



# **WGSB**

## **Childhood Obesity and Child Protection Concerns Practice Guidance**

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# **WGSCB**

## **Childhood Obesity and Child Protection Concerns**

### **Practice Guidance**

#### **Purpose**

This guidance aims to provide a framework for people working with children and families to help them with the different considerations about whether a child's obesity is also a child protection concern.

Weight management is an emotive issue and many families struggle to follow a healthy diet and follow an active lifestyle. Wherever possible, it is important to work with families to understand potential risks and concerns.

Obesity can affect a child's outcomes in a number of ways, including academic achievement and emotional wellbeing; in a very small minority of cases, obesity can be life threatening. It is imperative that any parent or carer who is trying to manage their child's weight understands the risks and has access to appropriate support and guidance.

#### **The concern**

The World Health Organisation have defined obesity as abnormal or excessive fat accumulation that presents a risk to health. They recognise that childhood obesity is one of the most serious global public health challenges of the 21st century and have called for the prevention of childhood obesity to be high priority. In response, all countries have agreed a set of global targets for halting the increase in obesity (WHO 2018).

One in four of four to five year olds in Wales start school each year overweight or obese. Levels of childhood obesity are worse in our most deprived areas and severe obesity in children continues to rise in Wales. Overweight and obese children are likely to stay obese into adulthood and more likely to develop diseases like diabetes and cardiovascular diseases at a younger age.

Obesity is becoming more common in Wales, and is a significant public health concern. Over a quarter of all children in Wales are overweight or obese, including 12.4% who are obese. Welsh government have committed themselves to 'Healthy Weight: Healthy Wales' which is a long term strategy to prevent and reduce obesity in Wales (Welsh Government 2019). It sets out a course of action aimed at prevention and early intervention to reduce obesity in children and adults across Wales.

## What approach to take?

The below framework is founded on research but should be complemented by assessment and professional judgement (Viner 2010).

*Childhood obesity alone is not a child protection concern* – A consultation with a family with an obese child should not raise child protection concerns if obesity is the only cause for concern. The aetiology of obesity is so complex that it is believed untenable to institute child protection actions relating to parental neglect as the cause of their child's obesity. However, clinicians should be mindful of the possible role of abuse or neglect in contributing to obesity.

*Failure to reduce overweight alone is not a child protection concern* – The outcomes of weight management programmes for childhood obesity are mixed at best with the body mass index of some children falling substantially and that of others increasing despite high family commitment. As obesity remains extremely difficult for professionals to treat, it is untenable to criticise parents for failing to treat it successfully if they engage adequately with treatment.

*Consistent failure to change lifestyle and engage with outside support indicates neglect, particularly in younger children* – We suggest that childhood obesity becomes a child protection concern when parents or carers understand what is required but behave in way that obstructs change despite being helped to engage in approaches to address the issue. Parental behaviours of concern include consistently failing to attend appointments, refusing to engage with various professionals or approaches/advice re weight management, or actively subverting weight management initiatives. These behaviours are of particular concern if an obese child is at imminent risk of comorbidity—for example, obstructive sleep apnoea, hypertension, type 2 diabetes, or mobility restrictions. Clear objective evidence of this behaviour over a sustained period is required.

*Obesity may be part of wider concerns about neglect or emotional abuse*—Obesity is likely to be one part of wider concerns about the child's welfare; for example, poor school attendance, exposure to or involvement in violence, neglect, poor hygiene, parental mental health problems, emotional and behavioural difficulties, or other medical concerns. It is essential to evaluate other aspects of the child's health and wellbeing and determine if concerns are shared by other professionals such as the family general practitioner or education services. This would typically require a multidisciplinary assessment, including psychology or other mental health assessment. If concerns are expressed, a multiagency meeting is appropriate (2019 Wales Safeguarding Procedures).

Assessment where a child or young person is obese or at risk of becoming obese

As with any childhood behaviour, understanding the problem includes involving the child and their parent/ guardian and considering how they feel about the concerns that have been raised. Obesity can be a very emotive subject and should be discussed sensitively and without judgement.

## Examples of questions to consider when working with children and families

- Have you spoken to the child or young person alone?
- Is obesity the only concern?
- Have other health issues been identified or of a concern?
- Is the child's weight gain/obesity affecting other aspects of their life? – i.e. trouble sleeping, exercising, risk or onset of diabetes
- Are there any barriers to the child exercising and accessing leisure facilities? local area, cost, transport.
- Has the family sought advice?
- Is the child undergoing treatment?
- Is the child on an obesity programme?
- Have parents been given the information about the concerns and issues in a ways that they understand and have shown to understand it?
- Are parent/s /carers actively engaging with advice and approaches to weight management?
- Are parents/s, carers actively supporting the child with healthy eating?
- Are parent//s, carers actively supporting the child to engage in exercise?
- Are there any barriers to the parents taking the child to appointments?  
Transport – time of day/working arrangements

Consideration must be given to cultural and ethnic influences when considering obesity as a potential harm in safeguarding children. In particular an understanding of varying approaches to what constitutes; healthy foods, food preparation, exercise and a healthy weight must be explored in the cultural context of the family. It is important not to make assumptions about, or stigmatise, certain cultural beliefs in regard to weight nor the belief system which sits behind those values. This may require some education and wider consultation to be undertaken by the practitioner when working with culturally diverse groups thus ensuring a parity of approach and assessment of risk.

Where there are concerns, clear objective evidence of the behaviour over a sustained period is required, and the support offered must have been adequate and evidence based. All support offered should be recorded by professionals.

### **Other considerations**

Reasons other than unhealthy lifestyle choices should be considered as a possible reason for obesity.

Considerations include:

- In a child with a genetic condition, such as Prader-Willi Syndrome.
- In a child with autism or learning difficulties.
- Associated with other health problems, such as blindness or arthritis which hamper mobility.
- From treatment with steroids or other treatment known to increase risk of obesity.

- Complicated by asthma, obstructive sleep apnoea, Type 2 Diabetes or other obesity-related illness.

Where there is a health diagnosis that contributes to obesity, families will need support in managing and sustaining a healthy lifestyle. Using a health concern to justify an unhealthy lifestyle should be discouraged and professionals should be equipped to support families where a dual diagnosis of obesity and a health concern amplifies the risks to the child. It is imperative to use professional judgement when considering each case.

## **Roles and responsibilities**

When dealing with complex issues such as obesity there are specific contributions that can be and should be made by different agencies and these interventions and assessments need to be child focused, co-ordinated and shared appropriately. All professionals working with children with obesity related safeguarding concerns should have an awareness of obesity and its impact upon the health and well-being of the child.

**Paediatricians –** Where the child has a paediatrician or where there is obesity and child protection concerns

It is important that the child's health needs are properly assessed, including, where possible, assessment of any environmental factors that are having a negative impact on their weight gain or loss. This will enable close monitoring of the parents'/guardian's ability to support the child to maintain a healthy weight and active lifestyle.

Where an obese child has a Child Protection (CP) Plan, there are two key practice points to follow:

- The CP Plan should ensure that a paediatric assessment takes place where obesity is presenting as a safeguarding issue
- The Paediatrician should aim to attend all Child Protection Conferences, providing a written report and if they are unable to attend they need to arrange for a representative to attend in their place. The Health representative at the Review Child Protection Conference and the Core Group meetings should have sought an update report from the Paediatrician to share at the meeting.

In identified safeguarding cases, consideration should be given to appointing the Paediatrician as medical lead for the child's presenting conditions. There should be regular communication with the child's GP to assess whether or not any other arising health concerns are considered in light of concerns over his/her health. This principle should be applied for any health professionals responsible for primary care, such as School Nurses or Health Visitors, to ensure that the Paediatrician maintains a holistic overview of the risks.

## **Other Health Professionals**

Other health professionals including GPs, School Nurses, Health visitors and Paramedics, should be mindful of the delineation between obesity as a health issue and a safeguarding concern.

Most cases of obesity will be managed by health, working with parents. When the health professional recognises that their interventions alone are not having any impact on the weight management and the health risks are escalating, they need to ensure that their concerns are shared with the wider professional group and where appropriate children's social care.

For an obese child the Health Visitor/School Nurse (for school aged children) should usually be in consultation with the GP and other medical staff they are known to e.g. Paediatrician. If there are Child Protection concerns then this would be part of the Child Protection plan.

## **Education**

Schools who have concerns about a child's weight should be assured that the child's health is being addressed and, with parents' consent, confirm with health colleagues (where they are involved).

If consent is not gained, the school should clearly record its concerns and whether the parents are supporting the child to exercise and eat healthily.

Schools may seek advice from the School Nurse and if agreed offer the parents the opportunity to have a discussion with the School Nurse who may provide advice or signpost to any local support services. This is voluntary.

Schools should be prepared to challenge any barriers presented by parents in addressing lifestyle changes such as not allowing the child to participate in physical activities. All concerns should be recorded and where appropriate shared with relevant partners.

Schools involved in Child Protection Plans, Conferences and/or Core Groups should ensure that they record any concerns where they have observed that actions taken are not compliant with the Child Protection Plan e.g. eating patterns, not participating in exercise.

Consideration should be given to the impact of obesity on the child's emotional well-being and the school should record observations on any signs of emotional harm, such as depression, isolation or bullying. Any activities that the child cannot engage with due to their weight should be noted in terms of the impact of social isolation as well as affecting educational attainment.

## School Nurses

The Child Measurement Programme for Wales ensures that all children are offered height and weight screening universally on entry into reception class. The process is 'opt-out consent' (do nothing and be measured or choose to opt out). The measurements are also used (unless there is an opt-out in place) to inform the national anonymised Child Measurement Programme.

Any child measuring above the 91<sup>st</sup> BMI centile is followed up by the named School Nurse via contact with parents to discuss/advise and/or signpost to any local support services.

As the child continues to progress through school the interaction they have with School Nurses is valuable yet intermittent.

If a School Nurse, during their routine work, has a concern about the weight of a child a discussion should be had with the school to establish whether they have spoken with parents and/or what next steps could be taken.

The next step agreed may be for school to ask parent/s whether they would like the School Nurse to talk to them – this might be to discuss/advise and/or signpost to any local support services. This is voluntary.

The School Nurse and schools have a responsibility for referring concerns in line with this guidance.

If there are Child Protection concerns where obesity alone is the concern the School Nurse will usually be involved in the Child Protection process. Their involvement may include:

- Providing reports and attending Child Protection Conferences
- Participating in Core Groups
- Discussing/advising and/or signposting to any local support services
- Observing parent's commitment to the elements of the CP plan related to the School Nurse's advice or engagement with local support services that have been identified. This information will be fed back to the Core Group and/or Conference
- In some circumstances – weighing the child at agreed intervals to assist in monitoring progress. This will be done in a sensitive, non-stigmatising way.

Please note: Local Support services vary within the West Glamorgan area and School Nurses will have access to information about the local provision available in the different areas. The School Nurses can also contact the Lead Nurse School Nurse for this information if needed.

## **Social Care**

Social Care professionals should ensure that all aspects of non-compliance with the CP Plan are communicated to all core group members as and when this occurs, and not wait until reporting the incidences at the next core group. This will enable any patterns to be identified, and where the parent/carer fails to comply with a particular agency/agencies to be identified quickly and challenged. Parents/care givers and young people will need to be informed that this will happen and the reasons why.

Independent Reviewing Officers working with Looked After Children who are obese should challenge any lack of progress to reduce/manage weight within the care plan. Carers need to be supported to understand the risks and ensure that the child in their care makes appropriate progress. For Core Groups and Conferences there would be a need to ensure regular updates from an appropriate health professional, such as, Dietician, Health Visitor, Paediatrician, School Nurse etc.

## **Police**

Childhood Obesity per se should be managed primarily by parents and carers with incremental support from Health and Children's Social Care.

The police may well engage in multi-agency strategy discussions in cases where a child is considered likely to suffer significant harm (Section 47 of the Children Act 1989) where their obesity is cited as a primary factor. However, the role of the police within the Child Safeguarding partnership is to investigate and prosecute criminal offences.

Any police involvement must be determined by the facts presented. There has to be a very distinct line drawn where the potential harm is directly attributable to wilful acts or omissions by the parent or carer.

In any event the police involvement will be reliant on the combined information of the agencies engaged with the child and information sharing will be crucial to any action taken by police.

## **What to do when you have a Child Protection concern?**

Universal services and Early intervention and prevention services should have already been utilised to avoid escalation where possible.

The Wales Safeguarding Procedures, 2019 should be followed where there are Child Protection concerns. This begins with a report to Children's Social Care

**Swansea** – Social Services (office hours): **01792 635700**  
Social Services Emergency Duty Team: **01792 775501**

**Neath Port Talbot** - Social Services (office hours): **01639 686802**

Social Services Emergency Duty Team: **01639 895455**

## Acknowledgments

WGSB would like to acknowledge the work of Norfolk Safeguarding Children Board. Arrangements and content from their 'Safeguarding Response to Obesity when Neglect is an Issue' has been used to produce this practice guidance.

## References

Norfolk Safeguarding Children Board (2018) Safeguarding Response to Obesity when Neglect is an Issue. <https://www.norfolkscb.org/about/policies-procedures/5-24-safeguarding-response-to-obesity-when-neglect-is-an-issue/>

Viner, R., (2010). When does childhood obesity become a child protection issue? <http://orca.cf.ac.uk/27859/1/Viner%202010.pdf>

Wales Safeguarding Procedures (2019). <https://safeguarding.wales/>

Welsh Government (2019). Healthy Weight: Healthy Wales [file:///C:/Users/ka016687/OneDrive%20-%20NHS%20Wales/Policies/Obesity%20WBGB%2019/healthy-weight-healthy-wales\\_0.pdf](file:///C:/Users/ka016687/OneDrive%20-%20NHS%20Wales/Policies/Obesity%20WBGB%2019/healthy-weight-healthy-wales_0.pdf)

World Health Organisation (2018). Taking Action on Childhood Obesity Report

<file:///C:/Users/ka016687/OneDrive%20-%20NHS%20Wales/Policies/Obesity%20WBGB%2019/WHO%20childhood%20obesity%20strategy.pdf>

