PROCEDURE

Growth – Accelerated upward trajectory

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Contents

Aim

To provide guidance on the process for the assessment and intervention of children who are identified to be above BMI cut-off points and following an accelerated upward growth trajectory.

Risk

Inadequate assessment, monitoring and intervention in a child with an accelerated upward growth trajectory may result in overweight and obesity into adulthood and associated long-term adverse health effects.

Background

In 2017-18, the Australian Institute of Health and Welfare (AIHW) estimated 1 in 4 (25%) Australian children and adolescents aged 2–17 were either overweight (17%) or obese (8.2%).[1] Data derived through the West Australian Health and Wellbeing Survey suggests similar rates in WA.[2] Analysis of School Entry Health Assessment results from 2018 – 2023 suggested that 19% of Kindergarten children in the Perth metropolitan area were above a healthy weight range, including 8% in the obese range. Australian rates of childhood overweight and obesity have remained relatively stable over the last decade.[1]

Although overweight and obesity is caused by a long-term energy imbalance, where too much energy is taken in through food and drink, and not enough energy is expended through physical activity, a complex interplay of biological predisposition, socioeconomic and environmental factors contribute to the development of excess weight in children and adolescents.[3] While genetic heritability has been demonstrated to be as high as 47-90%, environmental and behavioural factors must be present in order to affect weight.[4]

Overweight and obesity disproportionately affects those from socioeconomic disadvantage and those who live in regional and remote locations.[1] In addition, certain populations groups have a higher risk of poor developmental, physical or mental health due to circumstances of child, parents, family and/community. This may include Aboriginal* families, refugee families, children of teenage parents, children of parents with mental illness, children of parents affected by drugs and alcohol, or children with disabilities. Healthy growth is a priority health area for Aboriginal children who are significantly more likely to be overweight or obese (38%), which increases with age.[1]

The rise in obesity prevalence can be categorised through a bio-sociological framework and is associated with the following:[3]

MP 0097/18 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Environmental and behavioural

- Air pollution
- Dietary factors e.g excessive consumption of energy-dense, micronutrient poor foods, high intake of sugar-sweetened beverages and marketing of these foods
- Family modelling of health behaviours e.g. physical activity, nutrition, sleep, screen use)
- Local community e.g child care and schools, parks, green space, public transport, food outlets
- Meal patterns e.g frequent snacking, skipping breakfast, not eating together as a family
- Reduced physical activity and increased sedentary behaviours e.g screentime
- Short sleep duration and delayed onset of sleep
- Socio-political environment e.g government policies, food industry, food marketing, transport systems, agricultural policies

Early life factors

- Adverse child experiences e.g abuse, family dysfunction, neglect, sexual abuse and co-occurrence of multiple advisers childhood experiences
- Breastfeeding duration
- Controlling child feeding practices
- Early introduction of complementary foods (before 4 months, especially in formula-fed babies)
- Excessive gestational weight gain
- Gestational diabetes
- Maternal obesity
- Maternal smoking during pregnancy and second-hand exposure to smoke
- Non-responsive feeding practices

Medical conditions/pharmacological agents

- Central nervous system damage from surgery, trauma or post-malignancy
- Endocrine disorders e.g. hypothyroidism, hypercortisolism, growth hormone deficiency
- Glucocorticoids, anti-epileptics, insulin and anti-psychotics

Children with overweight and obesity are likely to remain overweight or obese as adults, thereby, increasing their risk of developing associated chronic diseases and increased morbidity.[5, 6] Rapid weight gain, or the upward centile crossing in weight growth charts before the age of 2 years and early adiposity rebound is strongly associated with obesity in childhood and adulthood.

Children who are overweight or obese are more likely to experience poor physical health outcomes affecting multiple body systems, such as neurological, dental, cardiovascular, psychosocial, respiratory, endocrine, musculoskeletal, renal, gastrointestinal, skin, function and participation. [3] For a full list of health impacts, see Appendix 2 – Short and long-term health implications associated with child and adolescent obesity.

As well as physical health concerns, overweight and obese children may experience higher rates of mental health concerns, depression, anxiety, low self-esteem and body dissatisfaction.[7, 8]

Regular serial measurements to identify upwards trends in growth is best practice for identifying the development or risk of obesity in the younger years. Accelerated growth patterns, even when within the healthy BMI range, may suggest an emerging health concern.[9] Surveillance that can identify accelerated BMI prior to age 6 years may assist in identifying children at risk of obesity later in life and highlights the critical time opportunity for effective prevention activities.[10].[11]

The prevention and early intervention of overweight and obesity is vital due to the long-term impacts of obesity. Interventions that slow the acceleration of BMI in early life and delay or prevent the onset of obesity for as long as possible are thought to minimize the accumulation of risk for cardiovascular disease later in life.

For children who are already affected by overweight and obesity, lifestyle interventions (including reduced energy intake and sedentary behaviour, increased physical activity, and measures to support behavioural change) are recommended, and should involve parents, carers and families as well as include support from health-care professionals.[1, 12]

Weight loss diets for children are discouraged unless supported by a paediatric specialist. Where possible, children should be encouraged to maintain their weight as they get taller, until a healthier height-weight ratio for their age is achieved.[13]

Growth assessments are undertaken at all universal community health contacts and can be offered at Universal Plus contacts where relevant. BMI calculation is currently offered as part of a growth assessment at age 2 years and school entry (4 years).

It is recommended that growth assessments (BMI) not be undertaken with adolescents in the high school-based Community Health setting. Adolescents may directly raise personal weight concerns with the nurse or weight related concerns may be identified through a HEADSSS assessment and Adolescent Brief Intervention. Staff should refer to the following for additional support in this area:

- HEADSSS Adolescent Psychosocial Assessment
- Adolescent Brief Intervention
- Appendix 1: Healthy lifestyle adolescent brief intervention

Community health nurses are able to influence behaviour change and to a certain extent, the environments (particularly school and home environments) to support healthy choices that can assist in preventing or addressing existing weight concerns for children and families.

This identifies the important role community health staff can play in providing support, advice and brief interventions to prevent or slow accelerated growth across all ages, with particular emphasis on opportunities that present in the early years.

Nurses will follow care pathways outlined in relevant Community Health clinical nursing procedure documents when an accelerated upward growth trajectory is identified following a growth assessment.

Weight stigma

Weight stigma refers to social rejection or discrimination based on a person's body size. [3] Higher body mass index is associated with a greater degree of weight stigma and it is associated with poor mental health, impaired social development and education and engagement in disordered eating behaviours. [3]

Health professionals and parents can be a source of weight stigma and experience of weight stigma can be a barrier to accessing health care. Health care professionals have a responsibility in helping to reduce weight stigma and can assist by using supportive, compassionate and non-stigmatising language and using person-centred, strengths-based approaches. [3]

Talking with parents/caregivers about their child's growth

It is well recognised that discussing a child's growth with parents/caregivers can be sensitive and difficult for both health care providers and the parent/caregiver.[14]

Discussions about growth, particularly where a child's BMI is outside of the recommended cut-off-points, require a family-centred approach that is free from stigma, blame and judgement and which considers the wider familial, societal and environmental context of overweight and obesity.[15] Where children are above the recommended BMI cut-off-points, conversations should focus on growth and health rather than weight.[15]

Parental support and collaboration is essential when addressing an accelerated upward trajectory in BMI in children.[15] Although parents may be unwilling to engage in conversations or interventions initially, raising the issue may lead to further discussion in the future.[16]

To support nurses in having conversations with parents/caregivers about growth, *Child growth, Talking with parents about children's weight and growth* and *Be Smarter* training packages can be accessed via My Learning.

Parent and family involvement

Research indicates that parents are poorly skilled at identifying weight concerns in their own children.[17] Changing norms in childhood weight have led to many parents/caregivers and young people now perceiving an overweight body to be 'normal'.[18] Weight is often viewed as a sensitive topic for parents and their children, with some experiencing the identification of weight issues as a criticism of their parenting rather than a chance for their child to achieve a more healthy weight and reduced risk of negative weight related consequence.[18, 19]

A focus on healthy behaviours for the whole family (good eating habits, daily physical activity and regular sleep routines) should be promoted at all ages. Successful long-term weight management for children is most likely to be achieved in families who adopt healthier lifestyle habits as a family.[13]

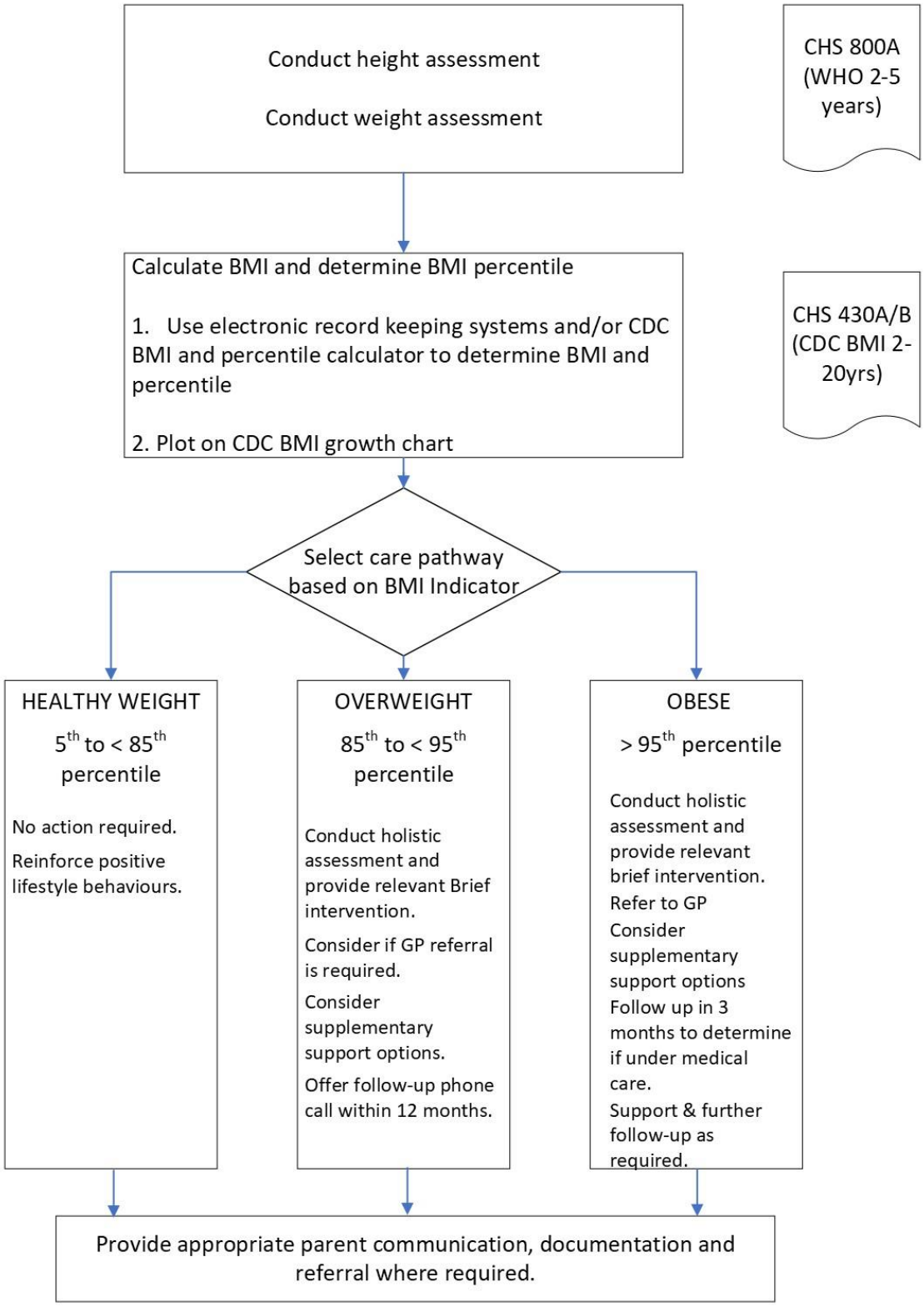
The approach taken by health professionals in raising the issue of childhood overweight and obesity influences parents' willingness to seek help and take action.[16] To engage well with parents, nurses require a good understanding of parental views and circumstances, and a sensitive approach when broaching the issue.[16]

Although parents/caregivers may be unwilling to address a problem with weight when a concern is first identified, raising the issue is an important first step which may lead to parents/caregivers being more receptive to discussions and change in the future.

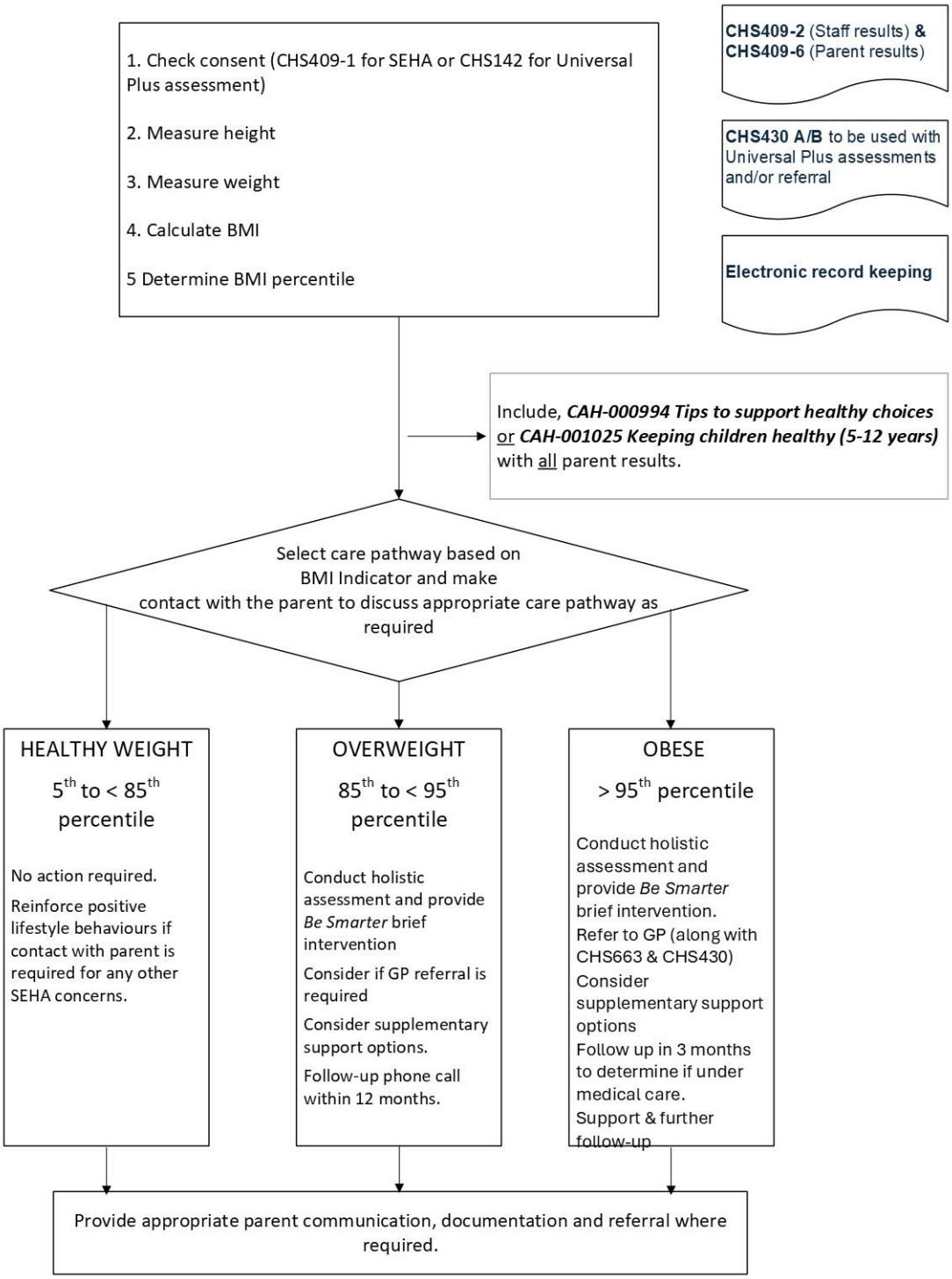
Training

Staff are required to complete the Child Growth, Be Smarter and Talking about Healthy Growth eLearning packages as indicated in the CACH *Practice Framework for Community Health Nurses* or the WACHS Practice Framework for Population Health Nurses.

Process – child health - flowchart



Process – SEHA - flowchart



Process - Care Planning & follow-up

Steps	Additional Information
Determine and interpret the client's BMI as part of Universal or Universal Plus pathways • 2 year-old Universal check • School entry health assessment • Universal Plus – concern raised by parent or teacher	See BMI Assessment
Care planning - BMI is between the 5th and 85th centiles • Nurses can reinforce positive lifestyle behaviours and provide anticipatory guidance where applicable • Nurses should use clinical judgement where a BMI is on the cusp of two categories.	Provide the parent/caregiver with: • *Tips to support healthy choices (2-5 years)* (CAH-000994 for Universal contact – 2 years or CHS409-8 for SEHA) • *Keeping children healthy (5-12 years)* (CAH-001025)
Care planning - BMI is between the 85th and the 95th percentiles • Review previous growth assessment measurements (if part of the SEHA include 2-year-old BMI results if available) • Explore parent's perception of their child's growth • Inform the parent that the child's BMI is outside of the recommended cutoff-points. Inform the parent that the BMI is not *diagnostic* but based on their child's results, their child's growth may be outside the healthy range expected for their age and sex. **For 2-year-old check, offer a Universal Plus contact and a brief intervention** • Review the child's eating patterns, food and drink selection, sleep and physical and	See Supplementary support options See Guidelines for Protecting Children 2020 and Child Protection Unit (CPU) if there are concerns of medical neglect in the context of growth deviations. See Factors impacting child health and development

Steps	Additional Information

sedentary activity patterns (lifestyle review).
• Use *Tips to support healthy choices (2-5 years)* (CAH-000994 for Universal contact – 2 years to re-inforce healthy nutrition, physical activity, screen time and sleep practices
• Consider supplementary support options
  ○ Recommendations for supplementary support and actions taken should be clearly documented in progress notes and *My care plan* (CHS825).
• Develop *My care plan* (CHS825) in partnership with the parent/caregiver
  ○ support the parent with goals to support lifestyle changes where indicated
For SEHA:
If the parent/caregiver is present for SEHA:
• If nurse capacity allows, offer a face-to-face Be Smarter intervention on the day of the assessment, or as a Universal Plus appointment at a later date
If the parent/caregiver is not present for SEHA:
• Call the parent/caregiver and offer a face-to-face Be Smarter appointment that day
  ○ If the parent/caregiver is interested but unable to meet that day, offer a future appointment and send the SEHA results home
  ○ If parent declines face-to-face *Be Smarter*	

Steps	Additional Information

consultation, nurses can offer a phone-based brief intervention using the *Tips to Support Healthy Choices (2-5 years)* - CHS409-8
 	
For SEHA, record the intervention offered and the outcome under the 'Weight & Height' screen on CDIS/CHIS
 	
For a Universal Plus contact in school setting:
 	
Conduct a holistic assessment:[20]
• Review the child's eating patterns, food and drink selection, sleep and physical and sedentary activity patterns (lifestyle review).
• Consider whether there are any co-morbidities which require medical investigation/intervention
• The child and family's willingness to make changes
• Consider psychosocial factors
  ○ Consider individual signs of psychosocial distress e.g. low self-esteem, teasing, bullying
  ○ Consider signs of possible neglect or abuse
  ○ Where there are psychosocial risk factors or concerns, discuss with line manager or CNM
 	
Families can be offered:
• A Be Smarter brief intervention delivered as a face-to-face contact.
• Consider whether a GP referral is required
• Consider Supplementary support options	

Steps	Additional Information
Recommendations for supplementary support and actions taken should be clearly documented in progress notes and *My care plan* (CHS825).	

BMI is >95th percentile
Conduct a holistic assessment:[20]
• Review the child's eating patterns, food and drink selection, sleep and physical and sedentary activity patterns (lifestyle review).
• Consider whether there are any co-morbidities which require medical investigation/intervention
• The child and family's willingness to make changes
• Psychosocial factors
  ○ Consider individual signs of psychosocial distress e.g. low self-esteem, teasing, bullying
  ○ Consider signs of possible neglect or abuse
  ○ Where there are psychosocial risk factors or concerns, discuss with line manager or CNM
Families can be offered nurse-led interventions as per the 85th and 95th percentile **AND**
• A referral to their GP
  ○ Send *Clinical handover/referral* (CHS 663) and *Body Mass Index A/B* (CHS 430A/B) to the GP via encrypted email
  ○ Provide the parent/caregiver with *Clinical handover/referral* (CHS 663) and *Body Mass Index A/B* (CHS 430A or B) if
	See Supplementary support options
	See Guidelines for Protecting Children 2020 and Child Protection Unit (CPU) if there are concerns of medical neglect in the context of growth deviations.
	See Factors impacting child health and development
	See PCH Healthy Weight Service referral criteria

Steps	Additional Information
they do not identify a usual GP • Consider referral to the PCH Healthy Weight Program via medical practitioner • Consider referral to a dietitian (WACHS only) • Consider supplementary support options ○ Recommendations for supplementary support and actions taken should be clearly documented in progress notes. ***Reinforce that the aim is for the child to grow into their weight (as they grow taller) and not for reduction in weight.***	
Review and follow up Where agreed to with families, follow-up phone contact is recommended after 3 months for clients who are >95th percentile and within 12 months for clients between the 85th and 95th percentiles. • Make phone contact to enquire on progress of family lifestyle changes implemented. If initial referral was initiated but not acted upon, offer to re-send referral. Repeated BMI assessments are not required by nurses. • Regular BMI plotting as part of weight management progress should be undertaken under the care of a medical practitioner and/or dietitian. Refer to Supplementary Support Options Where a child's BMI is ≥99th percentile and the family has not engaged with an alternative health service provider, this should be discussed with the line	See *Supplementary support options* Nurse follow-up should focus on lifestyle changes within the family context and providing encouragement and support for the family as required.

Steps	Additional Information
manager and/or specialist staff within the PCH Healthy Weight Service. • On parent request, a repeat BMI assessment can be provided in 12 months if care has not been undertaken by an alternative health professional. • If parent continues to decline the referral (by choice or access to services), nurse follow-up should consider severity and level of parent engagement in family lifestyle modification. • If concerns for medical neglect are identified in the context of child obesity, nurses are encouraged to discuss the issue with their manager and/or Clinical Nurse Specialist. • The frequency of follow-up needs to be balanced against the severity of concern, individual needs, parent engagement, and the family's engagement with other health service providers and/or intervention programs. Document follow-up outcomes clearly and the timeframe for further follow-up, if required.	

Supplementary support options

In addition to the GP, support from other supplementary services may be considered.

Suitability of supplementary support services will depend on the growth status of the client and the capacity and preferences of the family. Availability of support services vary across the State. Nurses can consider the following:

- Healthy lifestyle programs or activities according to local availability
- Community leisure and recreation services

Dietitian

- Public services - Some local health services (hospitals or community health centres) provide dietetic services for children. WACHS staff to refer to *WACHS Clinical Pathway for BMI assessments in 2-5yo and dietetic services.*

- Private services - see the Dietitians Australia website to locate private dietetic services.

PCH Healthy Weight Service

- For children and adolescents with evidence of obesity related co-morbidity and/or significant obesity and their families. Note: Medical practitioner referral to the Healthy Weight Service is required. When relevant, consider mentioning PCH Healthy Weight Service on CHS663 when referring a client to a medical practitioner.
    - **Clinical advice for community health nurses:** PCH Healthy Weight Service can provide over the phone clinical advice and guidance to support community health nurses working with individual cases of concern where no suitable alternative referral options are available.
    - Contact the intake coordinator nurse on (08) 6456 1111 and follow the prompts for the Healthy Weight Service (option 4) or email PCHHealthyWeightService@health.wa.gov.au.

Child Protection Unit

Where there are concerns regarding psychosocial risk factors, the Child Protection Unit (CPU) is available to provide additional guidance or support for decisions and processes. Staff should also refer to the Guidelines for Protecting Children 2020 for further information.

- Child Protection Unit (CPU): phone 6456 4300

Better Health Programs

- The Better Health Company delivers free, evidence-based healthy lifestyle programs in partnership with WA Department of Health. The programs provide families with weekly support from qualified health professionals, practical resources to support behaviour change at home and interactive sessions. The sessions are offered in local communities as a face-to-face program, or online e-learning modules with weekly personalised health coaching.
    - Activ8 for children aged 2-5 years
    - The Better Health Program for children aged 6-12 years

Referral options

- Complete the Better Health Program or Activ8 digital referral forms
- Phone 1300 822 953
- Email info@betterhealthcompany.org or visit http://www.betterhealthprogram.org/
- Fax a referral form to 1300 325 301

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

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References
1. Australian Institute of Health and Welfare. Overweight and obesity among Australian children and adolescents. Canberra: 2020. 2. Government of Western Australia - Department of Health. Health and wellbeing of children in Western Australia 2022. 2022. 3. Jabeile H, Kelly AS, O'Malley G, Bauer LA. Obesity in children and adolescents: epidemiology, causes, assessment, and management. Lancet Diabetes and Endocrinology. 2022;10:351-65. 4. Vourdoumpa A, Paltoglou G, Charmandari E. The genetic basis of childhood obesity: A systematic review. Nutrients. 2023 (15). 5. Simmonds M, Llewellyn A, Owen C, Woolacott N. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. Obesity reviews. 2016;17. 6. Horesh A, Tsur A, Bardugo A, Twig G. Adolescent and childhood obesity and excess morbidity and mortality in young adulthood - a systematic review. Current Obesity Reports. 2021. 7. Forster LJ, Vogel M, Stein R, Hilbert A, Breinker JL, Bottcher M, et al. Mental health in children and adolescents with overweight or obesity. BMC Public Health. 2023 Jan 19;23(1):135. PubMed PMID: 36658514. Pubmed Central PMCID: PMC9849834. Epub 20230119. 8. Moradi M, Mozzaffari H, Askari M, Azadbakht L. Association between overweight/obesity with depression, anxiety, low self-esteem and body dissatisfaction in chidlren and adolescents: a systematic review and meta-analysis of observational studies. Critical reviwes in food science and nutrition. 2020;62(2). 9. Geserick M, Vogel M, Gausche R, Lipek T, Spielau U, Keller E, et al. Acceleration of BMI in Early Childhood and Risk of Sustained Obesity. 2018;379(14):1303-12. PubMed PMID: 30281992. 10. Geserick M, Vogel M, Gausche R, Lipek T, Spielau U, Keller E, et al. Acceleration of BMI in Early Childhood and Risk of Sustained Obesity. N Engl J Med. 2018 Oct 4;379(14):1303-12. PubMed PMID: 30281992. 11. Armstrong S, Li JS, Skinner AC. Flattening the (BMI) Curve: Timing of Child Obesity Onset and Cardiovascular Risk. Pediatrics. 2020 Aug;146(2). PubMed PMID: 32632022. Epub 20200706. 12. The World Health Organization. Report of the commission on ending childhood obesity. 2016. 13. Tully L, Arthurs N, Wyse C, Browne S, Case L, McCrea L, et al. Guidelines for treating child and adolescent obesity: A systematic review. Frontiers in Nutrition. 2022. 14. Bradbury D, Chisholm A, Watson PM, Bundy C, Bardbury N, Birtwistle S. Barriers and facilitators to health care professionals discussing child weight with parents: A meta-synthesis of qualitative studies. British Journal of Health Psychology. 2018;23(3):701-22. 15. Gillison F, Grey EB, Baber F, Chater A, Atkinson L, Gahagan A. The systematic development of guidance for parents on talking to children of primary school age about weight. BMC Public Health. 2023;12. 16. Ames H, Mosdol A, Blaasvaer N, Nokelby H, Berg RC, Langoien LJ. Communication of children's weight status: what is effective and what are the children's and parent's experiences and preferences? A mixed methods systematic review. BMC Public Health. 2020;20:574. 17. Salas XR, Buoncristiano M, Williams J, Kebbe M, Spinelli A, Nardone P, et al. Parental perceptions of children's weight status in 22 countries: The WHO European childhood obesity surveillance initiative: COSI 2015/2017. Obesity Facts. 2021. 18. Merema MR, Sullivan DL, Pollard CM, Abraham JA, Tomlin SM, Radomiljac AL. Parents' perception of their child's weight status and intention to intervene: a Western Australian cross-sectional population survey, 2009–12. Aust J Public Health. 2016;40(1):68-70. 19. Gainsbury A, Dowling S. 'A little bit offended and slightly patronised': Parents' experiences of National Child Measurement Programme feedback. Public Health Nutrition. 2018.

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Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link
Adolescent Brief Intervention
Body Mass Index assessment
Clients of concern management
Clinical handover
Factors impacting child health and development
Growth birth – 18 years
Growth – downward trajectory
Head circumference assessment
HEADSS adolescent psychosocial assessment
Height assessment 2 years and over
Length assessment 0-2 years
Nutrition for children – Birth to 18 years
Sleep
Universal Plus – child health
Weight assessment 0-2 years
Weight assessment 2 years and over
The following documents can be accessed in the CAHS-CH Operational Policy Manual

Consent for services
The following documents can be accessed in the WACHS policy manual
Enhanced child health schedule

Related CAHS-CH forms
The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
Body Mass Index Boys (CHS430B)
Body Mass Index Girls (CHS430A)
World Health Organization Growth Charts (CHS800A series)- (2-5 years)

Related CAHS-CH resources (internal)
The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
Be Smarter - Staff facilitator guide
Be Smarter - Family goal setting sheet
Brief Intervention in adolescent psychosocial health - Handbook
Health Promoting Schools Toolkit
How children develop
Practice guide for Community Health Nurses
Talking with parents about children's weight - online training (also accessible via CAHS-CH and WACHS online Learning and Development systems)
Body Mass Index - infographic
Keeping children healthy 5-12 years
Tips to support healthy choices (2 – 5 years)

Related external resources
Australia's physical activity and sedentary behaviour guidelines
Butterfly Foundation - information and support for eating disorders and body image issues
Guidelines for protecting children 2020
FreshSnap provides nutrition curriculum resources suitable for Kindergarten to Year 10.
Make your move – sit less. Be active for life.
Nature play WA
Royal Children 's Hospital - Child growth learning resource
Eat for Health website offers a variety of resources linked to the Australian Dietary Guidelines and includes healthy eating guidelines for children aged 2 to 18 years and recommended number of serve calculators
Live Lighter - Department of Health WA healthy weight campaign. Useful tips, tools and recipes suitable for families.
Physical activity and exercise guidelines for all Australians
Raising children network factsheets on Obesity and overweight

This document can be made available in alternative formats on request.

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Appendix 1: Healthy lifestyle adolescent brief intervention

Adolescents may directly raise personal weight concerns with the nurse or weight related concerns may be identified through a HEADSS assessment. Nurses can support adolescents through brief intervention, provision of information and referral and liaison with other health services where indicated. If trained in the area, nurses may use motivational interviewing techniques to support adolescents to progress through the stages of change, assisting the adolescent make sustainable lifestyle changes.

Support and guidance

Nurses engaging in brief interventions to support adolescents who are above a healthy weight should focus on the following key points:

- Facilitate individual goal setting where goals are not tied exclusively to weight loss but are focused on modifiable behavioural strategies known to support healthy weight status (healthy eating, physical activity, sedentary activity including screen time and sleep).
- Prevention messages and health care conversations should be sensitive, non-judgmental, discourage dieting and encourage young people to have a positive relationship with their bodies.[21]

Nutrition recommendations

For age-appropriate serve size and number of serves recommended for each of the five food groups refer to the Eat for Health Calculators found on the Australian Government's *Eat for Health* website.

Movement recommendations

As part of healthy lifestyle behavioural modifications, adolescents should be encouraged and supported to reach the activity levels recommended in the Australian 24 hour movement guide:[22]

- Young people aged 13–17 years should accumulate at least 60 minutes of moderate to vigorous intensity physical activity every day.
- Young peoples' physical activity should include a variety of aerobic activities, including some vigorous intensity activity.
- On at least three days per week, young people should engage in activities that strengthen muscle and bone.
- Young people aged 13–17 years should minimise the time they spend being sedentary every day. To achieve this:
    - Limit use of electronic media for entertainment (e.g. television, seated electronic games and computer use) to no more than two hours a day.
    - Break up long periods of sitting as often as possible.
    - To achieve additional health benefits, young people should engage in more activity – up to several hours per day.

Sleep recommendations

Between 8-10 hours of uninterrupted sleep per night is recommended for young people, with consistent bed and wake-up times (ages 14-17 years).[22]

Appendix 2 - Short and long-term health implications associated with child and adolescent obesity [3]