Person Centred Planning Template

Name of the person completing this assessment: Sarah Mackenzie, Health Improvement Specialist and Adri McLellan, Child Healthy Weight Dietitian

Date of assessment: 08/03/23

Responsible Manager: Julie Johnson, Paediatric Lead Dietitian

Name of the project/policy/plan you are working on: The Y Programme

Preliminary questions

1. Is the project, plan or policy you are working on major in terms of its scale or significance?

Yes, this programme has been developed to satisfy the Scottish government's Standards for the delivery of Tier 2 and Tier 3 Weight Management Services for Children/Young People and Adults in Scotland introduced in October 2019 (Health Scotland, 2019). It will also work towards the Scottish Government pledge of halving Childhood obesity by 2030.

Children's health and weight in the Scottish population is a priority for the Scottish Government. As highlighted in A Healthier Future – Scotland Diet and Healthy Weight Delivery Plan (2018) the key elements of achieving the government's health and wellbeing vision will be to reduce health inequalities and ensure everyone eats well and has a healthy weight.

2. If your work is considered minor in terms of its scale or significance, is it likely to have a major impact on people with protected characteristics or the groups listed in the guide?

N/A

Stage 1 – About your work

The Y Programme was first introduced in NHS Highland (North) in 2021. The primary goals are:

-developing healthy relationships with food and eating
- nurturing support and communication within the family
- enjoying being physically active
- building confidence, positive body image and long term self-care and overall positive health and wellbeing.

Stage 2 – How people might be affected by your work

Age – The Y Programme is open to all families with children up to the age of 15. In special circumstances, referrals of young people between 16-18 years will also be accepted. Materials are adapted by practitioners to suit different ages and stages of child development. The programme is designed to bring whole families together to share learning and support, however it is noted that wide age differences can impact on motivations of children to participate together

Gender – There is no assumption made in this programme as to whether the parent/carer is male or female. Practitioners are encouraged to use gender neutral language where appropriate during activities, and to ensure examples of family roles are attributed to both male and female responsibility.

Disability – There are potentially some additional points needed around physical activity for disabled children. It is acknowledged that some of the activities may not be appropriate for children with physical disabilities. Families including children or adults with learning disabilities may require additional support or adaptations to the programme. Practitioners will liaise with Highland Council Child Health and Disability Service

Ethnicity/Religion –Practitioners will be trained to be aware and sensitive to cultural influences around food and eating, and to develop appropriate examples in partnership with individual families.

Sexual Orientation/Gender Reassignment – There is no assumption made in this programme as to the sexual orientation or gender identity of parent/carer / members of the family. Practitioners are encouraged to recognise and celebrate families of all varieties as appropriate in each individual group / family delivery setting.

Pregnancy/Maternity – This is not applicable for this guidance.

Other Groups to consider

Remote and rural communities - Within Highland, we know that the remote and rural nature of many communities requires significant additional consideration. In addition to other indicators of deprivation, the impact of remote geography imposes limits around accessibility and equality of provision of facilities and opportunities. Equality of provision will be ensured by online delivery of the programme. However, this might be a barrier to those with limited digital knowledge and skills. Limited /no wifi access might prohibit access.

People living in poverty – Social influences on weight are acknowledged and addressed. Information around food banks, income maximisation, family nurse partnership and fuel poverty could be included.

Foster / adoption services – Children known to these services have potentially had a lack of routine, healthy eating patterns and vitamin drops. They may have had a difficult start to life, which has a knock on effect on their vulnerability and their trust in society. Additional considerations for looked after children is addressed when required in this programme.

Carers – carers can access this programme to the same level as other parents/guardians.

Groups who were consulted in the production of this programme:

- Dietitians
- Parents/Carers
- Public Health

Activities in the programme had been piloted in up to three settings:

- 1 to 1 sessions with parents, with or without young people.
- pilot sessions with teachers, parents and carers
- For some activities, feedback from upper primary teachers and high school teachers that had used some of the activities with their classes.

Stage 3 – Promoting access to services and rights to care and support

Dietitians, and other NHS and local authority services, can refer families to the programme.

Families can self-refer to the programme.

Facilitators can signpost families to other services if applicable.

Stage 4 – Taking Action based on your findings

Give options within each activity for children with physical or mental disabilities.

Information around food banks, income maximisation, family nurse partnership and fuel poverty could be included.

Select which one of the following steps you are taking following this assessment:
Make sure you have recorded the how you arrived at your decision in the box above.

☐ No major change

X Adjust the work

☐ Continue the work

☐ Stop the work