WBSCB
Childhood Obesity and Child Protection Concerns Practice Guidance

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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.

Morbid 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.

What approach to take?

The below framework is founded on research[1] but should be complemented by assessment and professional judgement.

'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 we believe it is untenable to institute child protection actions relating parental neglect to 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; Where 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

[1] **When does Child Obesity become a Child Protection Concern: 2010**. Russell Viner (UCL Institute of Child Health, London) and colleagues.

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.'[2]

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

As with any childhood behaviour, understanding the problem involves factors within the child and their context.

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 parent's 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

[2] **When does Child Obesity become a Child Protection Concern: 2010**.

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.

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.

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'/carers' ability to support the child to maintain a healthy weight and active life style.

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 attend all child protection conferences, reviews and, where appropriate core group meetings

In identified safeguarding cases, consideration should be given to appointing the paediatrician as medical lead for all 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 Health 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 Health 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.

Recommended websites and information for Health Care Professionals to access for Overweight Children can be found on page 9.

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 Health Nurse and if agreed offer the parents the opportunity to have a discussion with the School Health 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 Health Nurses

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 91st BMI centile is followed up by the named School Health 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 Health Nurses is valuable yet intermittent.

If a School Health 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 Health Nurse to talk to them – this might be to discuss/advise and/or signpost to any local support services. This is voluntary.

The School Health 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 Health 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 health 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 circumstance – 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 Western Bay area and School Health Nurses will have access to information about the local provision available in the different areas. The School Health Nurses can also contact the Lead Nurse School Health Nurse for this information if needed.

Social Care

Social workers - including frontline staff, their Managers, and Conference Chairs - with case-loads of children with obesity related safeguarding concerns should have an awareness of obesity and its impact.

They 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.

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 All Wales Child Protection Procedures should be followed where there are child protection concerns. This begins with a referral to Children's Social Care

Bridgend – Social Services (office hours): **01656 642320**
Social Services Emergency Duty Team: **01443 849944**

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

Neath Port Talbot - Social Services (office hours): **01639 686803**
Social Services Emergency Duty Team: **01639 895455**

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Annex 1

What is obesity?

There are multiple definitions of childhood obesity, and even the most conservative—the International Obesity Taskforce thresholds—can be

"considered too inclusive to be useful as a guide to child protection concerns, encompassing some 5% of current UK children"…..

"Childhood obesity is caused by a long term positive energy balance in modern children. This is related to a host of lifestyle factors affecting both energy intake (type and energy density of food, access to healthy foods, speed of consumption, family eating, meal behaviours, etc) and energy expenditure (activity, sedentary behaviours, safety concerns, and access)." [3]

What do we know about child obesity?

There are a number of studies about childhood obesity and the below are some important aspects to consider when using this framework.

- Obesity is a public health problem' and a challenge facing the whole population

- Some studies have shown that there is a genetic link to obesity

- Obesity has been noted in some studies as a symptom of abuse or neglect

- Obesity has been noted in some studies as failure of their care giver to act when a child as risk is identified (neglect)

- Treatment of obesity is varied and has varied results

Above from: **When does Child Obesity become a Child Protection Concern: 2010**.

Obesity is the most common nutritional disorder affecting children, and is much more common in families living in poverty and those from some ethnic minorities. For more detail visit the National Obesity Observatory website:
http://www.noo.org.uk/

For the most part, childhood obesity is so called "simple obesity", arising from a chronic imbalance between energy intake and activity. Often this reflects the family environment, and one or both parents is commonly overweight or obese. Obese children are more often ill, experience more day-to-day health issues (e.g. breathlessness, discomfort, fatigue, etc), have greater school absence, healthcare attendances and hospital admissions. Obesity in childhood is often the harbinger of adult obesity, with greatly increased risks of disability, chronic ill-health and premature death.

[3] **When does Child Obesity become a Child Protection Concern: 2010**.

Obesity may be part of a more complex health problem, which further jeopardises a child's wellbeing. Examples include obesity:

- 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.

Some families and even professionals working with the family will use the attendant health issues to justify, explain or excuse the child's obesity. However the dual diagnosis of obesity and another health condition strains a family's ability to cope, and amplifies the risks to the individual child. It is this group of children in whom obesity most commonly becomes a safeguarding concern. There are of course exceptions, for example, a child on long term steroids particularly in a high dose will be obese and even the most attentive parent will struggle to address this. Therefore it is imperative to use professional judgement when considering each case.

Welsh Context

If you would like information about the childhood obesity agenda in Wales please follow the below links.

- http://www.assembly.wales/Research%20Documents/Childhood%20Obesity%20-%20Quick%20guide-02072013-229581/qg12-0004-English.pdf

- http://www.senedd.assembly.wales/documents/s26187/Report%20-%20March%202014.pdf