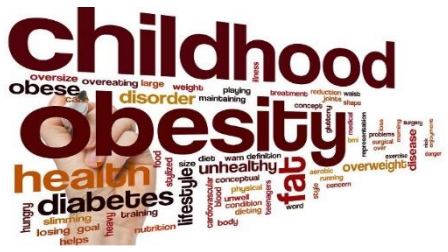
Child Neglect Obesity - Practitioner Briefing



Welcome to this briefing to help practitioners and their managers understand obesity, its impact, when is it a concern and how to respond. The messages in this Briefing are just as important for those working in adult services (where service users could be parents or carers).

What is obesity? **Obesity is a condition of excessive body fat or adiposity that exceeds healthy limits. Children who live with at least one parent/carer who is obese then they are more at risk of becoming obese themselves. Overweight/obese children are more likely to become obese as adults and will have a higher risk of morbidity, disability and premature mortality in adulthood (NCMP 2022). Obesity will have short/long-term impact on a child's physical and psychological health, putting them at greater risk of Type 2 diabetes, hypertension, some cancers, heart disease, stroke, liver disease, osteoarthritis, reproductive complications, depression/anxiety, sleep apnoea and asthma. There is a complex web of factors that influence food and activity choices; biological, physiological, psychosocial and behavioural. Parental attitude and perception play a key role in recognising and responding to childhood obesity because future lifestyles are determined by early life experiences, food preparation, activity levels, and leisure activities.**

When does it become a safeguarding issue? **Where there is clear medical advice that the child is likely to suffer or is suffering significant harm from health conditions, specifically obesity and/or obesity related issues, as well as evidence that the care givers are unable or unwilling to engage in a plan that will realistically lead to improvements for that child, then the case requires action under Section 47 of the Children Act 1989. Where there is medical advice that the child is unlikely to achieve /maintain a reasonable standard of health/wellbeing, but parents are engaging and/or there is no immediate risk of significant harm, then the case may require action under Section 17 of the Children Act 1989 if parental consent is granted. For the purposes of this document, 'immediate' can be defined as risks escalating significantly within 12 months. Case management should be regularly reviewed to ensure that the risks to the child's health and wellbeing are monitored carefully to ensure appropriate and timely actions are taken under the legal framework.**

Childhood obesity alone is a concern but not usually a child protection concern. A consultation with the family of an obese child should not raise safeguarding issues if obesity is the only cause for concern. The root causes of obesity are complex, and in many instances, it is not appropriate to institute child protection proceedings in relation to parental neglect as being the cause of the obesity. However, practitioners working with obese children must be mindful of the possible role of abuse or neglect in contributing to the obesity. Older children should be offered the chance to speak apart from their parents to explore their understanding of their weight issues.

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

Consistent failure to change lifestyle and engage with outside support can be an indicator of neglect, especially in young children. **Parental failure to provide children with adequate treatment for a chronic illness is an accepted reason for instigating child protection investigations under the category of neglect. Childhood obesity only becomes a child protection concern when parents/carers behave in a way that actively promotes treatment failure in a child who is at serious risk from obesity where the parent/carer understand what is required and are supported in engaging with the treatment programme.**

Parental/carer behaviours of concern include:

- **consistently failing to attend appointments**
- **refusing to engage with various practitioners or with weight management initiatives**
- **actively subverting weight management initiatives.**

The behaviours are of particular concern if the child is at imminent risk of comorbidity, for example obstructive sleep apnoea, hypertension, Type 2 diabetes or mobility restrictions. Clear and objective evidence of this behaviour over a sustained period is required and the treatment offered must have been adequate and evidence based.

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 with violence, neglect, poor hygiene, parental mental health, emotional/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 practitioners such as the family GP or education services. This will require a multi-disciplinary assessment including a psychological or other mental health assessment. If concerns are expressed, then a multi-agency meeting should be convened.**

Assessment should include systemic (family and environmental) factors. **As with all childhood behaviour understanding what maintains a problem involves understanding factors within the child and the context. Assessment of parental capacity to respond to a child's needs is central to this, for example parents/carers struggling to manage their own weight and control their eating, but these are not the only factors. For example, a child who lives in an area where it is unsafe to play outdoors is inevitably at greater risk. Admission to hospital or another closed environment may be useful as it allows a more detailed assessment of behaviours and parent-child interaction. However, admission removes a child from their wider familiar environment as well as from parents/carers, so weight loss is in a controlled environment and therefore not evidence of neglect or abuse in the family home environment. It is envisaged that a small number of children will reach the safeguarding threshold in relation to obesity linked to neglect. Weight management is an emotive issue, and many families struggle to maintain a healthy diet and achieve the recommended levels of daily activity. Wherever possible it is important to families to understand potential risks and signs of safety. Morbid obesity can affect a child's outcomes in a number of ways, including academic achievement and emotional wellbeing. It is imperative that any parent/carer who is trying to manage their child's weight understands the risks and has access to appropriate support and guidance.**

Responding to obesity when neglect is an issue. **Due to the significant impact of childhood obesity, there is a strong case for early intervention and support, to enable sustained healthy lifestyle choices. Weight management is an emotive issue and many families struggle to maintain a healthy diet and take the recommended amount of daily physical activity. Working with the family to understand potential risks begins with a holistic understanding of obesity and its impact.**

- **A multi-agency approach - Do other's share concerns?**
- **Communicate risk - a multi- agency response is needed to tackle this form of neglect.**
- **Any assessment should include systemic (family and environmental) factors.**
- **What has already been done? Information given and strategies tried.**
- **What resources are commissioned/available in the local area? Signposting.**
- **Healthy lifestyle management i.e. Eatwell, guidance.**
- **Measuring impact.**
- **Good practice. Whole family approach.**
- **Explore challenges/barriers faced by child, family and practitioners.**

Direct working with the child/family in developing and implementing plans empowers them, not stigmatises. Parent education is an important part of a preventative approach in identifying goals and sustaining change.

Learning Review Report Grace, 4 year old with developmental delay and obesity due to cumulative neglect. Serious case review Child T, death of an 18 year old who had type 1 diabetes, developed at the age of 13 years, he was morbidly obese at primary school and attendance was low in secondary school. Some Learning from both cases; limited consideration of the children's lived experience; both were not brought to medical appointments; a lack of professional curiosity led to ongoing neglect: managing long-term neglect can be complex/difficult; medicalisation of weight gain can distract practitioners from safeguarding concerns; where a medical diagnosis is offered as an explanation for neglect, all aspects of the child's health/well-being should continue to be considered to avoid diagnostic overshadowing.

Further information;

National Child Measurement Programme and Child Obesity Profile (2020)
National Child Measurement Programme England 2018/19 School Year
National Child Measurement Programme Operational Guidance 2022
Sports England Survey
Henry
World Health Organisation (WHO) Growth Standards
Guidance Childhood obesity: applying All Our Health (2020)
Pan Bedfordshire Child Protection Procedures and register for updates.

With thanks to Hampshire Safeguarding Children Partnership