## Obesity Intervention Scale

## Engagement \& Early Help

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


## Referral

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

## Multi Agency Assessment (MASH)

Referral from Health Professional

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

Referral from Social Perspective

- Background checks
- Does this child appear to be socially disadvantaged
- Could the physical impacts described amount to S. 17 / S.47?
- Is the referrer engaged with health?
- What is the health perspective? - Is there one? Should there be one?


## Action

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

