residential treatment. 'Severe' meaning a BMI >97th percentile for age and gender for youngsters under 16 years of age and a BMI above 35 or above 30 with physical comorbidities for adolescents above 16 years.

All patients have already been enrolled in an outpatient treatment which failed or which they abandoned.

Involvement of at least one supportive parent is needed to provide continued support during the time periods the child spends at home. For some adolescents exceptions are made when their own adherence to the programme is considered high enough. The younger the patient, the more the parents will have to get involved.

Special attention is requested for mentally retarded children. Admission is only possible for children with an IQ over 70. For all children not fitting into the program in case their IQ is inferior to 70, suggestions are made by the Zeepreventorium De Haan for the special schools in which they often stay. To determine whether or not children and their supportive family are motivated enough, the rule of thumb is applied that children have to decide themselves whether or not they want (are in favour of) an inpatient treatment. Therefore, it is important to give sufficient time for reflection to the children and their parents, prior to their admission.

Treatment ingredients: Treatment goal is inducing a healthy lifestyle. Within a medical framework patients and their supporting family are invited to put their lives in 'balance': this means getting the energy balance right by introducing daily physical activity and changing dietary habits on a strong psychoeducational basis with strong cognitive behavioural components. During the lecture the four elements of treatment will be discussed. All members of staff are specialists who learned to cope with their own attitudes and preconceptions towards obese children and their families.

Treatment results: Studies are being performed with (amongst others) staff members of Prof. Dr C Braet, Ghent University, Department of Developmental, Personality and Social Psychology and Dr B Deforche, Department of Movement and Sports Sciences. Long-term outcome studies as well as studies to determine predictors of weight loss and patient characteristics will be discussed.

Remaining challenges: Despite a decade of experience in the treatment of children and youngsters with severe obesity, the Zeepreventorium De Haan still has to face a lot of challenges! The evidence for psychopathology and the question of how to implement treatment for these comorbidities, the work with the (often obese) parents of obese youngsters, the choice for bariatric surgery in the case of obese adolescents, the modest weight results in the long term requesting greater self-acceptance, finding a concordance between living with this chronic disease and the enormous demands of our society. All these are important issues to be considered and addressed.

doi:10.1017/S1368980012001711

Ten years research in the care-system for children and youngsters with eating/weight problems in Flanders: a vision for long-term management

Ann Vandeputte

Initiator and coordinator of the expertise centrum 'eetexpert.be vzw'

About 10 years ago, the Flemish Department for Welfare initiated a series of projects to explore and improve the health care for children and youngsters with eating disorders and weight problems.

To explore existing care pads, we have contacted a wide range of professionals: teams of school health centres (physicians, nurses and psychologists), general practitioners, primary care workers, paediatricians, dietitians, psychologists, community mental health teams and residential or inpatient settings. This survey revealed a good system for early detection, but also the lack of knowledge about weight-related problems in primary care, a feeling of incompetence to manage these problems in secondary care, a need for better overview of referral possibilities and the concentration of specialized care around some cities. International recommendations emphasize multidisciplinarily, continuity and stepped care for this group of patients with eating/weight problems:

- Because of the physical, psychosocial and dietary aspects, good multidisciplinary teamwork is wanted.
- Because of their often early development and persistence over many years, these problems necessitate a continuity of care over several life stages.

https://doi.org/10.1017/S1368980012001711 Published online by Cambridge University Press

- For reasons of cost efficiency, adequate and affordable treatment opportunities should be available in the neighbourhood of the patients.

Referring to these basic principles, we have carried out a number of projects over the past 10 years to improve the early detection and management of eating/weight problems in the Flemish community. The backbone of our work was the development of a series of manuals for the various professionals in the primary and secondary health-care system. Each time training sessions were offered to the professionals concerned. Moreover on our website we present online referral, a helpdesk, update of scientific news, as well as information for the general public and the media. For the policy makers we wrote some guidelines and recommendations with respect to the organisation of multidisciplinary stepped care in Flanders. This presentation will include some practical examples of our work together with a discussion of both future options and difficulties involved.

doi:10.1017/S1368980012001723

The role of school and school health services

Fabienne Henry

Responsible for the Department for Health Promotion at the Ecole de la Ville de Bruxelles, Member of the Committee PSE and Professor of School Health Services at the School of Public Health of the ULB

In Belgium, schooling is compulsory between the ages of 6 and 18 years; although non-compulsory, nursery schooling has a high take up and the last year of this cycle is strongly recommended. Children attending nursery school have to undergo health checks organised by the school health services known as 'la promotion de la santé à l'école' or Personal and Social Education (PSE).

Both schools and PSE have an essential role to play in primary prevention: they must collaborate closely while making sure that pupils are actively engaged in the learning process. As the 1997 'missions of education' decree stipulates, pupils are considered as citizens in the making, tomorrow's responsible adults. It is essential to guide them so that they acquire the skills, which will enable them to learn throughout their lives and to become active participants in the economical, social and cultural life of the country.

The Ottawa Charter adds that 'the promotion of good health is a process by which people are given the ability to exert greater control over their own health and to improve it'.

Through actions such as 'medical follow-ups' and 'the putting into place of programs aiming to promote good health and an environment conducive to good heath' by the PSE services, the detection and prevention of excessive weight and obesity makes obvious sense.

The PSE services are essential to ensure the early detection of excess weight amongst pupils. Incidence of children undergoing a growth check-up with their regular GP is rare. As early as the first year of nursery school, growth curves and BMI curves are established. Both the health records and the ONE file enable us to show a resurgence of early adiposity; the anamnesis filled in by the parents is another important element in the identification of children likely to become overweight. Biometry is carried out at each health check, on average every 2 years, and the charts are completed.

Any sharp upward trend on any child's chart will prompt re-examination at the health centre or in the school's sick bay. If, and as soon as, a real excess weight is detected, the child is referred to his GP.

Any weight gain is part of a global, personal, familial and environmental context, it is therefore especially important not to stigmatise the child. One must be careful not to hurt his or her feelings or make him or her feel guilty. One must respect confidentiality and the fact that the health check is a personal examination. A close collaboration must be established between ONE, school nurse, GP and paediatrician.

Given the agreement of the parents, it is essential that this information is shared by the different professionals.

The PSE services and/or the schools must undertake preventative activities as part of a holistic approach to health aimed at both the pupils and the schools that they attend. School is a place where youngsters learn how to determine their future state of health as adults. The two structures, through their close links, enable young people to develop the skills and knowledge necessary to achieve good health. Prevention of obesity within schools must involve several aspects: improving eating habits, promoting physical activities or in some cases countering the lack of physical activity and an overall quality school environment. To get people to change the habits and behaviour is not easy but if the objective is valid, it can only be achieved by respecting certain principles: there must be coherence; work must be

https://doi.org/10.1017/S1368980012001711 Published online by Cambridge University Press