging adherence to the programme \[See page 10\]](#) and lifestyle weight management programmes in [providing ongoing support \[See page 11\]](#). Also see [additional training and support](#).

See also [planning systems for monitoring and evaluation](#) in what NICE says on obesity: working with local communities.

For information on services for adults, see what NICE says on [lifestyle weight management services for overweight or obese adults](#).

See also what NICE says on [community engagement](#) and [maternal and child nutrition](#).

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

### 7. Evaluating lifestyle weight management programmes

## 3 Core components of the programme

Providers of lifestyle weight management programmes should:

- Ensure all lifestyle weight management programmes for overweight and obese children and young people are multi-component. They should focus on:
  - diet and healthy eating habits
  - physical activity
  - reducing the amount of time spent being sedentary
  - strategies for changing the behaviour of the child or young person and all close family members.

- Ensure the following core components, developed with the input of a multidisciplinary team (see commissioning lifestyle weight management programmes for children and young people in [planning and commissioning \[See page 3\]](#)) are included:
  - Behaviour-change techniques to increase motivation and confidence in the ability to change. This includes strategies to help the family identify how changes can be implemented and sustained at home.
  - Positive parenting skills training, including problem-solving skills, to support changes in behaviour.
  - An emphasis on the importance of encouraging all family members to eat healthily and to be physically active, regardless of their weight.
  - A tailored plan to meet individual needs, appropriate to the child or young person's age, gender, ethnicity, cultural background, economic and family circumstances, any special needs and how obese or overweight they are. This should include helping them and their family to set goals, monitor progress against them and provide feedback (see [developing a tailored plan \[See page 8\]](#)).
  - Information and help to master skills in, for example, how to interpret nutritional labelling and how to modify culturally appropriate recipes on a budget.
  - Help to identify opportunities to become less sedentary and to build physical activity into their daily life (for example, by walking to school and through active play).
  - A range of physical activities (such as games, dancing and aerobics) that the children or young people enjoy and that can help them gradually become more active.
  - Information for family members who may not attend the programme itself to explain the programme's aims and objectives and how they can provide support.
  - Ongoing support and follow-up for participants who have completed the programme.

For further information, see what NICE says on [diet](#) and [walking and cycling](#).

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

### 6. Family involvement in lifestyle weight management programmes

## 4 Raising awareness among health professionals

Commissioners, public health teams and providers should raise awareness of the programmes among health professionals who may refer children and young people. This includes GPs and staff involved in the National Child Measurement Programme and the Healthy Child Programme. For example, the programme could be publicised through health professional networks and by offering training sessions on the programmes and how to make referrals.

## 5 Making a referral to a programme from healthcare services

### Who should take action?

Children's community nurses, dietetic teams, GPs, health visitors, primary care teams, obesity specialists, paediatricians, school nurses and school healthcare teams.

### What action should they take?

- Where there are concerns about a child or young person's weight, weigh them in light clothing on clinically approved, regularly calibrated scales. In children older than 2 years, measure their height using a stadiometer. (See the Standard evaluation framework for weight management interventions, [page 32](#), for practical advice on weighing and measuring children).
- Use the [UK growth charts](#) for children aged 4 years and older to determine BMI centile for their age and gender. Use the [UK-WHO 0-4 years growth chart](#) to determine if children younger than 4 are a healthy weight. Record this in the child or young person's health record.
- Take account of their Body mass index (BMI) centile, any obesity-associated diseases or conditions (comorbidities) they may have, or family medical history, and any psychosocial considerations, to determine whether referral to a lifestyle weight management programme is clinically appropriate.
- Use tact and diplomacy to find out if the family and the child or young person accepts that the child or young person is overweight or obese. If they do accept this and it is clinically appropriate to refer them to a lifestyle weight management programme, explain the potential benefits they will gain – and the risks of not addressing their child's weight. In addition:
  - identify and address any fears or concerns the child, young person or their family may have about attending (for example, fears of being the largest child on the programme, of having to do very strenuous activities, or being stigmatised for attending)

- give the family information about the programme, or tell them where they can get this information
  - explain what can be realistically expected in terms of results over the duration of the programme itself (for example, explain that for growing children, maintaining their existing weight may be a realistic short-term aim)
  - explain that the more sessions of a programme they attend, the greater the likelihood of success.
- Assess whether the child or young person and their family are ready and willing to be referred. If they are ready, refer them to an effective lifestyle weight management programme (see [core components of the programme \[See page 5\]](#)).
- If the family is not ready to attend a programme:
  - tell them how they can enrol in the future (including the fact that they can self-refer if this is possible)
  - offer a follow-up appointment in 3 or 6 months, according to their preference
  - provide them with, or point them to, information and advice on healthy eating, physical activity and how to reduce sedentary behaviour (examples include: the NHS Choices [Eatwell plate](#), [UK physical activity guidelines](#) and the [Change4Life website](#)).
- If children or young people need specialist support to manage their weight, refer them to specialist obesity services (if available) or to paediatric services.
- If there are concerns about the child or young person's mental wellbeing related to their weight, use the local pathway to refer them to child and adolescent mental health services. Ensure their GP is informed.

See also what NICE says on [diabetes](#).

## 6 Developing a tailored plan

Providers of lifestyle weight management programmes should:

- Assess each child or young person for obesity-associated diseases or conditions (comorbidities). Use a locally approved comorbidities assessment tool, where available. Assessment is particularly important if the child or young person and their family have self-referred to the programme, or have not been assessed by a health professional. Refer them to their GP if any concerns are identified.
- Identify whether the child or young person's mental wellbeing is affected by their weight. For example, whether there are any signs of psychological distress, depression, bulimia, self-harming or other mental health problems related to their weight.



- Identify whether their weight is a consequence of circumstances that have affected their mental wellbeing. (For example, if they have experienced bereavement or have caring responsibilities.)
- If concerns about their mental wellbeing are identified, refer the child or young person to their GP for assessment and treatment and, if appropriate, for onward referral to child and adolescent mental health services. (Note: such concerns may be identified at any stage of a weight management programme.)
- Take account of the child or young person's self-esteem, self-perception and any previous attempts to manage their weight. Provide opportunities, in either a group or one-to-one session, for them to talk about any victimisation or distress if they wish. (This includes any history of bullying or teasing.)
- Find out whether the family recognises that their child is overweight or obese and the potential benefits of managing their weight. Discuss the family's history of attempts to manage their weight, and their existing knowledge of, and attitudes towards, food, physical activity and the amount of time spent being sedentary.
- Weigh, measure, determine and record the child or young person's body mass index (BMI). Offer to do the same for parents, carers and other family members. Measurements should be undertaken by staff who have been trained using standard protocols (see programme staff training in [delivering programmes](#)).
- Use validated, transportable instruments that are regularly calibrated.
- Emphasise that the programme may benefit the whole family. In addition, offer information about local lifestyle weight management services to adult family members who are overweight or obese.
- Encourage children and young people from around the age of 12 (depending on their ability and stage of development) to monitor their eating, physical activity and any sedentary behaviour. For example, encourage them to keep a record of time spent watching television or playing computer games, and what they snack on and when, to identify areas that need addressing. For younger children, parents and carers should monitor these behaviours, with the involvement of the child according to their age and stage of development.
- Work with children from around the age of 12 (depending on their ability and stage of development) to identify situations in which it would be possible for them to eat more healthily or to become less sedentary and more active. For example, this might involve gradually reducing TV viewing at certain times and replacing this with more active pastimes. Work with the parents and carers of younger children to achieve the same.
- Aim to gradually increase the amount of moderate to vigorous-intensity physical activity programme participants do every day. Focus on activities they enjoy and that are easily accessible. This includes activities that can be built into daily life, such as active play, walking or cycling. Aim to achieve the age-specific [UK physical activity guidelines](#).
- Agree dietary changes that are age-appropriate, affordable, culturally sensitive and consistent with healthy eating advice. Ensure nutrient needs for growth and development are met by including healthier choices, in appropriate amounts, from each of the food

groups (see NHS Choices [Eatwell plate](#)). Changes to diet should take into account the child or young person's likes and dislikes.

- Manage expectations of what can be realistically achieved over the duration of the programme. Small but realistic goals should be mutually agreed with the child or young person and their family. These should relate to goals that they value and that motivate them to attend.
- Work with participants and their families to regularly monitor progress against the goals and provide feedback. Praise progress and achievements and update the goals as the child or young person progresses through the programme. If they do not meet their goals, discuss the possible causes for this and modify them if necessary.
- Stress the importance of maintaining changes, no matter how small, over the longer term. Encourage participants to take up offers of ongoing support (see lifestyle weight management programmes in [providing ongoing support](#) [See page 11]).

## 7 Encouraging adherence to the programme

Providers of lifestyle weight management programmes should:

- Offer programmes to groups of children or young people and their families. Where necessary, offer programmes to individual families, if this better meets their needs and preferences. For example, some families may prefer to attend individual sessions initially and attend group sessions as their confidence and self-esteem grows.
- Offer a range of programmes for children and young people of different ages and at different stages of development. If group sessions are offered, work with groups of peers and their parents or carers. Note, some adolescents may respond better to programmes if their sessions are separate from those for their parents and carers.
- Offer programmes in venues that have the necessary facilities, are easily accessible and where the child or young person and their family feel comfortable. For example, use local community venues that have space for physical activities or games, and that can be reached quickly and easily by walking, cycling or using public transport.
- Offer programmes at a range of times that are convenient for families with children of different ages and for working parents and carers. For example, some sessions could be offered in the evenings or at weekends.
- Adopt a flexible approach so that participants can accommodate other commitments. They may also prefer to attend programmes more frequently initially and less frequently as their skills and confidence in making changes grows. For example, use rolling programmes that allow participants to start at different points and cover the same material but not necessarily in the same order
- Emphasise the importance of parental (or carer) support and their commitment to adhere to the programme. Stress that this support and commitment should extend beyond the duration of the programme itself and that outcomes will be reviewed for at least the first year after completion.

- Maintain regular contact with participants. Promptly follow up those who miss sessions to establish why and to restore commitment. Focus on participants from disadvantaged groups and those who miss sessions early on in the programme.
- Try to retain the same team of staff throughout each cycle of the programme.

## 8 Providing ongoing support

### Health professionals

#### Who should take action?

- Children's community nurses, dietetic teams, GPs, health visitors, members of primary care teams, obesity specialists, paediatricians, school nurses and school healthcare teams.

#### What action should they take?

- Health professionals should use feedback from the programmes to help regularly monitor progress and provide ongoing support. They should acknowledge that:
  - for children who are growing taller, avoiding further weight gain is a realistic short-term aim that can have a positive impact in the longer term
  - for young people who are no longer growing taller, ultimately they need to lose weight to improve their body mass index (BMI), and they should also aim to acquire the knowledge and skills they need to make long-term behaviour changes
  - it is important to maintain changes in behaviour once the programme is completed
  - improvements in diet and physical activity can have positive health benefits, independent of any effect on weight or BMI
  - improvements in psychosocial outcomes (such as sense of wellbeing, self-efficacy, self-esteem and self-perception) are considered important health benefits for overweight and obese children and young people.
- After the programme has been completed, health professionals should continue to monitor the child or young person's BMI centile when the opportunity arises and at 6 months and 1 year after they complete the programme.
- If the child or young person's BMI centile begins to increase, or if they or their parents or carers express concerns about their weight (or sustaining changes in their behaviour), discuss the possible causes. If necessary, consider another referral to the same or an alternative lifestyle weight management programme that may better address the needs of the family. Or consider referral to specialist obesity services (if available), or to a paediatrician.

## Lifestyle weight management programmes

Providers of lifestyle weight management programmes should:

- With the participants' consent, send feedback to their referring GP or healthcare professional.
- Offer all participants ongoing support when they have completed the programme. This support should be offered for at least the first year and longer, if possible, depending on the family's needs. Offer a range of options including follow-up sessions at different times and in easily accessible and acceptable venues.
- Tell participants about local services and activities that may provide further support to help them manage their weight, for example, local leisure services and walking or cycling groups.

See what NICE says on [transition from children's to adults' services](#).

## 9 Monitoring and evaluating the service

### Who should take action?

- Directors of public health and public health teams working on obesity and child health and wellbeing.
- Health and wellbeing boards.
- Local authority commissioners.
- Clinical commissioning groups.
- NHS England.
- Providers of lifestyle weight management programmes.

### What action should they take?

- Ensure monitoring focuses on sustaining changes in the longer term. Include the following in the data reported:
  - numbers recruited, percentage completing the programme and percentage followed up at 6 months and at 1 year after completing the programme
  - for all those recruited, body mass index (BMI) and BMI z score [See page 16] a) at recruitment to the programme b) at completion of the programme c) 6 months after completing the programme and d) 1 year after completing the programme.
- Ensure other measured outcomes reflect the aim of the programme and relate to factors that can support or contribute towards a reduction in BMI. These could include:

improvements in diet and physical activity, a reduction in sedentary behaviour and improvements in self-esteem. (See [standard evaluation framework for weight management interventions](#) for examples of other possible outcome measures.)

- Ensure data collection tools are validated for the age range or population group the programme addresses and are feasible and affordable in practice settings. Do not rely on self-reported measures of height or weight, or interpretations of BMI based on them.
- Monitor any variation in the numbers recruited, numbers completing and the proportion of people retained by the programme, according to population subgroup.
- Collect data on:
  - Variations in outcomes according to age, gender, ethnicity and socioeconomic status (for example, as indicated by the postcode of participants), so that the impact on health inequalities can be assessed.
  - The route through which participants were referred to programmes including any self-referrals. Use this information to identify areas where awareness of available programmes is low and where referral rates might be increased.
  - The views of participants: areas they found helpful and areas for improvement. Ensure the views of everyone who has participated are collected (including those who did not complete the programme).
  - The views of staff delivering the programme and of those referring participants to it. Use the information to identify any practical or process issues that may need addressing.
- Commissioners should evaluate the service using data on outcomes and the cost of promotion and delivery.
- Commissioners should regularly review monitoring and evaluation data and use it to amend and improve the service.

See also [planning systems for monitoring and evaluation](#) in what NICE says on obesity: working with local communities.

## 10 Raising awareness among children, young people and their families to encourage self-referrals

### Commissioners and programme providers

#### Who should take action?

- Directors of public health and their teams.
- Local authority commissioners.
- NHS commissioners.

- NHS and local authority communications teams.
- Providers of lifestyle weight management programmes.

### What action should they take?

- Local authorities should ensure an up-to-date list of local lifestyle weight management programmes for children and young people is maintained. This should form part of a list of services commissioned for the local obesity care or weight management pathway. It should be regularly disseminated, or accessible to organisations in the public, community and voluntary sectors.
- Use children's centres, libraries, the local media, professional and voluntary organisations working with children and young people and schools to raise awareness of lifestyle weight management programmes. Any publicity should clearly describe:
  - who the programme is for (age range, any eligibility criteria and the level of parental involvement needed)
  - how to enrol (including whether participants can self-refer or need a formal referral from a health professional)
  - programme aims
  - type of activities involved (to alleviate any anxieties about the unknown and to ensure expectations are realistic); 'healthy living' and any fun aspects should be emphasised
  - time and location, length of each session and number of sessions.

### Health professionals, other professionals and voluntary organisations

- Health professionals, in particular, GPs, dietitians, health visitors, school nurses and those involved in delivering the National Child Measurement Programme and the Healthy Child Programme, should tell the parents or carers of children and young people who have been identified as being overweight or obese about local lifestyle weight management programmes. They should explain what these involve and how they can take part (including whether or not they can self-refer).
- Schools, colleges, early years organisations, children's centres, looked-after children's teams and other professionals who work with children and young people (for example, youth workers, social workers and pastoral care workers), should raise awareness of lifestyle weight management programmes for overweight and obese children and young people. They should also raise awareness of how to enrol on them.

### Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

4. Maintaining details of local lifestyle weight management programmes
5. Raising awareness of lifestyle weight management programmes

## **11 Staff training: lifestyle weight management programmes for children and young people**

See Lifestyle weight management services for overweight or obese children and young people / Staff training: lifestyle weight management programmes for children and young people

## **12 See what NICE says on obesity**

See obesity

## BMI z score

BMI z score is a measure of how many standard deviations a child or young person's BMI is above or below the average BMI for their age and gender. (This is based on a reference population known as a child growth reference.) For instance, a z score of 1.5 indicates that a child is 1.5 standard deviations above the average value, and a z score of -1.5 indicates a child is 1.5 standard deviations below the average value.

The advantage of using BMI z scores, instead of BMI, is that it allows direct comparison of BMI (and any changes in BMI) across different ages and by gender. This term is sometimes used interchangeably with 'BMI standard deviation score' (BMI SDS). See the National Obesity Observatory's [A simple guide to classifying body mass index in children](#).

Care is needed when interpreting BMI z scores using the UK 1990 centile charts for black, Asian and other minority ethnic groups. (These charts are used for children aged 4 years and older to determine whether their BMI is appropriate for their age and gender.)

There is evidence to suggest that adults from these groups are at risk of obesity-associated conditions and diseases at a lower BMI than the white population. See [communicating with black, Asian and minority ethnic groups](#) in NICE's recommendations on obesity: working with local communities. However, there are no growth reference charts for children from minority ethnic groups. (For more details on the differences in BMI thresholds as a trigger for disease among children in these groups see the National Obesity Observatory's report on [Obesity and Ethnicity](#).)

## Glossary

### Behaviour-change techniques

behaviour-change techniques are techniques aimed at changing the way someone acts (and so, logically, their thinking patterns). In this case, the changes relate to dietary intake and eating behaviour, physical activity and sedentary behaviour

### Body mass index (BMI)

body mass index is defined as a person's weight in kilograms divided by the square of their height in metres and is reported in units of  $\text{kg/m}^2$ . Specific cut-off points are used to assess



whether a person is a healthy weight, underweight, overweight or obese. For children and young people these are related to age and gender

### **Clinical commissioning groups**

clinical commissioning groups (CCGs) are responsible for commissioning a range of healthcare services for children and adults. This includes specialist obesity services (sometimes called tier 3 services). The groups do not directly commission lifestyle weight management services (sometimes called tier 2 services). Rather, they work with local authorities to coordinate and integrate planning and commissioning through the health and wellbeing board

### **Comorbidities**

comorbidities are diseases or conditions that someone has in addition to the health problem being studied or treated. Some comorbidities, such as type 2 diabetes, are associated with being overweight or obese, because the risk of developing them increases with an increasing BMI

### **Evaluation**

evaluation involves assessing whether an intervention is meeting its objectives. This might include outcomes (for example, effectiveness in terms of BMI z score reduction or value for money). It might also include evaluation of processes (for example, how successful recruitment is or how acceptable the intervention is to participants)

### **Health and wellbeing boards**

health and wellbeing boards are based in upper tier and unitary local authorities. They aim to improve health and care services and the health and wellbeing of local people. They bring together key commissioners in the locality, including representatives of clinical commissioning groups, public health, children's services and adult social services. They include at least 1 elected councillor and a representative of HealthWatch. The board develops a health and wellbeing strategy for the local area. This is based on an assessment of local needs, including a joint strategic needs assessment

### **Joint strategic needs assessment**

joint strategic needs assessments (JSNAs) identify the current and future health needs of a local population. They are used as the basis for the priorities and targets set

## **Lifestyle weight management programme**

in these recommendations, lifestyle weight management programmes refers to programmes that focus on diet, physical activity, behaviour-change or any combination of these elements

## **Lifestyle weight management services**

(In these recommendations, lifestyle weight management services – sometimes called tier 2 services – refers to services that help people in a particular geographical location who are overweight or obese. The service can be made up of 1 or more lifestyle weight management programmes. The programmes are usually based in the community and may be run by the public, private or voluntary sector.)

## **Local authority commissioners**

local authorities commission some public health services for children and young people aged 5–19 years. They have a mandatory responsibility to deliver the National Child Measurement Programme. They also commission non-mandatory services such as school nursing and community-based weight management services

## **Monitoring**

monitoring involves routine collection, analysis and reporting of a set of data to assess the performance of a weight management programme according to the service specification and intended health outcomes

## **National Child Measurement Programme**

The National Child Measurement Programme (NCMP) measures the weight and height of children in reception class (aged 4 to 5) and Year 6 (aged 10 to 11). The aim is to assess the prevalence of obesity and overweight among children of primary school age, by local authority area. These data can be used at a national level to support local public health initiatives and inform local services for children

## **NHS England**

NHS England commissions primary care, clinical and specialised services. It also commissions public health services for children aged 0–5 years (including health visiting and much of the

Healthy Child Programme). In 2015 the organisation's public health services transfer to local authorities

### **Obesity care or weight management pathway**

an obesity care or weight management pathway represents the various routes through local services that an individual child or young person might follow to help them manage their weight. A comprehensive obesity care or weight management pathway spans both prevention and treatment, offering services at different levels or 'tiers'. Children and young people may move between these services. In adult obesity care pathways, there may also be a further tier focusing on surgical treatment (sometimes called tier 4 services). Surgery is recommended for children and young people only in exceptional circumstances; see [surgery](#) in what NICE says on obesity

### **Physical activity**

physical activity includes the full range of human movement. It includes everyday activities such as walking or cycling for everyday journeys, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport

### **Positive parenting skills training**

positive parenting skills training is training for parents and carers that aims to improve children and young peoples' behaviour. It fosters effective boundary setting and the need to reward and praise children in a way that promotes positive relationships and self-esteem

### **Providers of lifestyle weight management programmes**

providers of lifestyle weight management programmes are private, public or voluntary sector organisations offering lifestyle weight management services in the community or in (or via) primary care settings

### **Public Health England**

Public Health England is an executive agency of the Department of Health. It provides advice and expertise to local authorities, NHS England and clinical commissioning groups on the commissioning of public health services

## Rolling programmes

rolling programmes are lifestyle weight management programmes that run on a continuous basis. Participants can start and end the programme at different points, covering the same material over the same number of weeks or months, but not necessarily in the same order. An advantage is that participants referred part way through a programme cycle do not have to wait for it to be completed and a new one to start before they join

## Sedentary behaviour

sedentary behaviour describes activities that do not increase energy expenditure much above resting levels. Sedentary activities include sitting, lying down and sleeping. Associated activities, such as watching television, are also sedentary.

## Specialist obesity service

(In these recommendations, specialist obesity services – sometimes called tier 3 services – usually refers to clinical treatments provided by specialist services. This may include the use of drugs. These services could be for children or young people with severe or complex obesity, or with other special needs.)

## Sources

[Weight management: lifestyle services for overweight or obese children and young people](#)  
(2013) NICE guideline PH47

## Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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