

# **This guidance was withdrawn in February 2026**

This guidance has been withdrawn because it's out of date. For current guidelines on the prevention and management of overweight, obesity and central adiposity, see NICE guidance on [Overweight and obesity management](#) (NG 246).



Public Health  
England

**NICE** National Institute for  
Health and Care Excellence

# A Guide to Delivering and Commissioning Tier 2 Weight Management Services for Children and their Families

**RCPCH**

Royal College of  
Paediatrics and Child Health

*Leading the way in Children's Health*



Royal College  
of Physicians

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Public Health England

Wellington House

133-155 Waterloo Road

London SE1 8UG

Tel: 020 7654 8000

[www.gov.uk/phe](http://www.gov.uk/phe)

Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk)

Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

Prepared by: Vicki Coulton, Dr Louisa Ells, Jamie Blackshaw, Dr Elaine Boylan, Dr Alison Tedstone and staff at PHE.

For queries relating to this document, please contact: [phe.enquiries@phe.gov.uk](mailto:phe.enquiries@phe.gov.uk)

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## Executive summary

Tackling obesity requires multi-level action across all sectors, and part of this action should include local authorities and clinical commissioning groups co-commissioning weight management services across the obesity pathway.

This guide brings together the evidence to support the local commissioning and delivery of effective tier 2 weight management services for overweight and obese children and their families. This guide is most appropriate for designing and commissioning services for children aged 4-12 years old and is not aimed at supporting the design, delivery and commissioning of adolescent weight management services.

This guide follows the journey of a child weight management service user in a tier 2 service and will provide you with the recommendations, considerations, insights and resources you will need to deliver this in practice.

Assessing body mass index (BMI) in children is more complicated than for adults. Development and growth characterise childhood and their BMI changes as they mature. Growth patterns also differ between boys and girls, therefore age and sex needs to be accounted for when assessing a child's BMI. BMI for children is categorised using variable thresholds and in England, RCPCH UK Growth Charts are used to determine a child's weight status. For a population of children, overweight is defined as  $\geq 85^{\text{th}}$  centile and obese (also known as very overweight) is defined as  $\geq 95^{\text{th}}$  centile. This will be important when assessing your population need for weight management services and making the case for investment. When determining an individual child's weight status overweight is defined as  $\geq 91^{\text{st}}$  centile and obese is defined as  $\geq 98^{\text{th}}$  centile. This will be helpful when understanding whether a family is eligible for referral to a weight management service.

Services should be based on the best available evidence described throughout this guide, although it is apparent that evidence for services is limited, and on an assessment of your local need using local data. Consulting with your target population will support you to design a service that meets the needs of your population. It is important to undertake an equality impact assessment to enable you to account for cultural diversity and populations at greater risk.

Create joined up health and wellbeing approaches for your local community, linking with the mandated National Child Measurement Programme, and across the obesity pathway, for example with tier 1 population wide prevention services and tier 3

specialist weight management services, to ensure that children and families are receiving the most appropriate support.

Tier 2 weight management services for children and families should support the whole family. The focus of services for children may be on weight maintenance and growing into a healthier weight, rather than weight loss, depending on the age of the child, stage of growth and degree of obesity. This message, if relevant, should be clearly conveyed to parents to manage expectations of tier 2 services for children and families. When marketing your service ensure the material is age specific and appropriate. Consulting with your target population to guide this process will help you to understand the acceptability and resonance of your messages.

Appropriate expertise should be involved in the design of a weight management service and may include; a registered nutritionist, dietitian, behaviour change expert, and physical activity specialist. Additionally, services should be multicomponent and include diet, physical activity and behaviour change techniques. Physical activity-only services are not considered to be appropriate weight management support.

Facilitators delivering the service should be able, and supported to foster good relationships with users. Designing services for children and families that are fun, engaging, interactive, visual and practical is essential and families may particularly benefit from services that deliver practical behaviour change strategies, such as goal-setting, parenting skills, label reading and portion size guidance and practical activities such as physical activity, shopping and cooking.

Services should not exclude, and should make reasonable adjustments for children and families with physical or learning disabilities and for individuals with mental ill health in line with statutory requirements.

Offer follow up support to families and consider maintaining low-level support as an exit strategy of the service, so that families continue to feel supported in adopting healthier lifestyles.

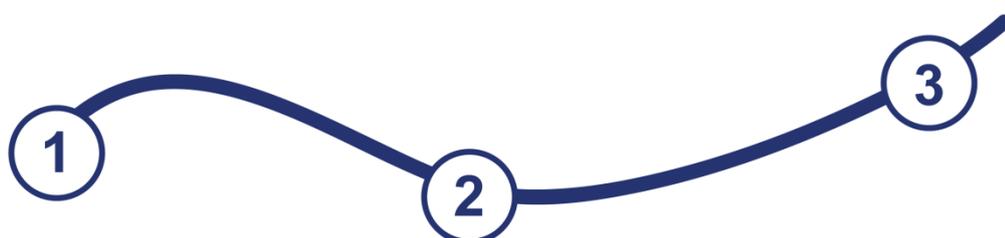
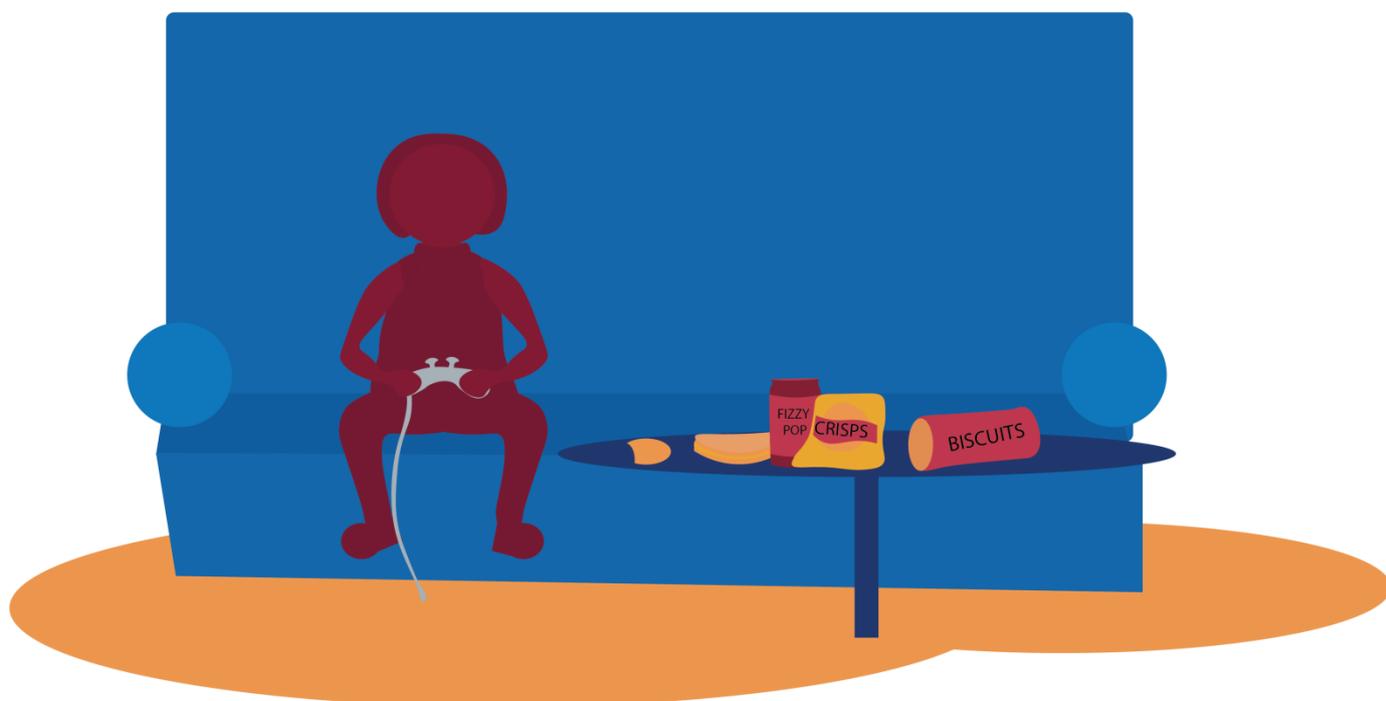
Evaluation of services needs to be flexible, and adapted to the needs of the service, however this should always be centred on an evidence-based framework, such as the Standard Evaluation Framework for Weight Management Interventions, so that quality data is collected which can be used to influence the continued development of the service. The Capturing Data: A tool to collect and record child weight management service data resource will support you to collect consistent data.

Recommendations are provided where there is strong evidence to support them, such as guidance from the National Institute for Health and Care Excellence (NICE).

Considerations are provided where the evidence suggests this will increase the effectiveness of your service.

Insights are provided to highlight the commissioner and user perspectives of the journey through a weight management service.

## Life before the service



# 1. Understanding population need

## Recommendation

- tier 2 weight management services for children and families should be based on the best available evidence described throughout this guide and a robust assessment of local need. You should also consult with your target population to understand their service needs. This will provide insight into what the population considers are their needs and will support you to make the case for investment into services and design a service that meets the needs of your population [see supporting resources 1-10]

## Considerations

- undertake an equality impact assessment of the diverse needs of your population. This will enable you to account for cultural diversity and populations at greater risk, such as certain black and minority ethnic groups and individuals with low socioeconomic status [see supporting resources 10-12]
- tools such as the National Child Measurement Programme (NCMP), Public Health England (PHE) Fingertip Profiles, used alongside your Joint Strategic Needs Assessment (JSNA) will help you to determine your population need of tier 2 weight management services. The Fingertips Profiles are a source of indicators across a range of health and wellbeing themes designed to support your JSNA and commissioning, to improve health and wellbeing and reduce inequalities [see supporting resources 13-15]



## Supporting resources

1. National Institute for Health and Care Excellence (2014) Clinical Guideline 189: Obesity: identification, assessment and management. Available at: <https://www.nice.org.uk/guidance/cg189> [accessed 9 August 2017]
2. Royal College of Paediatrics and Child Health (2013) Royal College of Paediatrics and Child Health UK-WHO growth charts. Available at: <http://www.rcpch.ac.uk/Research/UK-WHO-Growth-Charts> [accessed 9 August 2017]
3. National Institute for Health and Care Excellence (2015) Quality Standard 94: Obesity in children and young people: prevention and lifestyle weight management programmes. Available at: <https://www.nice.org.uk/guidance/qs94> [accessed 9 August 2017]
4. National Institute for Health and Care Excellence (2012) Public Health Guideline 42: Obesity: working with local communities. Available at: <https://www.nice.org.uk/guidance/ph42> [accessed 9 August 2017]
5. National Institute for Health and Care Excellence (2013) Public Health Guideline 47: Weight Management: lifestyle services for overweight or obese children and young people. Available at: <https://www.nice.org.uk/guidance/ph47/chapter/1-Recommendations> [accessed 9 August 2017]
6. NHS England. An Implementation Guide and Toolkit: Using every opportunity to achieve health and wellbeing. A resource to help all organisations implement and deliver healthy messages systematically. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/06/mecc-guid-booklet.pdf> [accessed 9 August 2017]
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[accessed 9 August 2017]

10. Public Health England (2011) Obesity and ethnicity: An overview of the current evidence on the relationship between obesity and ethnicity for adults and children in the UK (published by the former National Obesity Observatory, now in PHE). Available at:

[http://webarchive.nationalarchives.gov.uk/20170210161227/http://www.noo.org.uk/NOO\\_pub/briefing\\_papers](http://webarchive.nationalarchives.gov.uk/20170210161227/http://www.noo.org.uk/NOO_pub/briefing_papers)  
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13. NHS Digital, Joint Strategic Needs Assessment (JSNA): A range of tools and resources to aid completion of JSNA. Available at: <http://content.digital.nhs.uk/jsna> [accessed 9 August 2017]

14. Public Health England, Fingertips: A web platform that provides easy access to in-depth analysis of a wide range of health and health related data in thematic profiles. Available at:

<https://fingertips.phe.org.uk/> [accessed 9 August 2017]

15. NHS Digital, The National Child Measurement Programme: Measurement of height and weight of children in reception class and year 6 to assess overweight and obesity levels in children within primary schools. Available at: <http://content.digital.nhs.uk/ncmp> [accessed 9 August 2017]

## 2. Making the case

### Recommendations

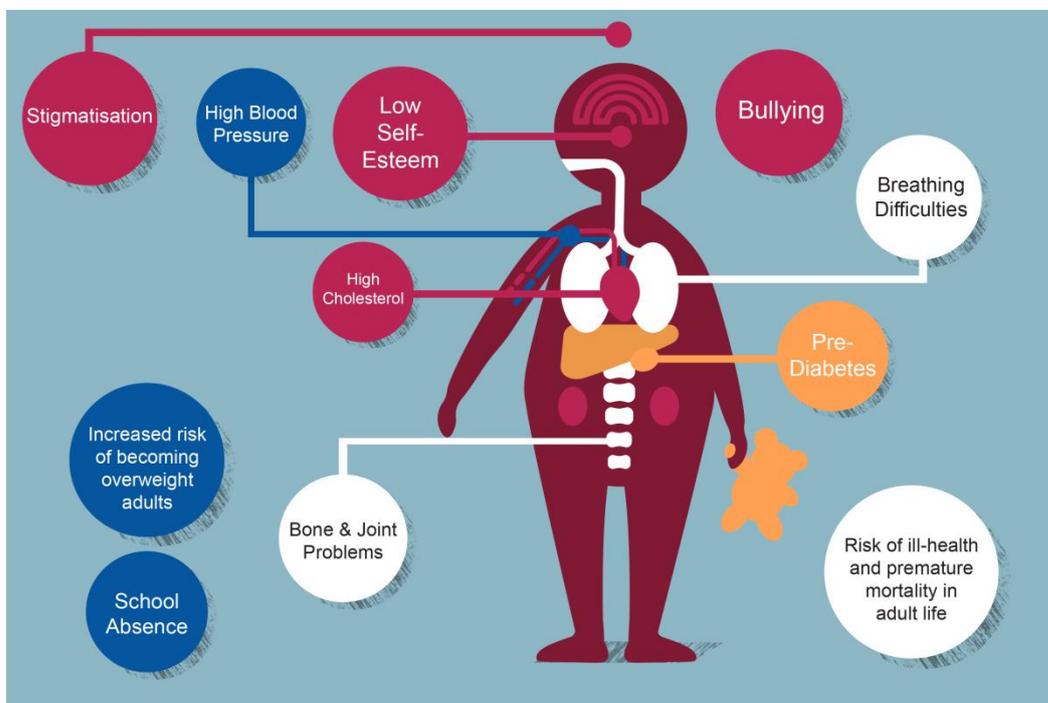
- when measuring and comparing a population of children, for example your Local Authority childhood obesity rates, weight status is defined by population cut points, which are slightly lower than clinical cut points. In England, RCPCH UK Growth Charts are used. For a population of children, overweight is defined as  $\geq 85^{\text{th}}$  centile and obese (also known as very overweight) is defined as  $\geq 95^{\text{th}}$  centile [see supporting resources 1-3]
- identifying and communicating your population needs is important when making the case for tier 2 weight management services. Use existing tools and resources including the PHE Making the Case slide set and NICE publications, alongside your consultation (see Understanding Population Needs) to do this [see supporting resources 4-9, 20]
- use tools such as PHE Fingertip Profiles to inform your JSNA and make the case for your local population need for tier 2 weight management services [see supporting resources 10-13]
- tier 2 weight management services for children and families should support the whole family. Children who live in a family with at least one obese parent/carer are more at risk of becoming obese. Children who are obese have a higher risk of obesity in adulthood [see supporting resource 8]
- making the case for disadvantaged communities and populations at increased risk is particularly important, such as certain black and minority ethnic groups and individuals with low socioeconomic status [see supporting resources 14-16]

### Considerations

- connect with the priorities in your local strategies, for example, health and wellbeing strategy, Sustainability Transformation Plan and devolution, health and wellbeing plans to raise the profile of weight management services for your communities and enable population needs to be reflected
- create joined up health and wellbeing approaches for your local community and use local population profiling to demonstrate the need for a weight management service for children and families. The NCMP is a mandated public health programme which provides local profiles of the weight status of children at reception and year 6. It is important to consider providing services for children

and families who are identified as overweight or obese to support them to achieve a healthier weight [see supporting resources 17-18]

- obesity in childhood can lead to health conditions such as bone and joint problems and pre diabetes and can also be associated with low self-esteem, stigmatisation and school absence. Link with your wider local services for children and families, such as schools, Troubled Families, Children's services, Child and Adolescent Mental Health Services and Public Health Nursing services to help them to understand the impact your weight management service can have on health and wellbeing. Consider establishing and sharing monitoring and evaluation methods to demonstrate the wider impact of your services [see supporting resource 19, 21]



## Supporting resources

1. National Institute for Health and Care Excellence (2014) Clinical Guideline 189: Obesity: identification, assessment and management. Available at: <https://www.nice.org.uk/guidance/cg189> [accessed 9 August 2017]
2. Royal College of Paediatrics and Child Health (2013) Royal College of Paediatrics and Child Health UK-WHO growth charts. Available at: <http://www.rcpch.ac.uk/Research/UK-WHO-Growth-Charts> [accessed 9 August 2017]

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12. Public Health England, Fingertips: a web platform that provides easy access to in-depth analysis of a wide range of health and health related data in thematic profiles. Available at: <https://fingertips.phe.org.uk/> [accessed 9 August 2017]
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20. NHS Digital, Statistics on Obesity, Physical Activity and Diet- England. Available at: <http://content.digital.nhs.uk/searchcatalogue?q=national+child+measurement+programme&area=&size=10&sort=Relevance> [accessed 19 September 2017]
21. Public Health England (2009) Standard Evaluation Framework for weight management (published by the former National Obesity Observatory, now in PHE). Available at: <http://webarchive.nationalarchives.gov.uk/20170110165405/http://www.noo.org.uk/core/frameworks/SEF> [accessed 10 August 2017]

## 3. Marketing

### Recommendations

- raise awareness of tier 2 weight management services among the local target population, with age specific and appropriate marketing. You will need to consider tailoring your marketing strategy to your target audience. Consult your population to guide this process and to understand the most appropriate communication strategy, including the acceptability and resonance of messages. Make sure your marketing material is easy to read, in the most appropriate language and disseminated through media that your target audience engage with (this may include social media, websites, flyers and posters, postal communications, local media such as print and radio) [see supporting resources 1-3, 10]
- local authorities and clinical commissioning groups should consider creating, retaining and disseminating an up to date list of available weight management services in their area to support health professionals to make appropriate referrals [see supporting resource 3]
- actively engage and promote awareness of tier 2 weight management services locally with all health and social care professionals. This should involve clearly communicating the service details such as:
  - what the service offers
  - who the service is for
  - what the aim of the service is
  - where the service is run, and at what time
  - any associated costs to attend the service
  - how it integrates with the obesity care pathway and other health and social care pathways
  - the training qualifications of staff delivering the service (particularly if this is for individuals with co-morbidities)
  - how to refer to the service [see supporting resource 4-5, 9]

- be clear on the focus of the weight management services; for example services may aim for weight maintenance and to support children to grow into a healthier weight, rather than weight loss. This will depend on the age of the child, stage of growth and degree of obesity. This message should be clearly conveyed to parents to manage expectations of tier 2 services for children and families [see supporting resources 9, 11]

## Considerations

- you may find it beneficial to explore community and target population motivations around weight loss and attitudes towards overweight and obesity, including cultural views, to support your marketing strategy and communication materials. For example, parents may engage with wanting their children to feel physically fitter, and therefore if this aligns with your service, marketing materials should reflect this [see supporting resources 7, 9-10]
- use appropriate images in your marketing and communications [see supporting resource 9]
- it is important to consider the individuals, families and populations motivations for attending weight management services. Tailor and target your marketing based on the motivations for children and families to attend the service [see supporting resource 9]
- children's centres, libraries, the local media, professional and voluntary organisations working with children and young people and schools could be used to raise awareness of lifestyle weight management programmes [see supporting resource 3]



## Insights

- not all parents will recognise or identify with their child being overweight or obese, and growing into a healthier weight may not be the driver for them to attend a family weight management service. It may be beneficial to focus on the health, wellbeing and lifestyle aspects on the programme to engage parents [see supporting resource 9]

## Supporting resources

1. Department of Health (2006) Raising the issue of weight - Resource for healthcare professionals. Available at: [http://www.fph.org.uk/uploads/HealthyWeight\\_SectE\\_Toolkit05.pdf](http://www.fph.org.uk/uploads/HealthyWeight_SectE_Toolkit05.pdf) [accessed 9 August 2017]
2. National Institute for Health and Care Excellence (2014) Clinical Guideline 189: Obesity: identification, assessment and management. Available at: <https://www.nice.org.uk/guidance/cg189> [accessed 9 August 2017]
3. National Institute for Health and Care Excellence: Public Health Guideline 47: Weight management: lifestyle services for overweight or obese children and young people. Available at: <https://www.nice.org.uk/guidance/ph47> [accessed 9 August 2017]
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9. Public Health England (2017) Qualitative opportunities into user experiences of tier 2 and tier 3 weight management services. Available at: <https://www.gov.uk/government/publications/weight-management-services-insights-into-user-experiences> [access 30 August 2017]
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## Life during the service



## 4. Recruitment

### Recommendations

- ensure identification causes no harm by following appropriate guidance from the NICE Guidelines [see supporting resource 1]
- children's BMI is categorised using thresholds that take into account the child's age and sex<sup>1</sup>. When identifying an individual child's weight status, use BMI centile as a practical estimate of adiposity in children and young people. Clinical cut points are used which are defined from the RCPCH UK Growth Charts. Clinically overweight is defined as  $\geq 91$ st centile, and obese (also known as very overweight) as  $\geq 98$ th centile. This should be interpreted with caution because it is not a direct measure of adiposity [see supporting resource 2-4]
- BMI z scores<sup>2</sup> may also be used for children, and are 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 sex [see supporting resource 2]
- measuring waist circumference in children is not recommended as a standard measure of obesity [see supporting resource 1]
- recommended referral criteria: children with a BMI  $\geq 91$ st centile [see supporting resource 1 and 2]
- when discussing a child's weight with a parent or carer, plot the result onto a growth chart as a visual demonstration [see supporting resources 3,15]
- it is important to recognise that in a very small number of cases there may be an underlying cause for weight gain such as genetic or metabolic reasons (e.g. Prader-Willi syndrome, Bardet-Biedl syndrome and Pseudohypoparathyroidism). Clinical testing may be needed in a small proportion of cases. Consider referral to an appropriate specialist tier 3 service for children who are overweight or obese

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<sup>1</sup> Assessing BMI in children is more complicated than for adults. Childrens BMI changes as they mature and growth patterns differ between boys and girls, therefore age and sex needs to be accounted for when assessing a child's BMI.

<sup>2</sup> BMI z score or standard deviation score indicates how many units (of the standard deviation) a child's BMI is above or below the average BMI value for their age group and sex. 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.

and have significant comorbidities or complex needs (for example, learning disabilities or other additional support needs) [see supporting resource 1, 4-5, 10]

- services should not exclude, and should make reasonable adjustments for, children and families with physical or learning disabilities and for individuals with mental ill health [see supporting resources 1, 5-6, 14]
- make every contact count by strengthening links through related services and encouraging referrals from a range of professionals, for example: GPs, public health nursing services, social care services, mental health services, schools and leisure services [see supporting resource 7]
- The **Let's Talk About Weight: A step by step guide to conversations about weight management with children and families for health and care professionals** resource supports health and care professionals to identify children who are above a healthy weight, to sensitively discuss weight with families, and to signpost families to weight management services [see supporting resources 8-9]
- make referral forms widely available and actively market self-referral to services (where applicable) through channels that are identified through working through the 'Marketing' section
- when referring into a service, inform the family about what the service offers, who the service is for, where the service is run and at what time and follow this up by actively referring to the weight management service. The focus of the service may be on weight maintenance and growing into a healthier weight, rather than weight loss, depending on the age of the child, stage of growth and degree of obesity. This message, if relevant, should be clearly conveyed to parents to manage expectations of tier 2 services for children and families [see supporting resources 10, 13]



## Considerations

- try and make contact with the referred family in a timely manner. For example, ensure there is not great a time lapse between referral and starting the programme, and where a time lag is unavoidable consider putting in place a plan to maintain engagement until the service can be accessed. This could include signposting individuals to other lifestyle activities and services in their local area such as leisure services and cooking clubs, as well as online information such as Change4Life [see supporting resource 10 and 11]
- you may want to consider offering awareness sessions with health and care professionals to encourage referral into the service
- you may want to consider assessing a family's readiness to change when referring into a tier 2 weight management service [see supporting resource 10]

## Insights

- families report feeling confused about the purpose of the service. Clear marketing and referrals, and a short induction so that parents/carers have an accurate understanding of the service may help to manage expectations [see supporting resource 13]

## Supporting resources

1. National Institute for Health and Care Excellence (2014) Clinical Guideline 189: Obesity: identification, assessment and management. Available at: <https://www.nice.org.uk/guidance/cg189> [accessed 9 August 2017]
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3. Royal College of Paediatrics and Child Health (2013) Royal College of Paediatrics and Child Health UK-WHO growth charts. Available at: <http://www.rcpch.ac.uk/Research/UK-WHO-Growth-Charts> [accessed 9 August 2017]
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10. National Institute of Health and Care Excellence (2013) Public Health Guideline 47: Weight management: lifestyle services for overweight or obese children and young people. Available at: <https://www.nice.org.uk/guidance/ph47> [accessed 9 August]
11. Change4Life. Available at: <https://www.nhs.uk/change4life-beta/cards#AKCaqWJ5O9gJKbX2.97> [accessed 7 September 2017]
12. National Institute for Health and Care Excellence (2015) Quality Standard 94: Obesity in children and young people: prevention and lifestyle weight management programmes. Available at: <https://www.nice.org.uk/Guidance/CG189> [accessed 9 August 2017]
13. Public Health England (2017) Qualitative opportunities into user experiences of tier 2 and tier 3 weight management services. Available at: <https://www.gov.uk/government/publications/weight-management-services-insights-into-user-experiences> [access 30 August 2017]
14. The Equality Act, 2010. Available at: <http://www.legislation.gov.uk/ukpga/2010/15/contents> [accessed 9 August 2017]

15. Public Health England (2017) Let's Talk About Weight: A step by step guide to conversations about weight management with children and families for health and care professionals. Available at: <https://www.gov.uk/government/publications/child-weight-management-short-conversations-with-patients> [accessed 3 October 2017]

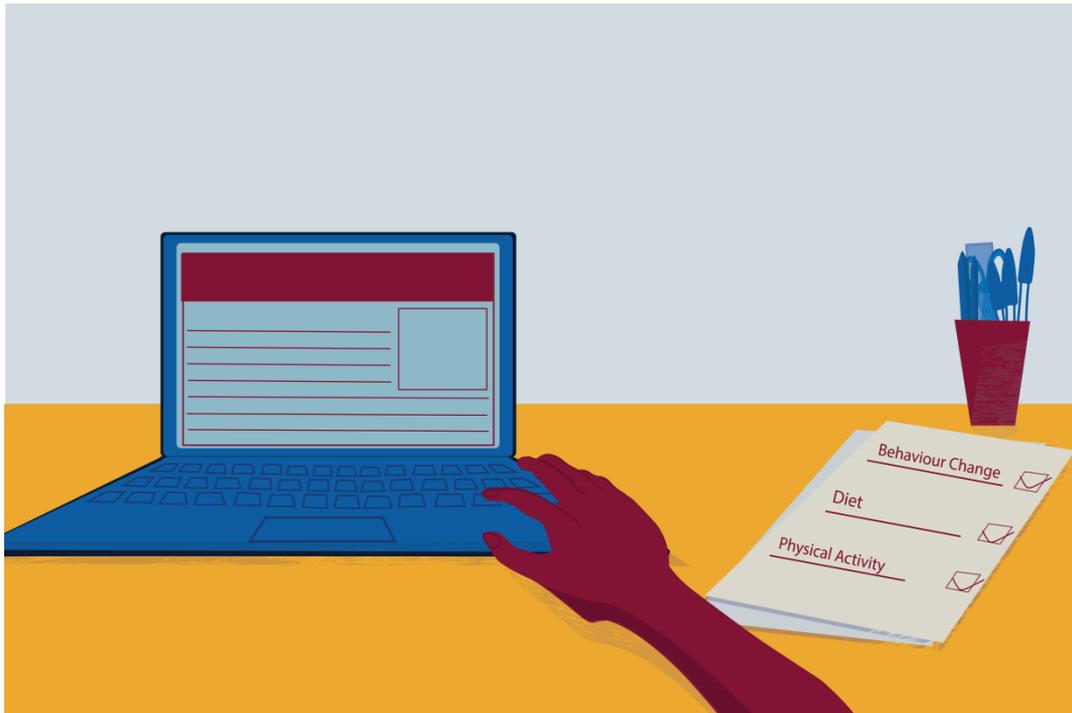
## 5. Design

### Recommendations

- it is important that children and families can access the right level of care for their needs. Consider and build referral routes across the whole obesity care pathway into the design of your service [see supporting resource 1]
- Services should be designed with the target audience in mind, and should be relevant and suitable for the age range. For example, services for primary school age children should differ in design to those services aimed at adolescents [See supporting resource 3]
- ensure that the service causes no harm to children and include appropriate expertise when designing a weight management service. These may include some of the following experts; a registered nutritionist, dietician, behaviour change expert, and physical activity specialist [see supporting resources 2-3, 6-7]
- services should provide additional follow-up support for families once the intervention has been completed [see supporting resources 3, 17-18]
- ensure services are designed so that adaptations can be made to enable individuals with learning disabilities to engage with the service [see supporting resource 3]
- services should be multicomponent and include diet, physical activity and behaviour change techniques. Physical activity-only services are not considered to be appropriate weight management support [see supporting resources 3, 6]
- embed good practice behaviour change techniques. Behaviour change components are important for supporting families to embed lifestyle changes [see supporting resource 2, 14-15]
- dietary approaches within a tier 2 weight management service should follow government guidelines on healthy eating shown in the Eatwell Guide. The guide shows the proportions of the main food groups that form a healthy and balanced diet. Children between the ages of 2 and 5, should gradually move to eating the same foods as the rest of the family, in the proportions shown on the Eatwell Guide
  - eat at least 5 portions of a variety of fruit and vegetables every day

- base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible
- have some dairy or dairy alternatives (such as soya drinks); choosing lower-fat and lower-sugar options
- eat some beans, pulses, fish, eggs, meat and other proteins (including two portions of fish every week, one of which should be oily)
- choose unsaturated oils and spreads and eat in small amounts
- drink 6-8 cups/glasses of fluid a day
- if consuming foods and drinks high fat, salt, or sugar have these less often and in small amounts  
[see supporting resource 13]
- it is important to raise portion sizes for children and families, highlighting the need for children to eat smaller meals and snacks than what an adult would consume  
[see supporting resource 15]
- the service should aim to reduce sedentary behaviour and increase physical activity, supporting individuals to meet physical activity guidelines. Physical activity is important for maintaining a healthy weight as well as helping to prevent and managing a number of health related conditions. It is important for weight management services to integrate physical activity; this can either be through practical sessions embedded and delivered within the service or through supporting and encouraging individuals to increase physical activity within their own lifestyles. The Chief Medical Officer physical activity guidelines are:
  - children under the age of five capable of walking: physically active for at least 180 minutes (3 hours) spread throughout the day
  - children and young people aged 5-18 year old: physically active in moderate to vigorous intensity activity for at least 60 minutes and up to several hours every day. Three days a week should include vigorous intensity activities that strengthen muscle and bone  
[see supporting resources 8-9]
- the service should be designed with the target population in mind to identify their logistical needs, such as travel, distance, location and family commitments, and be flexible to maximise attendance [see supporting resource 3, 18]

- where appropriate, services should be able to tailor plans to meet individual family needs, and should include helping them and their family to set goals personal to their lifestyle, monitor progress and provide feedback [see supporting resources 3, 17-18 ]



## Considerations

- develop families' skills and confidence through the use of interactive and practical programme components that show them how to change including through a) group physical activity sessions or, where not feasible, other means of enabling experience of physical activity b) delivering practical behaviour change strategies, such as goal-setting and parenting skills c) providing calorie guidance such as label reading and portion size guidance and d) delivering practical activities such as cooking [see supporting resources 11, 16, 18]
- designing and delivering a patient-centred service is essential and can be developed by working with your target population to understand their needs. Aim to tailor the delivery format of your service to your population requirements such as building confidence, peer support and encouraging attendance. Consultation with your target population will help inform you of the most suitable delivery format [see supporting resources 3, 15]
- include group-based sessions, or where group sessions are not feasible seek other options to ensure participants are able experience the beneficial effects of peer support [see supporting resource 3, 18]

- use the evidence base and importantly consult with your target population to better understand logistical requirements such as the most appropriate delivery setting and venue, time, length and frequency of contact. For example, if your target population is families with working adults, look to organise sessions outside of normal working hours and if your target population is geographically dispersed, consider whether there are suitable travel options to your venue
- consider whether the dietary and physical activity components of your service are appropriate to your population needs, for example, taking into account cultural differences
- encourage a whole family approach, placing emphasis on the importance of all family members engaging in the healthy lifestyle behaviours, regardless of their weight [see supporting resources 3, 15]
- services should offer a graduated exit; where families find 12-week services too short to support them to make sustained lifestyle changes, a transitional end, including light touch follow-ups, peer support and appropriate signposting may improve individual outcomes [See supporting resources 17-18]
- it is important to have an exit strategy from the service so that the families feel supported to continue making changes to their lifestyle. This could include empowering individuals to continue meeting as a group outside of the service, signposting to lifestyle activities that they are interested in or offering a maintenance programme such as drop-in sessions [see supporting resources 3, 15]
- services should focus on children and families having fun and sessions should be engaging and tailored to the individual's need, taking into account factors such as age, gender, ethnicity, cultural background [see supporting resource 18]

## Insights

- family involvement in the service is key, allowing all family members to be a part of the service where possible. It may also be beneficial to investigate the impact of wider influences on the child and families diet and lifestyle, and particularly understand how you can engage those who have a significant influence on the child's lifestyle, such as grandparents [see supporting resource 17]

## Supporting resources

- National Institute for Health and Care Excellence, Obesity Overview Pathway. Available at: <https://pathways.nice.org.uk/pathways/obesity> [accessed 9 August 2017]
- National Institute for Health and Care Excellence (2014) Clinical Guideline 189: Obesity: identification, assessment and management. Available at: <https://www.nice.org.uk/guidance/cg189> [accessed 9 August 2017]
- National Institute of Health and Care Excellence (2013) Public Health Guideline 47: Weight management: lifestyle services for overweight or obese children and young people. Available at: <https://www.nice.org.uk/guidance/ph47> [accessed 9 August]
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- British Dietetic Association: Dietitian Register. Available at: <https://www.bda.uk.com/improvinghealth/yourhealth/finddietitian> [accessed 9 August 2017]
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- National Institute for Health and Care Excellence (2015) NICE guideline 7: Preventing excess weight gain. Available at: <https://www.nice.org.uk/guidance/ng7> [accessed 9 August 2017]
- Michie S, Ashford S, Sniehotta FF, Dombrowski SU, Bishop A & French DP (2013) A refined taxonomy of behaviour change techniques to help people change their physical activity and healthy eating behaviours: The CALO-RE taxonomy *Psychology and Health* 26: 1479-1498. Available at: <http://www.tandfonline.com/doi/pdf/10.1080/08870446.2010.540664?instName=Sheffield+Hallam+University> [accessed 9 August 2017]
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## 6. Delivery

### Recommendations

- facilitators should be appropriately trained to deliver the service. This may include service specific training. If using nutrition professionals, it is important to ensure that they are appropriately trained and can select and apply appropriate communication methods to explain reliable evidence-based healthy eating guidelines. You can find the UK Register of Dietitians and Voluntary Register of Nutritionists through the British Dietetic Association and the Association for Nutrition respectively, which can help when deciding which professionals deliver this component of the service. The Association for Nutrition additionally provides a competence framework for the wider workforce [see supporting resources 1-3]
- if your service delivers physical activity, ensure that the facilitators are appropriately trained and tailor the type, duration, intensity and format of activity to the population needs. This may include, for example, an individual's level of fitness, any form of disability, any pre-existing medical conditions or co-morbidities [see supporting resources 4-5]
- commissioners, providers and facilitators should be adequately trained in safeguarding vulnerable children and adults. Services should be delivered in line with the commissioning authorities safeguarding policies and procedures [see supporting resource 3]
- commissioners should engage with providers to ensure programmes are delivered consistently; this may include providers measuring facilitator fidelity. This can include standardised training materials, measuring process and impact outcomes, conducting session observations and recording individual's views of the service. For further information on measuring process and impact outcomes, refer to the Standard Evaluation Framework and the [Capturing Data: A tool to collect and record child weight management service data](#) [see supporting resource 6, 15]
- discussing weight can be a sensitive matter for children and their families and therefore individuals accessing the service should feel that they are in a safe space, and facilitators should create a non-judgemental, empathetic and non-threatening environment. Specifically, the focus may be on weight maintenance and growing into a healthier weight in most instances, rather than weight loss, depending on the age of the child, stage of growth and degree of obesity. This message, if relevant, should be clearly conveyed to parents to manage

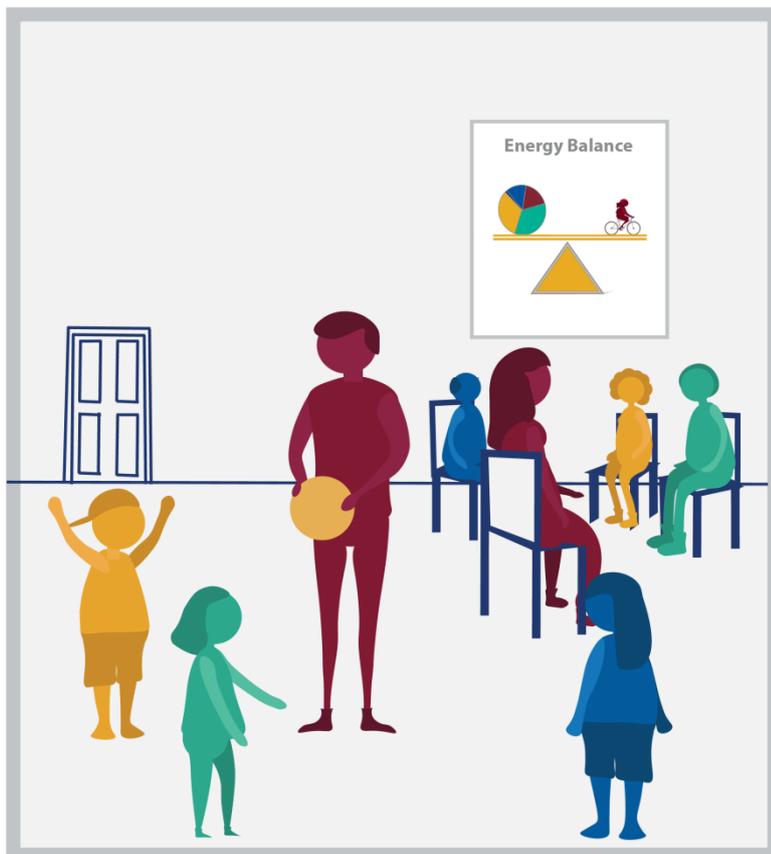
expectations of tier 2 services for children and families [see supporting resource 3]

- parents and carers should be involved in any weight management intervention aimed at overweight and obese children. Interventions aimed at young people should include parental involvement where appropriate [see supporting resource 3]
- seek to engage the whole family to encourage a healthier home environment and ensure there is shared understanding. Services should seek to a) change the health behaviours of the whole family; b) ensure a sufficient number of sessions for both parents and children; and c) ensure the programme is engaging for children if the service includes child participation [see supporting resource 3, 16]

## Considerations

- a key aspect of weight management appears to be the ability of facilitators delivering the service to foster good relationships with users. Good interpersonal skills are essential and training in group facilitation skills and motivational interviewing can support your facilitators in this [see supporting resources 7-8, 14]
- it is important to manage family expectation in terms of the aims and outcomes of the service. You can support individuals to manage their expectations by providing clear, consistent and timely information about the service once they have been referred, and through setting realistic goals once they are on the service [see supporting resources 3,13-14]
- commissioners and providers should be clear on the local wider referral pathways to appropriate service. Ensure that signposting procedures are in place for families in need of additional support, including social care services, GPs, housing support, money and debt advice services, smoking cessation, drug and alcohol services, mental health services [see supporting resources 3 and 9]
- all information provided to individuals should be accessible, clear, concise and easy to read, understand and adapt to their lifestyle. Practical ways to help improve participant information may include the use of visuals such as example portion sizes and practical demonstrations [see supporting resources 10-12]
- it is important to consider the whole family in weight management services for children. Whilst being obese in childhood increases the risk of obesity in adulthood, where children who live in a family with a least one obese parent or carer, they are also more at risk of becoming obese themselves

- you may want to consider referring the parent or carer to an appropriate weight management services if they are overweight or obese, to support whole family lifestyle changes [see supporting resource 17]
- delivering practical sessions that are less didactic and are in group settings appear to be important components for successful child and family weight management services [see supporting resource 16]
- facilitators should be able to provide basic parenting skills advice and practical food preparation sessions. Facilitators should also have training to enable them to work collaboratively with families to tailor interventions to individual needs, providing opportunities for constructive support and review of progress [see supporting resource 16]
- ensure the delivery of services is fun, engaging, interactive, visual and include practical sessions [see supporting resource 16]



## Insights

- children and parents/carers can feel nervous about attending services , particularly in the beginning. However families report that what works well for them are services, which are facilitated well, engage the children, and encourage them to form a group [see supporting resource 14]
- some providers reported that contacting families via the phone or text message if they missed a session was a helpful way of re-engaging them and making them feel valued[see supporting resource 14]
- coaching, rather than telling families was reported as an effective approach when working with families. Additionally, families enjoyed practical sessions such as cooking engaged the whole family and helped the children to understand healthy eating concepts[see supporting resource 14]

## Supporting resources

1. Association for Nutrition: Nutritionist Register. Available at: <http://www.associationfornutrition.org/Default.aspx?tabid=92> [accessed 10 August 2017]
2. British Dietetic Association: Dietitian Register. Available at: <https://www.bda.uk.com/improvinghealth/yourhealth/finddietitian> [accessed 10 August 2017]
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12. The Eatwell Guide (2016) A guide to show how much of what we eat overall should come from each food group to achieve a healthy, balanced diet. Available at: <http://www.nhs.uk/Livewell/Goodfood/Pages/the-eatwell-guide.aspx> [accessed 9 August 2017]
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## 7. Evaluation

### Recommendations

- evaluation needs to be flexible, and adapted to the needs of the service, but it is important that an evidence-based framework, such as the Standard Evaluation Framework, is applied so that quality data is collected and used to influence the continued development of the service [see supporting resources 1-2]
- it is important to use accepted practice guidance on measuring overweight and obesity [see supporting resource 3]. Ensure appropriate guidance is followed when measuring individuals with physical disabilities



- use validated tools when collecting data on wellbeing and lifestyle behaviours such as diet and physical activity in individuals and the service [see supporting resource 4-5]. Make sure the selected tool measure your outcome of interest. To achieve this think carefully about the following:

- what are the objectives of your service and will these be measured by your evaluation?
- is the tool you are using validated to measure your outcome of interest in your target population?
- if you are measuring change over time, has your chosen measurement tool been validated to measure change over time?

[see supporting resource 6]

- sometimes there is not a validated tool available, where this is the case ensure you state this when writing up your evaluation to ensure the results are correctly interpreted. The [Capturing data: A tool to collect and record child weight management service data](#) resource has some examples of validated tools to measure physical activity and dietary habits [see supporting resource 8]
- undertake a process evaluation to help improve the service in the future and to help anyone who wants to replicate the service in another area or setting. For more information on robust evaluation of services, see the Standard Evaluation Framework for Weight Management Services [see supporting resource 1]
- share and disseminate your evaluation of services. This can be through peer-reviewed journals, conferences, learning days but also through PHE Centre Obesity leads, and to your colleagues in other localities. This will help to strengthen the evidence base and importantly improve our understanding of what may work and what may not work within practice
- collect data on individual's pre- and post- six months and twelve months after the service [see supporting resource 1-2, 8]
- the minimum dataset in table 1 describes the data that you should be collecting as a minimum at baseline, immediately post, six months and twelve months after the service. This minimum dataset should be followed. Additional recommended measures and time points are described in [Capturing data: A tool to collect and record child weight management service data](#) [see supporting resource 8]

Table 1: Minimum Dataset

Data item	Timepoint					
	Referral	Pre-programme	Each session	Post - programme	6 months	12 months
Client number	X					
Surname	X					
Forename	X					
Address	X					
Post code	X					
Telephone	X					
E-mail	X					
Date of Birth	X					
Gender	X					
Learning Disability Status	X					
Disability Status	X					
Known co-morbidities	X					
Ethnicity	X					
Religion	X					
Parent/Carer Surname	X					
Parent/Carer Forename	X					
Parent / Carer Contact Details	X					
Parental /Carer Employment Status	X					
Referral Source	X					
Date of referral receipt	X					
Repeat referrals	X					
Has client been referred into tier 3	X					
Record of attendance			X			
Location of Session (Postcode)			X			
Time of session			X			
Length of session			X			
Type of session (individual / F2F)			X			
Date of outcome measurements	X	Collect here if not collected at referral stage		X	X	X

<b>Weight</b>	<b>X</b>	Collect here if not collected at referral stage		<b>X</b>	<b>X</b>	<b>X</b>
<b>Body Mass Index (BMI)</b>	<b>X</b>	Collect here if not collected at referral stage		<b>X</b>	<b>X</b>	<b>X</b>
<b>Wellbeing Scale</b>	<b>X</b>	Collect here if not collected at referral stage		<b>X</b>	<b>X</b>	<b>X</b>
<b>Date of completion of programme</b>				<b>X</b>		
<b>Provision of support following completion of programme</b>				<b>X</b>	<b>X</b>	<b>X</b>

## Consideration

- consider collecting parent/carer weight, height and BMI in addition to the child's measurements
- to support you in the collection and reporting of data for tier 2 child services, consider using the [Capturing data: A tool to collect and record child weight management service data resource](#). This tool sets out primary minimum dataset to be recorded by the provider and the time-points which the data should be collected:
  - organisational data and personal/demographic data: this should be used to create a profile for those referred to the service
  - referral data: to document previous or repeat referrals
  - primary and additional outcome measures: to monitor the individuals/families progress through the service
- you may wish to consider ways of maintaining engagement with families after they have completed the service to ensure that their progress continues to be monitored [see supporting resource 7]
- data to support the long-term impact of weight management services (ie greater than one year) is limited. Therefore where feasible collect data after one year

## Supporting resources

1. Public Health England (2009) Standard Evaluation Framework for weight management (published by the former National Obesity Observatory, now in PHE). Available at: <http://webarchive.nationalarchives.gov.uk/20170110165405/http://www.noo.org.uk/core/frameworks/SEF> [accessed 10 August 2017]
2. Public Health England (2009) Standard Evaluation Framework for weight management interventions, core criteria (published by the former National Obesity Observatory, now in PHE). Available at: <http://webarchive.nationalarchives.gov.uk/20170110165405/http://www.noo.org.uk/core/frameworks/SEF> [accessed 10 August 2017]
3. National Institute for Health and Care Excellence (2014) Clinical Guideline 189: Obesity: identification, assessment and management. Available at: <https://www.nice.org.uk/guidance/cg189> [accessed 9 August 2017]
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5. Public Health England (2011) Measuring diet and physical activity in weight management interventions (published by the former National Obesity Observatory, now in PHE). Available at: [http://webarchive.nationalarchives.gov.uk/20170210161227/http://www.noo.org.uk/NOO\\_pub/briefing\\_papers](http://webarchive.nationalarchives.gov.uk/20170210161227/http://www.noo.org.uk/NOO_pub/briefing_papers) [accessed 30 August 2017]
6. Medical Research Council (2006) Developing and evaluating complex interventions. Available at: <https://www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/> [accessed 30 August 2017]
7. National Institute for Health and Care Excellence (2013) Public Health Guideline 47: Weight Management: lifestyle services for overweight or obese children and young people. Available at: <https://www.nice.org.uk/guidance/ph47> [accessed 9 August 2017]

8. Public Health England (2017) Capturing Data: a tool to collect and record child and family weight management service data. Available at: <https://www.gov.uk/government/publications/child-weight-management-services-collect-and-record-data> [accessed 3 October 2017]

## Life after the service



## 8. Maintenance

### Recommendations

- encourage peer support after the service has finished to help aid motivation, encourage continue goal setting and implementation of the strategies gained throughout the service [see supporting resource 1]
- consider the whole obesity pathway when planning the provision of maintenance support for individuals post service completion. This includes referring to tier 3 weight management services where appropriate and to any existing tier 1 population wide services [see supporting resources 2-3]

### Considerations

- the service should manage family expectations, particularly in relation to weight loss, weight maintenance and growing into a healthy weight, by ensuring appropriate strategies are integrated into the service [see supporting resources 4]
- you may want to consider maintaining low-level support as an exit strategy of the service, such as a phased exit, so that individuals continue to feel supported in adopting healthier lifestyles. This will also support with following families up for data collection post programme [see supporting resource 7]
- offer opportunities for families to engage in voluntary, community sector physical activity and healthy eating activities and provide details of such services [see supporting resource 5]



## Insights

- families reflected on the difficulties of maintaining healthy behaviour changes for example during holidays and at the weekends. There is an opportunity for services to identify these moments, and support families to implement effective strategies to help them to continue with the changes they have made [see supporting resource 6]
- families may grow a sense of dependency on the service, and can often feel as though they are too short to help them to make sustained behaviour changes. A progressive end to services, encouraging peer support and offering follow ups may help families to feel continued support. Digital solutions to ongoing support may be beneficial [see supporting resource 6]

## Supporting resources

1. National Institute for Health and Care Excellence (2013) Public Health Guideline 47: Weight Management: lifestyle services for overweight or obese children and young people. Available at: <https://www.nice.org.uk/guidance/ph47> [accessed 9 August 2017]
2. Department of Health (2013) Developing a Specification for lifestyle and weight management services. Available at: <https://www.gov.uk/government/publications/best-practice-guidance-for-weight-management-services> [accessed 9 August 2017]
3. Mead E, Brown T, Rees K, Azevedo LB et al. (2017) Diet, physical activity and behavioural interventions for the treatment of overweight or obese children from the age of 6 to 11 years. *Cochrane Database of Systematic Reviews* Issue 6. Available at: [http://www.cochrane.org/CD012651/ENDOC\\_diet-physical-activity-and-behavioural-interventions-treatment-overweight-or-obese-children-age-6-11](http://www.cochrane.org/CD012651/ENDOC_diet-physical-activity-and-behavioural-interventions-treatment-overweight-or-obese-children-age-6-11) [accessed 30 August 2017]
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6. Public Health England (2017) Qualitative opportunities into user experiences of tier 2 and tier 3 weight management services. Available at: <https://www.gov.uk/government/publications/weight-management-services-insights-into-user-experiences> [access 30 August 2017]
7. Sutcliffe K, Burchett H, Rees R, Melendez-Torres GJ, Stansfield C, Thomas J (2016) What are the critical features of successful Tier 2 lifestyle weight management programmes for children aged 0-11 years? A systematic review to identify the programme characteristics, and combinations of characteristics, that are associated with successful outcomes. London: EPPI Centre, Social Science Research Unit, Institute of Education, University College London. Available at: <https://www.gov.uk/government/publications/child-weight-management-services-systematic-review> [accessed 3 October 2017]

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