Childhood Obesity: Health, Wellbeing and Safeguarding guidance for practitioners

Contents

1. Introduction

This document is designed to support practitioners identify and respond to situations where a child or young person's obesity may be related to neglect. In response to the obesity-related death of a child, a Serious Incident Learning Review (2019) recommended the development of clear pathways of care for overweight and obese children[1].

Read in conjunction with the **Derby and Derbyshire Childhood Obesity Strategy 2020-2030**, it will also provide background information on the impact of obesity, and aid in signposting to support pathways for children and families in a public health, safeguarding and clinical domain.

It contributes to the Derby and Derbyshire Childhood Obesity Strategy, the goal of which is to support children in Derby and Derbyshire to achieve and maintain a healthy weight.[2]

The overall aim of the Strategy[3] is to support and enable children living in Derby and Derbyshire to achieve and maintain a healthy weight, by supporting children and families to live a healthy life and make healthy choices.

2. Rates of Obesity in Derby and Derbyshire

Childhood obesity is Body Mass Index at or above, the 95th percentile (NICE). In 2019/20, 10% of children in Derbyshire were identified as obese in reception year; 20% were obese by Year 6. These figures are similar to national averages. In a typical reception class of 30 children, three are obese, by Y6 six will be obese. Of course, rates vary between schools, and are generally higher in more deprived areas.

Obesity increases the risk of several long-term medical conditions, including type 2 diabetes, mellitus, fatty liver disease, heart disease, stroke, some cancers, and psychological and psychiatric morbidities. It also has substantial long-term economic, wellbeing and social implications.

Overall, nearly one third of children in the UK aged 2 to 15 are overweight or obese, younger generations becoming obese at earlier ages, and staying obese for longer.

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception class (aged 4-5) and Year Six (aged 10-11). BMI calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/

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[1] https://www.ddscp.org.uk/media/derby-scb/content-assets/documents/serious-case-reviews/DDSCP_Briefing_Note_SILR17B_Final_September_2019.pdf

[2] **Derby and Derbyshire Childhood Obesity Strategy - One Page Plan**
Derby and Derbyshire Childhood Obesity Strategy 2020-2030

[3] **Derby and Derbyshire Childhood Obesity Strategy - One Page Plan**
Derby and Derbyshire Childhood Obesity Strategy 2020-2030

Definitions:

BMI < 2nd centile	Underweight
BMI 2nd – 91st centile	Healthy
BMI 91st – 98th centile	Overweight
BMI 98th - 99.6th centile	Obese
BMI > 99.6th centile	Severely Obese
BMI > 3.33 Standard deviations above the mean	Morbidly obese

3. Childhood Obesity impact and causes

Experiences of the Child and Family

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.

A child's weight is often mis-judged by family members and practitioners. As average childhood weight increases, it is more difficult to visually assess normal weight. Research has shown that 90% of parents of overweight and 50% of parents of obese children felt their child was about the right weight.[4]

When considering obesity as a potential harm in safeguarding children, always think about cultural and ethnic influences, including what constitutes healthy foods, food preparation, levels of exercise and what is deemed a healthy weight. Do not make assumptions about, or stigmatise, certain cultural beliefs regarding weight and the belief systems which sit behind them. This may require education and wider consultation by the practitioner, when working with culturally diverse groups, thus ensuring a parity of approach and assessment of risk.

As well as the physical consequences of obesity, children may experience significant emotional and psychological distress. Teasing and discrimination can result in low self-esteem anxiety and depression.

Children who are obese are more likely to experience day-to-day health issues (e.g., shortness of breath, discomfort, fatigue), may have greater school absence, more healthcare attendances and hospital admissions. Obesity in childhood often leads to adult obesity – 80% of obese adolescents remain obese in adulthood. Childhood obesity has short-term, and longer-term consequences for health, with increased risks of disability, chronic ill-health and premature death. Once severe, obesity is difficult to treat effectively. Obesity can be a due to an eating disorder that needs treatment by Child and Adolescent Mental Health Services (CAMHS)

[4] NHS Digital., (2015, 2016). *Health Survey for England.* [Online]. Available from: https://digital.nhs.uk/pubs/hse2017

Severe obesity can have serious health implications for the child. The health risks increase with duration and severity of the obesity and in rare instances may have a fatal outcome.

Obesity may be part of a more complex health problem, which further compromises a child's wellbeing.

At individual level obesity can be linked to:

- genetic conditions, such as Prader-Willi Syndrome.
- autism or learning difficulties.
- health conditions which inhibit mobility.
- treatment with steroids or other treatment known to increase risk of weight gain.
- asthma, obstructive sleep apnoea, Type 2 Diabetes

Some families and practitioners working with the family may use the presenting health issues to justify, explain or excuse the child's obesity and whilst a medical condition may be an additional challenge, it should be considered in the context of the holistic needs of the family. The dual diagnosis of obesity and another health condition may place additional strains on a family's ability to cope, and increase the risks to the individual child. It is imperative to use professional judgement and recognise relevant assessment tools when considering each case.

Being overweight or obese can be caused by multiple risk factors, often interacting with each other.

Obesity can usefully be divided into three categories:

Primary obesity

The majority of cases of obesity are caused by an energy imbalance (greater number of calories going in than going out).

Secondary obesity

Obesity can also be associated with endocrine disorders (e.g., Cushing's syndrome, hypothyroidism and growth hormone deficiency), central nervous syndrome abnormalities or drugs. Some of these conditions once interventions have commenced are reversible.

Cushing's syndrome can be due to long-term corticosteroid use, pituitary or adrenal gland tumours.

Genetic causes of obesity

Several genetic syndromes are associated with obesity. Chromosomal syndromes include Prader-Willi syndrome and Trisomy 21. Heritable syndromes include Cohen syndrome, Aistrom syndrome and single gene defects include leptin deficiency and melanocortin 4 receptor (MC4R) mutation.

Prader-Willi syndrome is a rare genetic condition that causes a wide range of physical symptoms, learning difficulties and behavioural problems. It is usually noticed soon after birth. Further information about Prader Willi can be found on the NHS website (see Resources/Links).

4. Responding to obesity and nutrition issues

Tackling childhood obesity requires a holistic approach to supporting children and their families, optimising their environment, and providing appropriate contact with healthcare practitioners and educational teams.

Weight management is an emotive issue. Many families struggle to maintain a healthy diet and take the recommended amount of physical activity. The reasons are multifactorial, including accessibility, affordability, and acceptability of diets which are high in processed food and sugar, food advertising and reduced physical activity.

Working with parents to ensure they have sufficient knowledge and skills to make healthy choices and provide healthy meals, from weaning onwards, is integral to a whole system approach. It is important to be aware of the wider context and stressors the family are experiencing, and to understand the role of food within the family home (e.g., used to wield power, or reward).

When possible, it is important to work with families to understand potential risks and signs of safety. Obesity can affect a child's outcomes in several ways, including general health, academic achievement, and emotional wellbeing. In a minority of cases, obesity can be life threatening. It is, therefore, imperative that any parent or carer who is trying to manage

their child's weight understands its risks and has access to appropriate support and guidance.

Always encourage parents to take main responsibility for lifestyle changes in children (especially < 12 years)

https://www.nhs.uk/live-well/healthy-weight/overweight-children-advice-for-parents/

Moving medicine (www.movingmedicine.ac.uk) outlines conversations to aid discussing movement in children and young people with obesity.

Practitioners should feel confident to discuss healthy weight and nutrition with children and, their parents/carers in a sensitive way. E-learning on childhood obesity can be accessed here: https://www.e-lfh.org.uk/programmes/all-our-health/

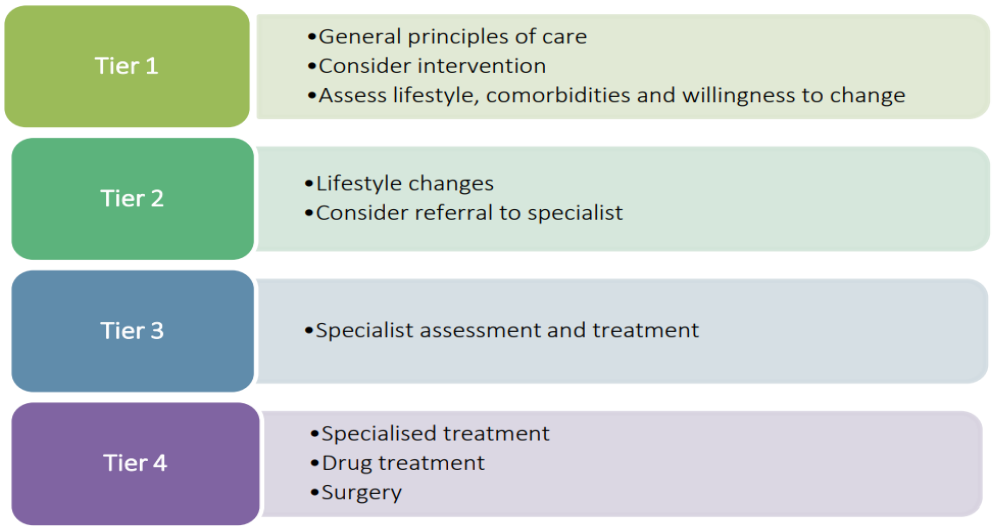
Public Health England has developed useful guides for practitioners to discuss weight management with families. https://www.gov.uk/government/publications/child-weight-management-short-conversations-with-patients

Further links and resources are available in the Appendices

5. Pathways for support in Derby City and Derbyshire County

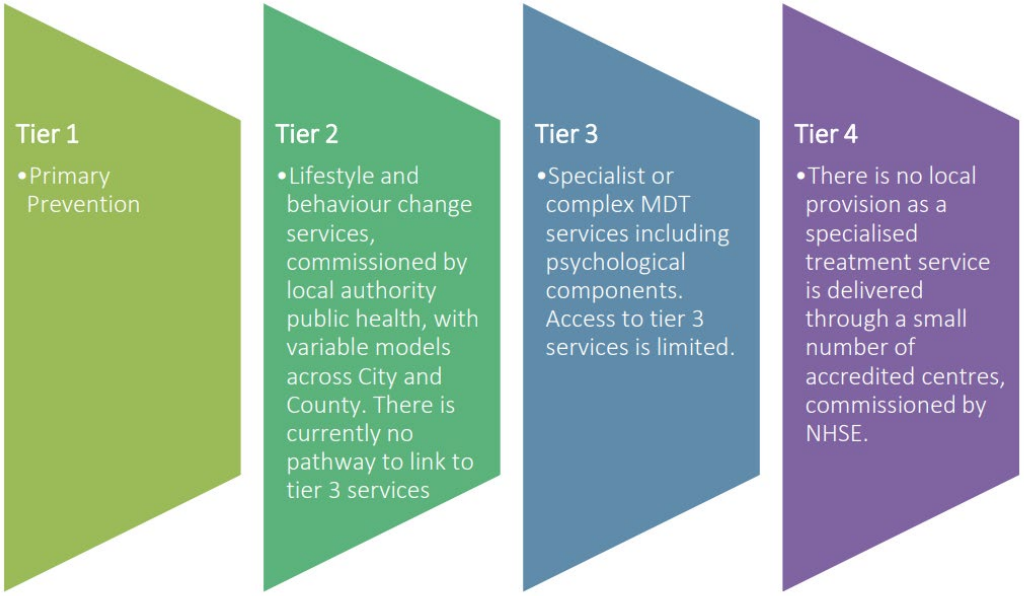
The UK Obesity Care Pathway moves from Tier 1 through to Tier 4 services:

Services for obesity management in children and young people



Examples of a range of tiered services available in Derby and Derbyshire are outlined below. There are opportunities to ensure a joined-up approach to weight management across the system.

5.1 Commissioned Services in Derby City and Derbyshire



It is beyond the scope of this policy to list all of the services available for children living with obesity. However, a range of examples are provided in the following section for reference. It is important to note that this cannot be taken to reflect the range of activities undertaken by partners.

In Derby and Derbyshire there is currently no local Tier 4 provision and if required would need to be sourced out of area through NHS England.

Tier 1: Universal prevention

- **National Child Measurement Programme** is undertaken in state-maintained schools by the 0-19 years' public health nursing service in Derby City and by Live Life Better in Derbyshire County.

- **Healthy Start Vouchers** - If your client is more than ten weeks pregnant or has a child under four years of age, they may be entitled to get help to buy healthy food and milk. If eligible, they'll be sent a Healthy Start credit card that can be used in some UK shops. Healthy start adds benefits onto this card every 4 weeks. These cards can also be used to collect Healthy start Vitamins (support mums during pregnancy and breastfeeding) and Vitamin drops (suitable from birth – 4 years old)

How to apply – Get help to buy food and milk (Healthy Start)

- **The Derby Food4 Thought Alliance** supports people in Derby who are experiencing food poverty, through food provision, signposting, education and advice

- **Derby Life Links** List of Foodbanks in Derby City

- **Healthier Families - Home - NHS (www.nhs.uk)** NHS website for information to keep families healthier with recipes and activities to engage families to lead healthier lives (previously Change 4 Life)

- **Derbyshire Family Health Service** - 01246 515100 information and support line for parents, carers and young people is available Monday to Friday, 9am - 4.30pm, except bank holidays.

- **Text Chat Health Derbyshire** 07507 327769 is a confidential text messaging service for parents/ carers of 0 - 5-year-olds. Providing advice and support from one of our healthcare practitioners Monday to Friday, 9am – 4.30pm, except bank holidays.

- **Derbyshire** School nurse 'drop-in' School nurses visit schools across the County and can support with any aspects of health and wellbeing. Find out more about the 'drop-ins' and when the school nurses visit your school or text on: **07507 330 025** (the ChatHealth line) to arrange an appointment. Parents and young people can contact the school nurse through chat health **Contact Derbyshire Family Health Service NHS Trust** **DERBYSHIRE REFERRAL FORM**

- **Health, exercise and nutrition for the really young (HENRY) - Derbyshire County Council** a unique intervention to support parents and carers to give their child a healthy, happy start in life and tackle child obesity. The evidence is compelling, the early years are critical to the future of every child in terms of their health, wellbeing, learning and social development. HENRY has a holistic approach which enables children to flourish throughout childhood and beyond.

- **Derby City Family Health Team –** Text ChatHealth Derby City **07507 327754** for parents or carers of Derby City children aged 0-19

- **Derby City** Every school is linked to a school nursing team. All secondary schools will have a named School nurse or community staff nurse and we would like to offer confidential drop ins at all secondary schools. Information on our drop ins can be found on our website :

https://www.derbyshirehealthcareft.nhs.uk/schoolnurse You can refer to the school nursing team using the **DERBY CITY REFERRAL FORM**

- **Derby City Health Visiting Team** provides mothers and families in Derby with advice and assistance to make informed feeding choices. The team also provides support to enable women who choose to breastfeed to do so for as long as they wish. Telephone: 0300 1234586 and then choose option 3.

- A 'virtual drop in' to discuss health needs of children with the school nurse runs weekdays 3pm-5pm and can be accessed **Video call setup - Attend Anywhere**

- Information on infant feeding and nutrition - find out more about local drop-in groups for breastfeeding mums https://www.breastfeedingnetwork.org.uk/

- National breastfeeding helpline – 0300 100 0212 9.30am – 9.30pm daily, including bank holidays. Breastfeeding your baby (derbyshirefamilyhealthservice.nhs.uk)

- Derby Active | Sport, leisure and fitness | In Derby puts on lots of activities throughout the year in sports centres and parks throughout Derby City, including a jam-packed holiday programme.

- Cycle Derby to get more adults and kids across Derby on bikes. From learning to ride, utilising our fleet of inclusive bikes, gaining confidence to commute on the roads or providing local cycling resources

- Kooth is an online mental wellbeing support service for young people aged 11+ years old. It's a free, safe and anonymous space with qualified practitioners.

- Derby County Community Trust's Active Schools programme delivers a unique whole-school approach to physical activity and healthy lifestyles. This is currently delivered in 20 cohorts within Derby City. An extended service provides targeted support for children who are overweight or obese through a child weight management programme Live IT (see Tier 2 services)

- MeeToo is an online mental wellbeing support service for young people 11 to 25 years old. It's a free, safe and anonymous space with qualified practitioners who work in collaboration with First Steps ED practitioners the Derby and Derbyshire Eating Disorder Charity. Over 200 Derby and Derbyshire young people are regularly using MeeToo either to seek support anonymously in peer groups or as part of their eating disorder support whilst accessing First Steps ED.

- Eating Disorder Information and Support App was coproduced with First Steps ED and free to download from App stores. This NHS Eating Disorder research

informed App is a useful tool for Parents/carers and practitioners working in health, social care and schools:

- Build Sound Minds offers a comprehensive service for children and young people aged 0-17 who are experiencing mild to moderate mental health difficulties https://services.actionforchildren.org.uk/derbyshire/build-sound-minds/

Tier 2: Lifestyle intervention

- Live Life Better Derbyshire offer to the parents of children who are identified as overweight and obese via NCMP
  While specific family weight management sessional offers for children aged 5-11 is in development throughout 2022 , a 1-2-1 package of work will be offered in the interim. For more information contact: LBD.WeightManagement@derbyshire.gov.uk)

- Derby County Community Trusts Live IT programme is delivered in partnership with Livewell Derby and is designed to support child weight management for 5-17 year olds. It consists of weekly fitness and healthy eating-based sessions which are free to attend if the child's BMI is on the 85th centile or above and is designed to support the whole family to exercise more and eat healthily. For more information contact Sara Adcock – Physical Activity and Health Officer 01332 416140 or sara.adcock@dcct.co.uk

- Derby & Derbyshire - Emotional Health & Wellbeing have CAMHS Specialist Community Advisors (SCAs) who are a county wide team of children's mental health specialists. The key aim of the service is to provide consultations to all practitioners from statutory, community and voluntary organisations, about the mental health and wellbeing of children and young people.
  Contact details for SCA's in **Derby and Southern Derbyshire** and a Team providing support in **North Derbyshire**

Tier 3: Specialist services

Clinicians and healthcare practitioners have expressed concern that there is a lack of provision and no clear pathway for children living with obesity in Derby and Derbyshire to access a Tier 3 service. This work will develop clear pathways and signposting to enable children who are already overweight or obese to access joined-up and long-term support will be progressed through 2022 and beyond.

- Mental health conditions which effect, or are related to, food and/or weight management are assessed through the relevant child and adolescent mental health service.

Eating Disorder Services, can be accessed for the north of the County Chesterfield Royal Hospital and for the south of the County and the City DHCFT and through First Steps ED - the Derby and Derbyshire Eating Disorder charity. Practitioner, parent/carer and self-referrals can be made via the digital form https://firststepsed.co.uk/make-a-referral/ for all ages, genders and backgrounds from the age 5 years +.

Nutrition and Dietetics | University Hospitals of Derby and Burton NHS (uhdb.nhs.uk)Dietetics : Chesterfield Royal Hospital – Please contact GP or hospital consultant for a referral to the nutrition and dietetic service.

Tier 4: Specialist medical interventions and surgery

Tier 4 services are delivered in a few accredited centres nationally. It is understood that no children from Derbyshire have accessed these services over the past five years, but work is underway to improve accessibility and awareness of these services.

In Derby and Derbyshire there is currently no local Tier 4 provision and if required would need to be sourced out of area through NHS England.

5.2 Flowchart for Pathways of support

Practitioners working with the family need to evidence that they have taken appropriate actions within the pathway below and in conjunction with **DDSCP Threshold Document.**

RISK TO HEALTH	**SIGNS & SYMPTOMS**	ACTIONS
LOW RISK/early identification Children/young people and families who live in the area have core needs such as parenting, health and education and may need help to access services. **Consider Universal Support/EH Assessment/Graded Care Profile**	• BMI ≥91st Centile PLUS • Eating pattern erratic and changed thinking & behavior including body image issues *Or* • Family concerns re child's eating habits *Or* • Vulnerable to developing co-morbidities *Or* • Parents do not recognise child's weight as a problem *Or* • Not undertaking any physical activity	• Consider safeguarding – seek advice as needed • Consideration should be given to introducing an Early Help Assessment. • Appropriate treatment offered by Tier 1 and support agencies first • Offer brief Intervention with motivational interviewing techniques around Eatwell plate, portion size, physical activity opportunities and readiness to change behaviours • Encourage parents to take main responsibility for lifestyle changes in children (especially < 12 years) • Liaise with school on best management in that setting and food consumption during school hours • If ongoing or increasing difficulty after 6 weeks treatment – refer to Tier 2 services available • Assess social circumstances and consider referral into food banks, debt advice if required.

RISK TO HEALTH	SIGNS & SYMPTOMS	ACTIONS
MODERATE RISK Children, young people and their families with multiple needs or whose needs are more complex **Consider EH Assessment** Co-ordinated support from more than one agency needed to meet child and family needs. **Consider S17 referral to Childrens Social Care** Access requires the completion of an online referral form and /or the completion of an early help assessment to local authority children's services.	**Physical health concerns**: • BMI ≥98th centile with continuous weight gain over 12-week period • Comorbidities related to excess weight - metabolic syndrome, cardiovascular disease risk, type 2 diabetes, sleep apnoea, non-alcoholic fatty liver disease • <2 years old with rapid growth increasing through centile lines • Or BMI ≥99.6th centile with no other significant health concerns	• Consider safeguarding issues – seek advice as needed from your safeguarding lead • Discuss with GP and take baseline bloods to identify emerging/existing co-morbidities (FBC, TFT, fasting glucose or HbA1C, fasting lipids, LFT, Polycystic Ovary Syndrome) for children with a BMI ≥ 99.6th centile. Referral to paediatric services if co-morbidities identified Assess, behavioral and social circumstances, co-morbidities & willingness to change and provide initial lifestyle change advice, and support into welfare services e.g. food banks, debt advice if required. • Consider Referral to Derby City Tier 2 'Live It' service sara.adcock@dcct.co.uk • Consider Referral to interim Tier 2 child and family weight management offer in Derbyshire - email henry@derbyshire.gov.uk • Liaise with school on best management in that setting, to ensure safety.
	Mental health concerns: • Body image distortion issues • Evidence of depression • Anxiety about losing weight • Evidence of binging and/or purging or other compensatory behaviours • Role of social media (searching for Fatspo/thinspo etc) being part of social media groups/pages that can trigger continued behaviour/mukbang (food videos consuming large amount of high calorie foods)	• Consider safeguarding issues – seek advice as needed • Discuss with GP • Discuss with CAMHS team and consider referral • Mental health support from Mental health schools' team – disorder eating • Refer to eating disorder services First Steps if evidence of Body image distortion issues, Evidence of depression, Anxiety about losing weight Evidence of binging and/or purging or other compensatory behaviours
	Other: • Non engagement • Family/carers struggling to manage child's behaviour, relationship with food or emotional wellbeing • Secretive eating – parental awareness	• If MH issues are evident to not focus on weight but the causative drivers driving that behaviour • Consider safeguarding issues – seek advice as needed See above

RISK TO HEALTH	**SIGNS & SYMPTOMS**	ACTIONS
IMMEDIATE/HIGH RISK TO HEALTH **Consider S47** Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect.	• Continued rapid weight gain, BMI above ≥99.6 centile and lack of progress reducing BMI • Rapid physical deterioration: signs, binging or purging, physiological instability • Frequent/extreme compensatory behaviours • Suicidal thoughts/behaviours • Consistently failing to present the child for health appointments • Refusing to engage with various practitioners or with dedicated health plans	• Due to high risk to health the Lead practitioner must discuss with your agency safeguarding lead • If the lead practitioner is not the GP, then ensure that the GP is made aware • GP to make referral to Peadiatrics for assessment and treatment of physical needs and consider monitoring in meantime • Lead practitioner to facilitate multi agency meeting inviting relevant agencies (to include schools, Family support workers/Health coach, social workers, pediatric consultant, School nurse/Health visitor & GP) to discuss next steps • Take baseline bloods to identify emerging/existing co-morbidities (FBC, TFT, fasting glucose or HbA1C, fasting lipids, LFT, Polycystic Ovary Syndrome) for children with a BMI ≥ 99.6th centile. If co-morbidity is identified an appropriate referral to paediatric services is made • Refer to CAMHS if any evidence of underlying mental health concerns • Admission to hospital or another controlled environment to be considered

6. When is obesity an Early Help or Safeguarding issue?

In isolation, Obesity, or failure to lose weight , is not necessarily a child protection concern. However, consistent failure to change lifestyle and engage with outside support can indicate neglect, especially in younger children and obesity may be part of wider concerns about neglect or emotional abuse. We may need to take into consideration:

- availability of services locally
- lack of parental resources
- parental physical and mental health issues

Obesity may be part of wider concerns about neglect or emotional abuse.

Parental behaviours of concern would include:

- Consistent failure to present the child for health appointments
- Refusal to engage with practitioners or dedicated health plans.

These behaviours are of particular concern if an obese child is at imminent risk of comorbidities - for example, obstructive sleep apnoea/hypopnea syndrome, hypertension, type 2 diabetes, mellitus, or reduced mobility.

It is important to collate clear objective evidence of such behaviours over a prolonged period, to record what evidence-based treatments had been offered, and to ensure that these would have been adequate.

Because obesity can be part of wider concerns about neglect or emotional abuse, it is essential to evaluate all other aspects of a child's health and wellbeing and determine if concerns are shared by other practitioners, such as the child's General Practitioner or teacher.

This requires a multidisciplinary assessment, including psychology or other mental health assessment. If concerns are expressed, a multiagency meeting is appropriate. A high index of suspicion is needed for children who are extremely obese. In adult bariatric programmes, up to one third of patients reported childhood sexual abuse, with another third reporting other forms of abuse.

Assessment should include systemic (family and environmental) factors - as with any childhood behaviour, understanding what maintains a problem involves understanding factors within the child and their context. Assessment of parental capacity to respond to that particular child's needs is central to this. It is important, for example to ask if parent(s)/carers are struggling to control their own weight and eating.

To establish whether an obese child should be subject to Childrens services assessment or child protection proceedings, it is essential to determine the "holistic" context in which that obesity developed, and the factors involved in its maintenance. The family needs to have been offered intensive support to address these issues and informed of the consequences of not implementing the changes which are necessary to obtain an improvement in weight.

The 2010 *Russell Viner et al*, framework helps identify safeguarding concerns.

Table 3: Childhood obesity and safeguarding: Framework for practice	
Childhood obesity alone is not a child protection issue	Talk to the child or young person alone if possible The aetiology of obesity is too complex to reach the threshold for concern in isolation.
Failure to reduce weight alone is not a child protection issue	Outcomes for weight management programs are mixed Healthcare practitioners are yet to find the optimal method to manage obesity Weight loss is multifactorial, if families are engaging this should be supported

Consistent failure to change lifestyle and engage with support can indicate neglect	Consider this when parents behave in a way that promotes weight loss failure Failure to engage with practitioners and support Failure to attend health appointments Particularly concerning in the presence of co-morbidities
Obesity may be part of wider concerns about neglect or emotional abuse	Poor school attendance Exposure to violence Neglect Poor hygiene Parental mental health difficulties Emotional or behavioural difficulties (aggressive, tearful)
Assessment should include systemic (family and environmental) factors	Obesogenic environment Predisposing – parental weight and eating behaviours Precipitating – food availability, safe outside spaces for exercise Perpetuating – family understanding, ability to access healthy foods and exercise

6.1 Early Help Assessments

If the input of Universal Service offer has not achieved the desired changes, consider an Early Help Assessment. At this stage, some families may have already participated, and practitioners should be involved in practitioners' meetings. Any reluctance to engage by the parent/carer should raise concerns.

Refer to the DDSCP **Providing Early Help Procedure**, **Early Help Assessment (Documents Library, Assessment Tools)** and **Graded Care Profile** & **Assessment Template**

Assessment of parental capacity to respond to and to prioritise the child's needs is central to this process.

Admission to hospital or another controlled environment may enable a more detailed assessment of behaviours and parent-child interactions. However, admission removes a child from his or her wider familiar environment, as well as from parents/carers, so weight

loss in a controlled environment needs to be evaluated carefully and, although on its own, is not evidence of neglect or abuse, does indicate the potential for the child to be able to lose or avoid gaining weight. Where concerns are maintained, and support via community and Early Help services have been unsuccessful for the child and family, consideration should then be given to a referral to **Childrens Social Care.**

6.2 Making a Referral to Social Care

Where there is medical evidence 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 requires action under Section 17 of the Children's Act.

6.3 Child Protection Section 47 enquiries

Where there is clear medical advice that the child is likely to suffer, or is suffering significant harm, as a result of obesity and/or obesity related issues, and there is 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, and the referral process should be followed.

Case management should be reviewed regularly, to ensure risks to the child's health and wellbeing are monitored carefully to support appropriate and timely actions using the legal framework. When dealing with complex issues, such as obesity, different agencies can make specific contributions. These interventions and assessments need to be child focused, co-ordinated and shared appropriately.

Safeguarding and child protection	
Derby and Derbyshire Safeguarding Children Partnership website For information about the work of the local safeguarding children partnership. Includes safeguarding information and resources, as well as safeguarding training opportunities for staff working with children and their families.	**The Derby and Derbyshire Safeguarding Children Procedures** are used at all times when there are concerns that a child is at risk of harm. Key local guidance documents include: • **Thresholds Document -** to support identification of children's needs and the appropriate level of intervention. • **Neglect strategy** • **Graded Care Profile** • **Children with Perplexing Presentations (PP) in whom Illness is Fabricated or Induced (FII)** • **Dispute Resolution and Escalation Policy -** sets out clear routes to escalate concerns when there is a difference of practitioner opinion about the seriousness of a situation or the proposed action. • **Information Sharing Guidance for Practitioners** - gives clear guidance on how to share information if there are concerns about a child.

Worried about a child?
For information about referrals about concerns about a child, advice and further information see Derby and Derbyshire safeguarding children procedures. Details of local safeguarding contacts, including advice from and referral to children's social care, are located in Local Contacts.

7. Safeguarding Trigger Points

All trigger points need to be understood in terms of managing lifestyle, including healthy eating, physical activity and behaviour change, linked to the child's overall health, safety and wellbeing.

Factors to consider are:

- Parents/carers unable to effectively provide for the child's health needs due to additional family factors, such as learning difficulties, disabilities, socio-economic issues, and unmet parental needs.
- Not being brought to appointments
- Inability to make required positive changes to child's lifestyle, even with appropriate support and intervention leading to ongoing significant health risks to the child
- Oppositional behaviour: parents/carers unable/unwilling to set and maintain boundaries with child, to manage lifestyle changes and maintain a healthy weight.
- Consider Disguised Compliance

Parents/carers may use medical diagnoses to justify their inability to adhere to recommended advice. Practitioners need to be mindful of the child's needs and prepared to challenge both parents and other practitioners working with the child/family.

8. Identifying Children where there are Safeguarding Concerns

Several warning signs and indicators will help practitioners working with children and young people **identify safeguarding concerns for children who are visibly overweight**.
Consider the following list in the context of the child's overall presentation – it is not exhaustive and needs to be considered in line with safeguarding trigger points.

- Sleep deprivation and/or sleep apnoea/ hypopnoea syndrome adversely affects day to day functioning
- Incontinence
- Inability/unwillingness to participate in physical activity
- Requires medical assessment to manage weight

- Avoidance of school weight/height measurements (National Child Measurement Programme)
- A & E attendance with mobility related injuries
- Co-morbidity, i.e., presence of one or more additional disorders (or diseases), whether related to obesity or not (see Appendix 1 for obesity related co-morbidities)
- Continuous and persistent weight gain after obesity diagnosed
- Unkempt appearance
- Depression
- Low self-esteem
- Bullying
- Self-harm
- Poor or non-school attendance
- Socially isolated
- Parents/carers not engaging in weight management programmes
- Parents/carers poor mental health
- Family identity linked to obesity/intergenerational weight issues
- Any other feature of neglect

9. Role of Practitioners

9.1 Medical Practitioners (which include Paediatricians and GP's)

In the same way that obesity, or failure to lose weight, is not necessarily a child protection concern in isolation, it is important to note that obesity in itself is not a cause for referral for secondary care treatment. It is important not to over-medicalise obesity. Paediatricians will only be involved where there are concerns regarding medical complications which require specialist management.

Where there are concerns about a child being obese the GP for the child needs to consider making a referral to a Paediatrician. It is important that a child is holistically assessed, this will include assessing the child's health needs, and where possible, the assessment of any environmental/socio economic factors that are having a negative impact on their weight gain or loss. This information facilitates an assessment of the parents'/carers' ability to support the child to maintain a healthy weight and active lifestyle. It is important that Paediatricians involved in the child's care are part of a coordinated package of care and that relevant information is shared with relevant practitioners involved.

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

- The CP Plan should ensure that a medical/paediatric assessment takes place where obesity is presenting as a safeguarding issue.

- The Paediatrician, or a suitably informed health representative, should aim to attend all child protection conference reviews and, where appropriate attendance requested at core group meetings, so that the effectiveness of the weight management programme can be reviewed in line with an ongoing parenting capacity assessment. If attendance to a child protection meeting (Initial or review) is not possible the submission of a report would be required.

In identified safeguarding cases where obesity is a key factor, consideration should be given to the medical lead being the Paediatrician. 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. Good communication between primary and secondary care practitioners is essential in order to facilitate a clear plan of care.

9.2 Other Health Practitioners

All other health practitioners who are involved in caring for a child should be mindful of the differences between obesity as a health issue and a safeguarding concern, using the indicators above. When a health practitioner recognises that their interventions alone are not having any impact on the weight management or the health risks are escalating, they need to ensure that their concerns are shared with the wider children's workforce and a referral should be considered to the Local Authority Children's Services.

9.3 Educational Settings

Educational settings, including early years provisions, who have concerns about a child's weight must discuss this with the parents in the first instance and establish if an appropriate weight management programme is in place, signpost for support or gain consent for referral. If consent is not gained seek advice from your Designated Safeguarding Lead who will then need to review the case and assess what further steps are taken.

The school or early years setting educate children about the importance of healthy eating and regular physical exercise and are therefore in a good position to monitor the day-to-day impact of persistent weight gain and the parents' ability to manage the child's weight. If the child's weight continues to cause concern and the indicators noted above are identified, a referral to children's social care should be made.

9.4 Home schooled & Electively Home Educated Children

Any practitioner considering referring a child where the safeguarding concerns are linked to obesity should consider the contents of this policy and refer to the Threshold Guidance before making the referral, specifically safeguarding indicators and triggers.

10. Wider determinants of overweight and obesity: the 'obesogenic environment'

The term 'obesogenic environment' is used to describe an environment which discourages physical activity and promotes consumption of unhealthy food and drink. Education, income and occupation, place of residence, culture and ethnic background can also contribute to obesity.

Examples of obesogenic environments include urban spaces that promote driving overactive travel, vending machines in common areas and high streets, stations and cinemas which are dominated by shops selling fast food, sugary drinks and sweets.

Any or all of the varying factors below can lead to unhealthy eating habits:

- Appetite, recognising fullness and personal choices (which may be influenced by genetic makeup)
- **Learned habits/family eating patterns**: that lean towards large portion size or high frequency of unhealthy foods. The tendency to 'clear the plate' is commonly a learned behaviour
- **Pervasive advertising**: of energy-dense but nutrient-poor foods on TV, in magazines, multimedia, etc.
- **Marketing**: of unhealthy products or 'food fads' to make them appear cool, essential, health-giving, cost effective or 'too good to miss'. This includes social media advertising.
- **Availability and accessibility**: e.g. the 'food desert': a concept that describes ready availability of unhealthy foods but where healthy foods are unobtainable, for example in a high street that has many fast-food outlets but few retail outlets selling healthy options
- **Pricing**: can affect food choice, foods high in fat and sugar can provide dietary energy at very low cost.
- **Education:** despite the huge increase in availability of nutritional information, many people are unsure about what is 'healthy', due to conflicting information, information overload from too much detail, or from the information not seeming relevant and hence being ignored. A training resource to help deliver teaching about Healthy Eating is available here RSHE_Healthy_eating.pptx (live.com)
- **Cooking skills:** teaching of cooking skills has been significantly reduced in recent decades, with a consequent lack of cooking confidence, increase in purchase of pre-prepared meals and eating out.
- **Affordability** - eating healthily can cost more, especially if food is unpopular in the home and then goes to waste. Price cutting is an effective marketing tool to

encourage sales and this is commonly applied to low nutrient, high-calorie foods rather than basic fresh produce

10.1 Socio-economic and demographic factors

The burden of obesity is not experienced equally across society. Childhood obesity is almost twice as high in the most deprived 10% of the population, compared to the least deprived 10%. Therefore, it is an issue of social justice and a significant risk to the future health and wellbeing of children.

Access to resources - financial resources, but also social, physical, cognitive, and other resources are less likely to be accessed by those families living in less affluent circumstances and are more likely to experience overweight and obesity.

There are consistent differences in the quality of diet and physical activity that people living in different circumstances have access to, for example, those living in more affluent households eat more fruit and vegetables than those living in less affluent homes, drink fewer sugar-sweetened beverages, and are more likely to consume diets associated with lower cardiovascular risk.

Consultation undertaken for the Childhood Obesity Strategy suggests that in Derbyshire, families and children:

- Have limited knowledge or confidence in their ability to prepare meals from raw ingredients - cookery classes were more likely to focus on baking cakes
- Convenience foods and takeaways considered easy and quick
- Concerns about the number of outlets offering low-cost convenience foods
- Limited time to prepare meals between home, school/college and work
- A dependency on adult support to maintain a healthy diet
- Financial barriers; healthy eating often considered more expensive than other options
- Pricing and presentation of unhealthy food choices within schools
- Influence of body image on the diet choices of some children and young people
- Unhealthy food used as a reward or treat by some teachers, parents and carers

Recent, but pre-COVID-19, data from the UK indicate that one-fifth to one-quarter of adults experienced food insecurity – supporting these families there are 40 Food Banks spread throughout Derbyshire County and Derby City alone.

Income, social and physical resources are also important relating to physical activity, with less affluent families reporting a lack of time to support their children doing these activities and less actual or perceived access to appropriate facilities.

10.2 Impact of Covid-19 pandemic

Anecdotal evidence and emerging data suggest that rates of obesity in children have increased, including an increase in those who are severely obese. We are likely seeing the influence of a significant change in lifestyles during the school closure period, for example

Feedback from consultation with the Derby Voices in Action Youth Council (October 2020) indicated a mixed picture in terms of food and physical activity during school closures:

Positive:

- People at home, more home cooking
- Eating together at home at same time
- Healthy foods, no skipping meals
- Some did more exercise- they had the time to do so
- Some sports moved online- more classes at more convenient times

Negative

- Tend to eat more- boredom, stress and comfort eating
- Food is readily available at home- no set meal times
- Can't do sports they did before
- Don't leave the house as much- stopped from going to the gym etc
- No routine, eat what you want

Appendices & Resources

Learning from local reviews can be found **here** on the Derby and Derbyshire Safeguarding Partnership Website (DDSCP)

Children with limited movement opportunities who are referred to paediatric physiotherapy are given advice on how to increase their activity levels and risks of immobility during assessment / intervention process. Government have recently given guidance on daily activity needs for CYP with physical disabilities:

Citation: Adams J (2020) Addressing socioeconomic inequalities in obesity: Democratising access to resources for achieving and maintaining a healthy weight. PLoS Med 17(7): e1003243. https://doi.org/10.1371/journal.pmed.1003243

NHS Digital., (2015, 2016). *Health Survey for England.* [Online]. Available from: https://digital.nhs.uk/pubs/hse2017

E-learning on childhood obesity: https://www.e-lfh.org.uk/programmes/all-our-health/

Viner, R. M., Roche, E., Maguire, S. A., & Nicholls, D. E. (2010). Childhood protection and obesity: Framework for practice. British Medical Journal (BMJ), 341(c3074), 375-377

RSHE_Healthy_eating.pptx (live.com) This links to a DfE provided training module for schools on healthy eating.

RSHE_Physical_health_and_fitness.pptx (live.com)

https://www.manchestersafeguardingpartnership.co.uk/wp-content/uploads/2019/07/Safeguarding-Analysis-Tool-in-the-Context-of-Obesity.pdf

https://pathways.nice.org.uk/pathways/obesity/obesity-management-in-children-and-young-people

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/837907/cmo-special-report-childhood-obesity-october-2019.pdf

House of Commons Health Committee Childhood obesity: Time for action:

https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/882.pdf

House of Commons Health Committee Childhood obesity: Time for action – Government Response:

https://www.parliament.uk/globalassets/documents/commons-committees/Health/Correspondence/2017-19/Childhood-obesity-Government-Response-to-eighth-report-17-19.pdf

Infographics based on the Chief Medical Officers' Physical Activity Guidelines for children and young people (2019):

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829882/1-physical-activity-for-early-years-birth-to-5.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832861/2-physical-activity-for-children-and-young-people-5-to-18-years.pdf