

SUMMARY NATIONAL MODEL

INTEGRATED CARE FOR CHILDHOOD OVERWEIGHT AND OBESITY

Overweight or obesity in children often has a major impact on their physical health and on their psychosocial functioning. The 'National model for integrated care for childhood overweight and obesity' (2018) sets out a structure that provides a basis for the local integrated care of these children. The model is based on scientific evidence and practice based evidence provided by eight municipalities. The model features the following components:

- **Vision:** a broad perspective.
- **Process:** a specific, clear, six-step trajectory.
- **Partners:** cooperation between professionals operating in the health and social care domain.
- **Finance:** complete funding within the existing system.

VISION

Overweight is 'multifactorial' in origin. In other words, overweight is primarily triggered by behaviour that is driven by an interaction between biological, psychological, and environmental factors. These factors, which often arise in early childhood or even in the prenatal phase, should not be seen as distinct and separate. They are closely interconnected with the well-being of the child, of its parents and of other significant individuals in the immediate surroundings, as well as with dynamics in the family and with the child's social network. Thus, if childhood overweight is to be dealt with effectively, these factors must be acknowledged and analysed in the context of a broad assessment. Children and their parents can subsequently benefit from support in those areas of life where they are experiencing difficulty, and which prevent them from improving their lifestyle. It is important that they retain as much control as possible and that they cooperate with their own social network, with support of respectful professionals who show due care and attention to their well-being in all areas of life. As regards the long-term improvement of behaviour – with the ultimate goal of improving the child's health and welfare – these professionals leave matters in the hands of the family as much as possible.

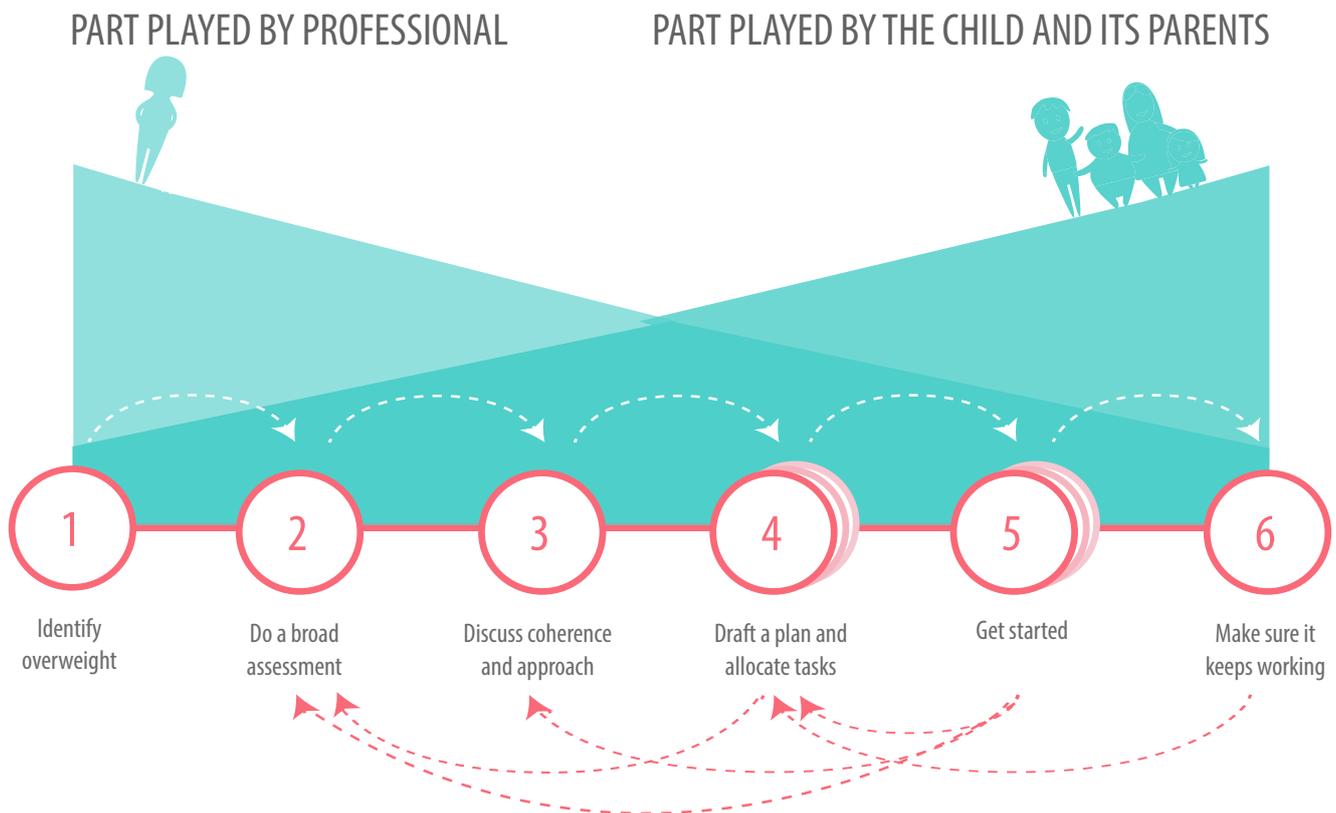
The national model focuses on kick-starting the process of behavioural change, based on these insights, to boost the chances of a long-term improvement in lifestyle. Customization is key, and a demand-driven approach is the starting point.



PROCESS

Professionals often take the lead in identifying overweight and in encouraging people to talk about it. They often play a greater part during the first few steps of the process than in the later stages. As the process advances, their involvement decreases and the family's role grows. This is an important precondition for ultimately achieving successful, long-term behavioural changes. The tipping point occurs at around step four 'Draft a plan and allocate tasks'. Under professional supervision, the child in question and their family identify the desirable situation and the associated objectives. They take the initiative and get started, where necessary with the support of professionals.

The approach is cyclical in nature. New insights can sometimes arise, or changes may occur in the surroundings or in the child itself, that make it necessary to repeat various steps in the process. The final step of the process is 'Make sure it keeps working'. Here, the aim is to boost the independence of the child and that of their family. From time to time, the professional(s) involved will get in touch with them. Sometimes, the behavioural changes achieved cannot be maintained without support. In cases like this, more intensive counselling is resumed – in consultation with the child and its parents. The goal is to reinforce the foundations that have already been laid and, ultimately, to achieve sustainable changes in behaviour.



PARTNERS

The arenas of health and overweight are not the sole preserve of children, parents and health care professionals. Professionals in the social domain also have an important part to play here. Support and care requires effective cooperation between the child and its family and a wide range of care providers and professionals. These include youth health care nurses, youth health care doctors, general practitioners, paediatricians, paediatric nurses, dietitians, physical therapists, social workers, educational advisers, youth care workers, psychologists, community workers stimulating exercise and sports in schools and neighbourhoods, neighbourhood sports coaches, school professionals like teachers and school counsellors, intervention providers and those providing regular amenities.

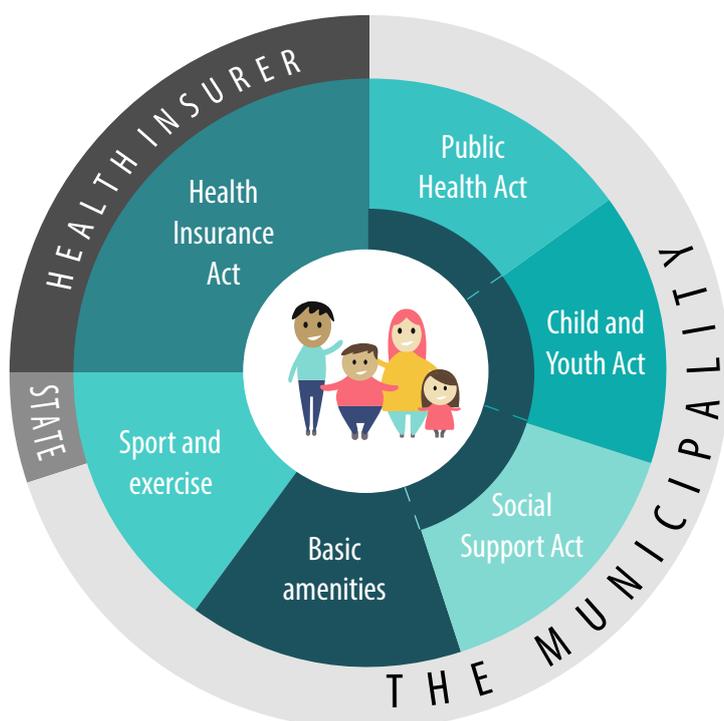
One of the most important elements of this model is the creation of an effective partnership between these professionals in every step of the integrated care process. This requires an additional role – the coordinating professional – whose job it is to coordinate and monitor the cohesion of all activities. This individual plays a vital part in coordinating the teamwork of the various players, in motivating the child and its parents, in monitoring progress, and in initiating any follow-up steps that may prove necessary. These are important preconditions for success, especially where multiple problems are involved.

	1		2				3		4		5		6	
	Identify overweight		Do a broad assessment				Discuss coherence and approach		Draft a plan and allocate tasks		Get started		Make sure it keeps working	
	Measuring height and weight	Visual screening	Broad assesment	Physical examination	Additional physical examination	Other indicated examinations								
COORDINATING TEAM														
Parent(s) and child		✓					✓	✓	✓	✓	✓	✓	✓	✓
Coordinating professional			✓				✓	✓	✓	✓	✓	✓	✓	✓
PARTNERS WITH GENERAL MEDICAL KNOWLEDGE														
Youth health care	✓		✓	✓			☞	☞			☞			
General practioner	☞	☞	☞	✓			☞	☞			☞			
Paediatrician	✓		☞	✓	☞		☞	☞			☞			
PARTNERS FROM THE NEIGHBOURHOOD														
Community workers		☞					☞	☞			☞			
School professionals		☞					☞	☞			☞			
Intervention providers											☞			
SPECIALIZED PARTNERS														
Specialized psychosocial care		☞					☞	☞			☞			
Specialized medical care						☞	☞	☞			☞			
Paramedics	☞	☞				☞	☞	☞			☞			
Other professions		☞									☞			

FINANCING

The requisite support and care involves a range of different actions and actors. Its funding is based on various items of legislation. The funding of prevention, support and care for children and young people under the age of 18 is largely the responsibility of municipalities. The Health Insurance Act (Zvw) covers essential medical care.

When funding the various steps of the process, it is useful to focus primarily on the actions to be carried out and on how these are financed, rather than on the professional who performs that particular step (or part of it). Content is the prime consideration, funding is a subsidiary matter. There is a financial basis for almost every part of the process, and this can differ from one part to another.



Further details: www.ketenaanpakovergewichtkinderen.nl

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